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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUN 1, 2013 and ending MAY 31, 2014

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

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, ASB TOWER 1717

City or town, state or province, country, and ZIP or foreign postal code
HONOLULU, HI 96813

F Name and address of principal officer: CORBETT A.K. KALAMA
SAME AS C ABOVE

D Employer identification number
99-0334032

E Telephone number
8085237888

G Gross receipts $ 5,336,863.

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FRIENDSOFHAWAII.ORG

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

L Year of formation: 1998

M State of legal domicile: HI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PRODUCE SPORTS & CULTURAL EVENTS THAT GENERATE FUNDS TO BENEFIT NONPROFIT ENDEAVORS IN HAWAII.		
	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	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	1700
	7a Total 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
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,073,350.	2,112,367.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,069,741.	-1,155,959.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,003,609.	956,408.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,025,106.	1,054,988.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,105.	168,562.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,145,211.	1,223,550.
	19 Revenue less expenses. Subtract line 18 from line 12	-141,602.	-267,142.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,123,259.	1,331,826.
	21 Total liabilities (Part X, line 26)	80,650.	556,359.
	22 Net assets or fund balances Subtract line 21 from line 20	1,042,609.	775,467.

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SCANNED JUN 05 2015

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

▶ X Signature of officer — X 4/10/15 Date

▶ HOWARD IKEDA, TREASURER/DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ACCUITY LLP
Preparer's signature
Date: APR 10 2015
Check ☐ if self-employed
PTIN: P00037058

Firm's name ▶ ACCUITY LLP
Firm's EIN ▶ 20-5325889

Firm's address ▶ 999 BISHOP STREET, STE. 1900
HONOLULU, HI 96813
Phone no. 808-531-3400

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

918

13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission
FRIENDS OF HAWAII CHARITIES BRINGS TOGETHER FINANCIAL RESOURCES FROM THE PRIVATE SECTOR AND SPIRITED VOLUNTEERISM FROM THE COMMUNITY, WITH THE EXTRAORDINARY NATURAL RESOURCES OF THE STATE TO PRODUCE SPORTS AND CULTURAL EVENTS THAT GENERATE FUNDS FOR (CONTINUED IN 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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,054,988. including grants of $ 1,054,988.) (Revenue $ 2,112,367.)
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 ▶ 1,054,988.

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	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*	11b		X
c	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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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 11b 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

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or 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 instructions for 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?		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 as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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			
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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 governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

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

GAYLE NAKAGAWA - (808)792-9307

733 BISHOP STREET, SUITE 2160, HONOLULU, HI 96813

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CORBETT A.K. KALAMA PRESIDENT/EXEC COMMITTEE/DIRECTOR	0.50	X		X				0.	0.	0.
(2) BERT T. KOBAYASHI, JR. VICE PRESIDENT/EXEC COMMITTEE/DIRECT	0.50	X		X				0.	0.	0.
(3) HOWARD IKEDA TREASURER/EXEC COMMITTEE/DIRECTOR	0.50	X		X				0.	0.	0.
(4) DICKSON LEE SECRETARY/EXEC COMMITTEE/DIRECTOR	0.50	X		X				0.	0.	0.
(5) KAY AOKI EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(6) GEORGE ARIYOSHI DIRECTOR	0.50	X						0.	0.	0.
(7) PAUL R. CASSIDAY DIRECTOR	0.50	X						0.	0.	0.
(8) MOMI CAZIMERO DIRECTOR	0.50	X						0.	0.	0.
(9) CALEB CHAN DIRECTOR	0.50	X						0.	0.	0.
(10) LARRY CUNDIFF DIRECTOR	0.50	X						0.	0.	0.
(11) MIKE DYER EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(12) ADMIRAL THOMAS B. FARGO USN (RE DIRECTOR	0.50	X						0.	0.	0.
(13) HOWARD HAMAMOTO DIRECTOR	0.50	X						0.	0.	0.
(14) MICHAEL HARTLEY DIRECTOR	0.50	X						0.	0.	0.
(15) JUNE JONES DIRECTOR	0.50	X						0.	0.	0.
(16) DON KIM EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(17) JAMES KOMETANI EXECUTIVE COMMITTEE	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MEL MURAKAMI DIRECTOR	0.50	X						0.	0.	0.
(19) NED NOMURA EXECUTIVE COMMITTEE/DIRECTOR	0.50	X						0.	0.	0.
(20) RAYMOND ONO DIRECTOR	0.50	X						0.	0.	0.
(21) MICHAEL W. PERRY DIRECTOR	0.50	X						0.	0.	0.
(22) RYOZO SAKAI EXECUTIVE COMMITTEE/DIRECTOR	0.50	X						0.	0.	0.
(23) KIYOSHI SHIKANO DIRECTOR	0.50	X						0.	0.	0.
(24) AL SOUZA EXECUTIVE COMMITTEE/DIRECTOR	0.50	X						0.	0.	0.
(25) KEITH VIEIRA DIRECTOR	0.50	X						0.	0.	0.
(26) JIM WALTERS DIRECTOR	0.50	X						0.	0.	0.
1b Sub-total							▶	0.	0.	0.
c Total from continuation sheets to Part VII, Section A							▶	0.	0.	0.
d Total (add lines 1b and 1c)							▶	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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*		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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
YOUNG & RUBICAM DBA 141 PREMIERE SPORTS & E 733 BISHOP ST., #2160, HONOLULU, HI 96813	MANAGEMENT FEE	923,099.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) ALFRED WONG DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,112,367.			
	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	▶	2,112,367.			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶				
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ 2,112,367. of contributions reported on line 1c) See Part IV, line 18	a 3,224,496.				
	b Less: direct expenses	b 4,380,455.				
	c Net income or (loss) from fundraising events	▶	-1,155,959.			-1,155,959.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	956,408.	0.	0.	-1,155,959.

