C&E 33

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Form 990 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. 1705

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning JUN 1, 2016 and ending MAY 31, 2017

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) 1001 BISHOP ST., ASB TOWER

Room/suite 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 $ 5,934,982.

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

SCANNED AUG 2 0 2018

Part I Summary

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, l	3	29
4	Number of independent voting