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)

Check if Schedule O contains a response or note to any line in this Part IX ☐

	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 United States. See Part IV, line 21	1,054,988.	1,054,988.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	168,562.		168,562.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
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. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	_____				
b	_____				
c	_____				
d	_____				
e	All other expenses _____				
25	**Total functional expenses.** Add lines 1 through 24e	1,223,550.	1,054,988.	168,562.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	621,736.	1	874,477.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	239,919.	4	187,457.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	261,604.	9	269,892.
	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)	1,123,259.	16	1,331,826.
Liabilities	17	Accounts payable and accrued expenses	56,566.	17	100,512.
	18	Grants payable		18	
	19	Deferred revenue	24,084.	19	455,847.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	80,650.	26	556,359.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,042,609.	27	775,467.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	1,042,609.	33	775,467.
	34	Total liabilities and net assets/fund balances	1,123,259.	34	1,331,826.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	956,408.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,223,550.
3	Revenue less expenses. Subtract line 2 from line 1	3	-267,142.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,042,609.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	775,467.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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	3b		

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990*

OMB No 1545-0047

2013

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 - Non-functionally integrated

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

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

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

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

h Provide the following information about the 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 monetary 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,074,147.	2,449,749.	2,167,254.	2,073,350.	2,112,367.	10,876,867.
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	2,074,147.	2,449,749.	2,167,254.	2,073,350.	2,112,367.	10,876,867.
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)						1,266,975.
6 **Public support.** Subtract line 5 from line 4						9,609,892.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,074,147.	2,449,749.	2,167,254.	2,073,350.	2,112,367.	10,876,867.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14.	27,189.				27,203.
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						10,904,070.
12 Gross receipts from related activities, etc (see instructions)					12	14,323,736.

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 2013 (line 6, column (f) divided by line 11, column (f))	14	88.13 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	77.10 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

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

		(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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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, and not on a historic structure listed in the National Register	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 XIII, 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 XIII.

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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(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 current year end balance (line 1g, column (a)) held as.

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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.

Schedule D (Form 990) 2013

332052
09-25-13

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	956,408.
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	956,408.
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 XIII)	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	956,408.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	1,223,550.
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 XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,223,550.
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 XIII.)	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	1,223,550.

Part XIII Supplemental Information.

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, lines 2d and 4b, and Part XII, 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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990*

OMB No 1545-0047

2013

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.

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 and address 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 contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	5,336,863.			5,336,863.
	2 Less. Contributions	2,112,367.			2,112,367.
	3 Gross income (line 1 minus line 2)	3,224,496.			3,224,496.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	714,811.			714,811.
	7 Food and beverages	75,000.			75,000.
	8 Entertainment				
	9 Other direct expenses	3,590,644.			3,590,644.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			SEE ATTACHMENT ▶	4,380,455.
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	-1,155,959.

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.

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

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

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. Part II can be duplicated 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
ALAKA'INA FOUNDATION 1600 KAPIOLANI BOULEVARD,SUITE 530 HONOLULU, HI 96814	45-0538257	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE FREE STEM PROGRAMS TO PUBLIC SCHOOL STUDENTS AND TEACHERS ON MAUI AND MOLOKAI.
ALOHA INDEPENDENT LIVING HAWAII P. O BOX 283 PEARL CITY, HI 96782	26-2613218	501(C)(3)	5,000.	0.	N/A	N/A	OFFER RECREATIONAL ACTIVITIES TO YOUTH, WOMEN AND ELDERLY GROUPS.
ARMED SERVICES SPECIAL EDUCATION AND TRAINING SOCIETY - ONE OHANA NUI WAY - HONOLULU, HI 96818	99-6001152	501(C)(3)	5,000.	0.	N/A	N/A	PROMOTE AWARENESS & TRAINING FOR DYSLEXIA, LEARNING DISABILITIES & GIFTEDNESS.
ASSISTIVE TECHNOLOGY RESOURCE CENTERS OF HAWAII (ATRC) - 200 N. VINEYARD BOULEVARD, SUITE 430 - HONOLULU, HI 96817	94-3267103	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE INTERACTIVE COMPUTER EXPLORATION PROGRAM FOR CHILDREN WITH DISABILITIES.
BOYS AND GIRLS CLUB OF THE BIG ISLAND - 100 KAMAKAHONU STREET - HILO, HI 96820	81-0575345	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE A SUMMER YOUTH PROGRAM FOCUSING ON ACADEMICS, HEALTHY LIFESTYLES AND
EAST-WEST CENTER FOUNDATION 1601 EAST-WEST ROAD HONOLULU, HI 96848	99-0218752	501(C)(3)	5,000.	0.	N/A	N/A	PRESENT DIVERSE ARTS TO AT-RISK COMMUNITY GROUPS THROUGHOUT THE STATE.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 95.

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2013)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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10-29-13

Part II 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
EPILEPSY FOUNDATION OF HAWAII 1050 ALA MOANA BOULEVARD,SUITE 2550 HONOLULU, HI 96814	23-7216782	501(C)(3)	5,000.	0.	N/A	N/A	FOSTER AWARENESS OF SEIZURE FIRST AID AND TO REDUCE SOCIAL STIGMA ASSOCIATED WITH EPILEPSY.
EWA COMMUNITY SERVICE CORPORATION P.O. BOX 62793 EWA BEACH, HI 96706	27-2917398	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE ASSISTANCE TO ELDERLY AND/OR DISABLED FAMILIES WHO NEED SUPPORT WITH HOME REPAIRS.
FAMILY PROGRAMS HAWAII 250 VINEYARD STREET HONOLULU, HI 96813	99-0280498	501(C)(3)	5,000.	0.	N/A	N/A	GIVE CHILDREN IN FOSTER CARE THE OPPORTUNITY TO STAY CONNECTED WITH THEIR SIBLINGS.
FIRST BOOK P.O. BOX 298 KUALAPUU, HI 96757	52-1779606	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE NEW BOOKS TO CHILDREN IN NEED THROUGH SCHOOLS AND NONPROFIT LITERACY PROGRAMS.
GREGORY HOUSE PROGRAMS 200 NORTH VINEYARD BLVD., SUITE A31 HONOLULU, HI 96817	99-0265111	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE NUTRITIONAL SERVICES TO VERY-LOW INCOME FAMILIES IMPACTED BY HIV/AIDS.
H.U.G.S. (HELP UNDERSTANDING & GROUP SUPPORT) - 3636 KILAUEA AVENUE - HONOLULU, HI 96816	99-0213594	501(C)(3)	5,000.	0.	N/A	N/A	CONDUCT A 3-DAY CAMP FOR SIBLINGS OF SERIOUSLY ILL CHILDREN.
HALE MAHAOLU 200 HINA AVENUE KAHULUI, HI 96732	99-0143109	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE SUBSIDIZED PERSONAL CARE SERVICES FOR DISABLED/CHRONICALLY ILL ADULTS.
HAWAII CHILDREN'S CANCER FOUNDATION (HCCF) - 1814 LILIHA STREET - HONOLULU, HI 96817	99-0299937	501(C)(3)	5,000.	0.	N/A	N/A	HELP FAMILIES PAY MEDICAL AND LIVING EXPENSES WHILE THEIR CHILD IS IN TREATMENT FOR CANCER.
HAWAII LEARNING RESOURCE 65-1229A OPELO RD., HANA HOU COTTA KAMUELA, HI 96743	94-3275827	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT SUMMER ACADEMIC ENRICHMENT CAMPS FOR DIVERSE LEARNERS ENTERING GRADES 2 TO 5.

Part II 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 LIONS FOUNDATION P.O. BOX 834 HONOLULU, HI 96808	99-6010563	501(C)(3)	5,000.	0.	N/A	N/A	CAMPAIGN TO ENSURE THAT EVERY UNINSURED AND UNDERINSURED CHILD THAT NEEDS, GETS GLASSES.
HAWAII LITERACY, INC. 245 N. KUKUI STREET, SUITE 202 HONOLULU, HI 96817	23-7198698	501(C)(3)	5,000.	0.	N/A	N/A	CONTINUE THE OPERATION OF HAWAII LITERACY'S BOOKMOBILE PROGRAM ON THE WAIANAE COAST.
HAWAII THEATRE CENTER 1132 BISHOP STREET, SUITE 1404 HONOLULU, HI 96813	99-0229658	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT EDUCATION PROGRAMMING TO PROVIDE ARTS RELATED EXPERIENCES AND EDUCATION.
HELPING HANDS HAWAII 2100 NORTH NIMITZ HIGHWAY HONOLULU, HI 96819	23-7365077	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT THE COMMUNITY CLEARINGHOUSE (CCH).
HOA 'AINA O MAKAHA 84-766 LAHAINA STREET WAIANAE, HI 96792	99-0292820	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT PROGRAM TO EDUCATE FAMILIES TO GROW THEIR OWN FOOD.
HOSPICE HAWAII, INC. 860 IWILEI ROAD HONOLULU, HI 96817	99-0203930	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE FAMILY SUPPORT FOR PEDIATRIC PATIENTS FACING LIFE-LIMITING ILLNESS THROUGH
HOSPICE MAUI INC. 400 MAHALANI STREET WAILUKU, HI 96793	99-0215149	501(C)(3)	5,000.	0.	N/A	N/A	FUND THE CONSTRUCTION OF MAUI'S FIRST RESIDENTIAL HOSPICE HOME.
HAWAII PATIENT ENRICHMENT INC. 1011 WAIANUENUE AVENUE HILO, HI 96720	99-0218512	501(C)(3)	5,000.	0.	N/A	N/A	OFFER FREE INDIVIDUAL BEREAVEMENT COUNSELING AND FREE OHANA BASED BEREAVEMENT CAMPS.
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT STREET, SUITE 2600 HONOLULU, HI 96813	99-0246364	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE BEREAVEMENT PROGRAM CARING FOR THE WELL-BEING OF PATIENTS, FAMILIES AND STAFF.

Part II 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
KEIKI O KA AINA PRESCHOOL, INC. 3097 KALIHI STREET HONOLULU, HI 96819	99-0327534	501(C)(3)	5,000.	0.	N/A	N/A	INSTALL SPRINKLER SYSTEM INTO UNFINISHED HALAU.
KICK START KARATE 665 KUMUKAHI PLACE HONOLULU, HI 96825	99-0329696	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE ALTERNATIVE ACTIVITIES TO COMBAT ANTI-SOCIAL YOUTH GANG MEMBERSHIP, AND BUILD
HONOLULU METROPOLITAN FOURSQUARE CHURCH - ALOHA TOWER MARKETPLACE, 1 ALOHA TOWER DRIVE - HONOLULU, HI 96813	90-0774243	501(C)(3)	5,000.	0.	N/A	N/A	TRAIN, EDUCATE, AND EMPOWER WOMEN TO INVEST INTO THE LIVES OF THEIR FAMILIES.
ORI (OPPORTUNITIES AND RESOURCES INC.) - 64-1510 KAMEHAMEHA HIGHWAY - WAHIAWA, HI 96786	99-0197500	501(C)(3)	5,000.	0.	N/A	N/A	UPGRADE/MAINTAIN THE RESIDENTIAL TRAINING FACILITY.
PACIFIC REGION BASEBALL, INC. P.O. BOX 17865 HONOLULU, HI 96817	99-0246631	501(C)(3)	5,000.	0.	N/A	N/A	OPERATE THE HIMB PROGRAM WHICH FOSTERS AN EXCHANGE OF INTERNATIONAL GOODWILL, SPORTSMANSHIP,
PALOLO CHINESE HOME 2459 10TH AVENUE HONOLULU, HI 96816	99-0073521	501(C)(3)	5,000.	0.	N/A	N/A	PROVIDE HOME CLEANING AND MEAL DELIVERY SERVICES TO ELDERLY AND DISABLED PERSONS.
PAPAKOLEA COMMUNITY DEVELOPMENT CORPORATION - 2150 TANTALUS DRIVE - HONOLULU, HI 96813	91-2074211	501(C)(3)	5,000.	0.	N/A	N/A	EDUCATE 15 YOUTH ON OPERATING A SMALL BUSINESS THRU THE PAPAKOLEA CONCESSION
PATCH - PEOPLE ATTENTIVE TO CHILDREN - 560 NORTH NIMITZ HIGHWAY, SUITE 218 - HONOLULU, HI 96817	99-0167464	501(C)(3)	5,000.	0.	N/A	N/A	RECRUIT AND TRAIN PEOPLE TO BECOME FAMILY CHILD CARE PROVIDERS.
SHRINERS HOSPITAL FOR CHILDREN 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C)(3)	5,000.	0.	N/A	N/A	COVER TRAVEL COSTS FOR PATIENTS AND ONE ADULT ESCORT PER PATIENT FROM THE NEIGHBOR ISLANDS.

Part II 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
UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII - 414 KUWILI STREET, SUITE 105 - HONOLULU, HI 96817	99-0092154	501(C)(3)	5,000.	0.	N/A	N/A	RECRUIT INDIVIDUALS WITH DISABILITIES TO CAPTURE STORIES OF OLD MEDICAL AND SOCIAL PRACTICES.
VARIETY SCHOOL OF HAWAII 710 PALEKAUA STREET HONOLULU, HI 96816	99-0105604	501(C)(3)	5,000.	0.	N/A	N/A	PURCHASE SENSORY EQUIPMENT SUCH AS WEIGHTED BLANKETS, WEIGHTED LAP PADS,ETC.
FAMILY PROMISE OF HAWAII 245 NORTH KUKUI STREET, SUITE 101 HONOLULU, HI 96817	20-2645489	501(C)(3)	5,046.	0.	N/A	N/A	PROVIDE SHELTER, MEALS AND WEEKLY CASE MANAGEMENT TO HOMELESS FAMILIES WITH CHILDREN.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU - 1441 PALI HIGHWAY - HONOLULU, HI 96813	99-0073533	501(C)(3)	5,092.	0.	N/A	N/A	PROVIDE CAMPING SCHOLARSHIPS FOR MILITARY FAMILIES.
SUTTER HEALTH PACIFIC DBA K?HI M?HALA - 91-2301 OLD FORT WEAVER ROAD - EWA BEACH, HI 96706	99-0298651	501(C)(3)	5,145.	0.	N/A	N/A	PURCHASE VIDEO EQUIPMENT AND EDITING SOFTWARE TO TAPE THERAPY SESSIONS.
HUI MAKUA PUNANA LEO O MOLOKA'I PO BOX 102 KUALAPU'U, HI 96757	99-0322764	501(C)(3)	5,156.	0.	N/A	N/A	PROVIDE SCHOLARSHIPS TO THE ONLY HAWAIIAN LANGUAGE PRESCHOOL ON MOLOKA'I.
IMUA FAMILY SERVICES 95 MAHALANI STREET, SUITE 19A WAILUKU, HI 96793	99-0194402	501(C)(3)	5,229.	0.	N/A	N/A	PROVIDE FREE OVERNIGHT SUMMER CAMP EXPERIENCE FOR SPECIAL NEEDS CHILDREN (AGES 6-20).
HULA PRESERVATION SOCIETY P.O. BOX 6274 KANEOHE, HI 96744	99-0350425	501(C)(3)	5,275.	0.	N/A	N/A	PRODUCE A CULTURAL SERIES LED BY ESTEEMED HULA ELDERS IN OUR COMMUNITY.
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 NORTH SCHOOL STREET - HONOLULU, HI 96819	99-0149797	501(C)(3)	5,275.	0.	N/A	N/A	ADDRESS MENTAL ILLNESS IN CONTEXT, PROMOTING HEALING AND EMPOWERMENT FOR WOMEN.

Part II 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
UNITED STATES VETERANS INITIATIVE 85-638 FARRINGTON HIGHWAY WAIANAE, HI 96792	95-4382752	501(C)(3)	5,275.	0.	N/A	N/A	PROVIDE SUPPLIES AND SERVICES TO SERVE NATIVE HAWAIIAN/PACIFIC ISLANDER HOUSEHOLDS.
MOTHERS AGAINST DRUNK DRIVING 745 FORT STREET, SUITE 303 HONOLULU, HI 96813	94-2707273	501(C)(3)	5,282.	0.	N/A	N/A	PROVIDE PARENTS AND TEENS WITH TOOLS TO TAKE A STAND AGAINST UNDERAGE DRINKING.
PRIVATE SECTOR, INC., THE P.O. BOX 1109 HALEIWA, HI 96712	68-0041276	501(C)(3)	5,282.	0.	N/A	N/A	REHABILITATE A DONATED PICK UP TRUCK AND CONTRIBUTE TO THE HAWAII FOOD BANK HUNGER WALK.
PU'A FOUNDATION P.O. BOX 11025 HONOLULU, HI 96828	99-0328687	501(C)(3)	5,356.	0.	N/A	N/A	DEVELOP A CULTURAL TRANSFORMATION PROGRAM FOCUSING ON TRAUMA AND NATIVE HAWAIIAN YOUTH.
HALE KIPA, INC. 615 PIIKOI STREET, SUITE 203 HONOLULU, HI 96814	23-7061499	501(C)(3)	5,500.	0.	N/A	N/A	SUPPORT EMERGENCY SHELTER PROGRAM FOR ABUSED AND NEEDY CHILDREN.
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD., SUITE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)	5,500.	0.	N/A	N/A	PROVIDE SUPPLIES (FOOD, SOAP, JUICES, ETC.) FOR OUTREACH WORKERS FOR HOMELESS, MENTALLY ILL.
ALOHA MEDICAL MISSION 810 NORTH VINEYARD BOULEVARD HONOLULU, HI 96817	99-0234811	501(C)(3)	5,812.	0.	N/A	N/A	PROVIDE FREE DENTAL CARE TO RESIDENTS WITH LIMITED OR NO ACCESS TO DENTAL CARE.
HAWAII FAMILY LAW CLINIC 550 HALEKAUWILA STREET, SUITE 207 HONOLULU, HI 96813	54-2155420	501(C)(3)	5,916.	0.	N/A	N/A	(NO DESCRIPTION PROVIDED.)
KAUA'I HOSPICE, INC. 4457 PAHE'E STREET LIHUE, HI 96766	99-0221830	501(C)(3)	5,969.	0.	N/A	N/A	PROVIDE ONGOING GRIEF SUPPORT SERVICES TO HOSPICE PATIENTS AND FAMILIES.

Part II 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
FRANK DE LIMA'S STUDENT ENRICHMENT PROGRAM - 1560 THURSTON AVE, APT. 603 - HONOLULU, HI 96822	99-0322178	501(C)(3)	6,000.	0.	N/A	N/A	DELIVER IMPORTANT MESSAGES TO SCHOOL-AGED CHILDREN THROUGHOUT HAWAII EVERY YEAR.
HAWAII STATE WOMEN'S GOLF FOUNDATION - 683 KAULANA PLACE - HONOLULU, HI 96821	91-2169495	501(C)(3)	6,000.	0.	N/A	N/A	TRAVEL STIPENDS FOR GIRLS/WOMEN WHO QUALIFY FOR THE CHAMPIONSHIP GAMES.
KAMP HAWAII, INC. P.O. BOX 701022 KAPOLEI, HI 96709	20-3412425	501(C)(3)	6,000.	0.	N/A	N/A	SUPPORT IN-SCHOOL OUTREACH PROGRAM FOR STUDENTS WITH DISRUPTIVE HABITS/LEARNING
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 N. KUAKINI STREET - HONOLULU, HI 96817	99-0241634	501(C)(3)	6,000.	0.	N/A	N/A	FUND A NEW THERAPY PROGRAM FOR PATIENTS RECOVERING FROM CANCER TREATMENT.
HUGS (HELP, UNDERSTANDING & GROUP SUPPORT) - 3636 KILAUEA AVENUE - HONOLULU, HI 96815	99-0213594	501(C)(3)	6,063.	0.	N/A	N/A	IMPROVE THE QUALITY OF LIFE FOR FAMILIES WITH A SERIOUSLY ILL CHILD.
ALU LIKE, INC. 458 KEAWE STREET HONOLULU, HI 96813	51-0151095	501(C)(3)	6,183.	0.	N/A	N/A	PURCHASE A VAN TO TRANSPORT NATIVE HAWAIIAN KUPUNA TO ELDERLY SERVICES PROGRAMS.
MENTAL HEALTH ASSOCIATION IN HAWAII, INC. - 1124 FORT STREET MALL, SUITE 205 - HONOLULU, HI 96813	99-0076458	501(C)(3)	6,216.	0.	N/A	N/A	PROGRAM TO EDUCATE AND TRAIN ON YOUTH SUICIDE AND BULLYING PREVENTION.
SUST'AINABLE MOLOKAI P.O. BOX 250 KAUNAKAKAI, HI 96748	27-3261673	501(C)(3)	6,235.	0.	N/A	N/A	SET UP HOME GARDENS FOR 5 FAMILIES TO PRODUCE FOOD AND PROPAGATE TREES.
FAMILY MINISTRIES CENTER, INC. 1585 KAPIOLANI BOULEVARD,SUITE 940 HONOLULU, HI 96814	46-0508745	501(C)(3)	6,282.	0.	N/A	N/A	PROVIDE PARENTING AND FAMILY COUNSELING TO ELDERLY PARENTS OF CHILDREN UNDER 18.

Part II 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
RONALD MCDONALD HOUSE CHARITIES OF HAWAII, INC. - 1970 JUDD HILLSIDE ROAD - HONOLULU, HI 96822	99-0222124	501(C)(3)	6,282.	0.	N/A	N/A	PROVIDE FUNDS FOR LODGING FOR THE NEEDIEST OF THE FAMILIES.
WAIANAE DISTRICT COMPREHENSIVE HEALTH & HOSPITAL BOARD, INC. - 86-260 FARRINGTON HIGHWAY - WAIANAE, HI 96792	99-0148164	501(C)(3)	6,515.	0.	N/A	N/A	ASSIST THE HOMELESS IN ACCESSING SERVICES AND TRANSITIONING TO HOUSING.
PACIFIC ISLANDS ATHLETIC ALLIANCE 1130 2ND AVENUE, C1 HONOLULU, HI 96816	20-5243663	501(C)(3)	6,557.	0.	N/A	N/A	PURCHASE EQUIPMENT FOR ATHLETIC COMBINES TO PROVIDE COLLEGE COACHES WITH ACCURATE DATA.
AKA'ULA SCHOOL P.O. BOX 2098 KAUNAKAKAI, HI 96748	56-2393609	501(C)(3)	6,783.	0.	N/A	N/A	HOST SEMINARS FOR ADOLESCENTS/PARENTS TO IMPROVE PARENTING SKILLS AND PRACTICES.
WAIKIKI COMMUNITY CENTER 310 PAOAKALANI STREET HONOLULU, HI 96815	99-0179392	501(C)(3)	6,794.	0.	N/A	N/A	PROVIDE TUITION SCHOLARSHIPS FOR PRESCHOOL TO BE READY FOR KINDERGARTEN.
CHILDREN'S ALLIANCE OF HAWAII, INC. - 200 N. VINEYARD BOULEVARD, SUITE 410 - HONOLULU, HI 96817	99-0257743	501(C)(3)	6,850.	0.	N/A	N/A	PROVIDE ACTIVITY BASED PROGRAM FOR SEXUALLY ABUSED CHILDREN AND ADOLESCENTS.
MAUI FAMILY SUPPORT SERVICES, INC. 1844 WILI PA LOOP WAILUKU, HI 96793	99-0208152	501(C)(3)	7,012.	0.	N/A	N/A	TEEN PREGNANCY PREVENTION AND POSITIVE PARENTING.
PALAMA SETTLEMENT 810 NORTH VINEYARD BOULEVARD HONOLULU, HI 96817	99-0074140	501(C)(3)	7,244.	0.	N/A	N/A	PROVIDE FINANCIAL ASSISTANCE FOR YOUTH ATTENDING DAY CAMPS.
JAPAN-AMERICA SOCIETY OF HAWAII 220 S. KING STREET, SUITE 1501 HONOLULU, HI 96813	99-0359990	501(C)(3)	7,381.	0.	N/A	N/A	INTRODUCE JAPANESE STUDENT LIFE TO STUDENTS TO BUILD CURIOSITY AND THE SKILL OF INQUIRY.

Part II **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
ALOHA HARVEST 3599 WAIALAE AVENUE #23 HONOLULU, HI 96816	99-0344209	501(C)(3)	7,412.	0.	N/A	N/A	COVER THE COSTS FOR THE OPERATION/MAINTENANCE OF OUR TRUCKS AND PURCHASE FOOD CONTAINERS.
HAWAIIAN MUSIC AND DANCE FOUNDATION - P. O. BOX 4717 - HONOLULU, HI 96812	99-0315552	501(C)(3)	7,904.	0.	N/A	N/A	DEFRAY COSTS FOR THE E MELE KAKOU ELEMENTARY MUSIC EDUCATION PROGRAM.
HAWAII ISLAND ADULT CARE, INC. 34 RAINBOW DRIVE HILO, HI 96720	99-0210974	501(C)(3)	8,000.	0.	N/A	N/A	PROVIDE TUITION ASSISTANCE FOR LOW INCOME ELDERLY WOMEN TO ATTEND ADULT DAY CARE.
HAWAII FI-DO SERVICE DOGS PO BOX 757 KAHUKU, HI 96731	990353345	501(C)(3)	8,687.	0.	N/A	N/A	PURCHASE AND TRAIN 2 DOGS.
EASTER SEALS HAWAII 710 GREEN STREET HONOLULU, HI 96813	99-0075235	501(C)(3)	8,760.	0.	N/A	N/A	COVER PROGRAM COST FOR RECREATIONAL/SOCIAL OUTINGS TWICE PER MONTH FOR 15 YOUTH.
IHS, THE INSTITUTE FOR HUMAN SERVICES, INC. - 546 KAAAHI STREET - HONOLULU, HI 96817	99-0199107	501(C)(3)	9,000.	0.	N/A	N/A	KEEP IHS EMERGENCY HOMELESS SHELTERS OPEN 24 HRS A DAY, 365 DAYS PER YEAR.
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	9,000.	0.	N/A	N/A	TO PROVIDE HOUSING, RECOVERY SERVICES, JOB TRAINING AND EMPLOYMENT TO MEN AND WOMEN.
SURFING THE NATIONS FOUNDATION P.O. BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	9,000.	0.	N/A	N/A	ACQUIRE EIGHT BENCHES, TWO WATER COOLERS, AND A SOUND SYSTEM.
LOVE THE JOURNEY P.O. BOX 3076 LIHUE, HI 96766	27-2898564	501(C)(3)	9,159.	0.	N/A	N/A	MANAGE CLEAN & SOBER HOUSES, COUNSELING, WORK DEVELOPMENT SERVICES AND MUCH MORE.

Part II 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
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT STREET HONOLULU, HI 96817	94-3271325	501(C)(3)	9,312.	0.	N/A	N/A	PROVIDE SCHOOL MATERIALS FOR HOMELESS CHILDREN AND ADULT EDUCATION.
ALOHA SECTION PGA FOUNDATION 615 PIIKOI STREET, SUITE 1812 HONOLULU, HI 96814	20-1340470	501(C)(3)	10,000.	0.	N/A	N/A	CELEBRATION HONORING OUR AWARD WINNERS OF THE GAME OF GOLF IN HAWAII.
HUNAKAI PARK ASSOCIATION 613 ULUMAIKA STREET HONOLULU, HI 96816	99-0289545	501(C)(3)	10,000.	0.	N/A	N/A	PAY FOR THE LANDSCAPE, MAINTENANCE & WATERING OF HUNAKAI PARK.
BLUEPRINT FOR CHANGE P.O. BOX 4560 HONOLULU, HI 96812	31-1692841	501(C)(3)	10,201.	0.	N/A	N/A	SUPPORT ACTIVITIES IN THE WAIMANALO/EAST OAHU COMMUNITY,
SPECIAL OLYMPICS HAWAII P.O. BOX 3295 HONOLULU, HI 96801	23-7173957	501(C)(3)	10,275.	0.	N/A	N/A	PROVIDE PARTICIPANTS, COACHES, VOLUNTEERS WITH MEALS, LODGING, SUPPLIES FOR STATE GAMES.
HAWAII MEALS ON WHEELS, INC. P. O. BOX 61194 HONOLULU, HI 96839	99-0198132	501(C)(3)	11,740.	0.	N/A	N/A	PROVIDE HOT MEAL AND HUMAN INTERACTION FOR CLIENTS.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF HONOLULU - 1335 KALIHI STREET - HONOLULU, HI 96819	99-0073533	501(C)(3)	13,000.	0.	N/A	N/A	PROVIDE KALIHI-PALAMA YOUTH IN HOOKUPAA AFTER-SCHOOL & KAUHALE AFTER-CARE PROGRAMS.
BOYS & GIRLS CLUB OF HAWAII 345 QUEEN STREET, SUITE 900 HONOLULU, HI 96813	99-6005407	501(C)(3)	13,892.	0.	N/A	N/A	PROVIDE AN AFFORDABLE SUMMER PROGRAM DESIGNED TO PREVENT LEARNING LOSS.
MOLOKAI ARTS CENTER, INC. P. O. BOX 116 KUALAPU'U, HI 96757	27-3170573	501(C)(3)	15,568.	0.	N/A	N/A	FUNDS WILL BE USED TO PURCHASE TWO ELECTRIC KILNS.

Part II 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
HALE 'OPIO KAUA'I, INC. 2959 UMI STREET LIHUE, HI 96766	99-0155279	501(C)(3)	17,528.	0.	N/A	N/A	PROVIDE FUNDING FOR KAUAI TEEN COURT FOR FIRST-TIME MISDEMEANOR OR STATUS OFFENSES.
HAWAII STATE JUNIOR GOLF ASSOCIATION - 4330 KUKUI GROVE STREET - LIHUE, HI 96766	99-0335776	501(C)(3)	20,000.	0.	N/A	N/A	SUPPLEMENT GREEN FEES AND TRAVEL EXPENSES.
PROJECT VISION HAWAII P.O. BOX 23212 HONOLULU, HI 96823	27-2831637	501(C)(3)	20,067.	0.	N/A	N/A	PROVIDE FREE CORRECTIVE SIGHT SURGERY TO THOSE MOST IN NEED.
SUSTAIN HAWAII 3442 WAIALAE AVENUE HONOLULU, HI 96816	20-0040349	501(C)(3)	20,204.	0.	N/A	N/A	CREATE THE FIRST ACTIVITY BOOK.
CHILDREN'S DISCOVERY CENTER 111 OHE STREET HONOLULU, HI 96813	99-0241632	501(C)(3)	21,448.	0.	N/A	N/A	FUNDING FOR OUR SCHOOL PROGRAMS.
AMERICAN NATIONAL RED CROSS 4155 DIAMOND HEAD ROAD HONOLULU, HI 96816	53-0196605	501(C)(3)	25,408.	0.	N/A	N/A	PROVIDE TRAINING FOR CERTIFIED NURSE AIDES TO CARE FOR ELDERLY, DISABLED AND ILL
COMMON GRACE P O BOX 31116 HONOLULU, HI 96820	30-0110074	501(C)(3)	38,633.	0.	N/A	N/A	MATCH THE KINDNESS OF A NEIGHBORHOOD CHURCH WITH THE NEEDS OF A KID IN A PUBLIC SCHOOL.
WORLD GOLF FOUNDATION 520 N. BROOKHURST STREET ANAHEIM, CA 92801	59-2998925	501(C)(3)	50,000.	0.	N/A	N/A	DEVELOP & SUPPORT PROGRAMS THAT POSITIVELY IMPACT YOUTH THROUGH GAME OF GOLF.

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
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

EXPLANATION: 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF THE BIG ISLAND

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE A SUMMER YOUTH PROGRAM FOCUSING ON ACADEMICS, HEALTHY LIFESTYLES AND LEADERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE HAWAII, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FAMILY SUPPORT FOR PEDIATRIC PATIENTS FACING LIFE-LIMITING ILLNESS THROUGH EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: KICK START KARATE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ALTERNATIVE ACTIVITIES TO COMBAT ANTI-SOCIAL YOUTH GANG MEMBERSHIP, AND BUILD LEADERSHIP SKILLS AND A SENSE OF EMPOWERMENT.

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC REGION BASEBALL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATE THE HIMB PROGRAM WHICH FOSTERS AN EXCHANGE OF INTERNATIONAL GOODWILL, SPORTSMANSHIP, AND CULTURE.

NAME OF ORGANIZATION OR GOVERNMENT:
PAPAKOLEA COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATE 15 YOUTH ON OPERATING A SMALL BUSINESS THRU THE PAPAKOLEA CONCESSION STAND.

NAME OF ORGANIZATION OR GOVERNMENT: KAMP HAWAII, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IN-SCHOOL OUTREACH PROGRAM FOR STUDENTS WITH DISRUPTIVE HABITS/LEARNING DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN NATIONAL RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TRAINING FOR CERTIFIED NURSE

Part IV Supplemental Information

AIDES TO CARE FOR ELDERLY, DISABLED AND ILL INDIVIDUALS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALIFYING NOT-FOR-PROFIT ENDEAVORS IN HAWAII BENEFITING ITS WOMEN, CHILDREN, YOUTH, AND NEEDY. FRIENDS OF HAWAII CHARITIES, INC., TOGETHER WITH THE HARRY AND JEANETTE WEINBERG FOUNDATION, INC., HAS RAISED AND DISTRIBUTED MORE THAN $11,000,000 FOR HUNDREDS OF NOT-FOR-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: THE ORGANIZATION ENTERED INTO A MANAGEMENT AGREEMENT WITH YOUNG & RUBICAM, INC. (DOING BUSINESS AS "141 PREMIERE SPORTS & ENTERTAINMENT") TO BE THE TOURNAMENT DIRECTOR. 141 PREMIERE SPORTS & ENTERTAINMENT MANAGES THE DAY TO DAY OPERATIONS FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE TREASURER REVIEWS AND SIGNS FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Friends of Hawaii Charities, Inc.
Schedule of Tournament Expenses
Years Ended May 31, 2014 and 2013

Tax Year Ending 5/31/2014
99-0334032

Form 990, Schedule G Attachment

	2014	2013
Expenses		
Advertising	$ 73,210	$ 91,678
Badges/tickets	25,105	16,413
Bank charges	537	1,105
Construction	40,000	40,000
Contract labor	131,646	166,277
Electrical – ground preparation	65,807	63,700
Founders awards	107,241	101,542
Friends Club expenses	11,870	12,637
General excise tax	179,575	132,725
Insurance	72,139	67,921
License, fees and taxes	254	403
Medical	74	1,184
Office supplies	31,985	23,947
On course operations	83,866	74,000
Other meetings	8,157	3,855
Parking	20,272	28,082
PGA player expenses	64,546	47,762
PGATTA meeting	1,705	1,275
Photography	6,331	5,917
Poster	6,982	4,823
Press/media	19,956	19,253
Printing	67,778	74,642
Pro-am awards banquet	75,000	75,000
Pro-am draw party	51,777	51,000
Pro-am gifts and apparel	214,182	211,666
Pro-am registration	5,470	6,113
Pro-am sponsor expense	17,034	-
Pro-am trophies	2,192	1,789
Program	47,208	46,587
Promotional and VIP gifts	956,370	880,927
Rentals	508,999	516,292
Sales commissions – 141 Premiere	147,628	184,378
Satellite Pro-Am	110,503	107,413
Security	86,126	88,238
Signage	29,547	51,720
Sony merchandise purchased for resale	25,727	13,906
Telephone installation and rental	2,294	8,815
Tournament management fees – 141 Premiere	656,230	640,209
Travel – tournament staff	27,167	21,499
Volunteers expense	120,564	130,755
Waialae Country Club course rental	183,246	183,357
Waialae Country Club labor charges	94,155	87,098
	$ 4,380,455	$ 4,285,903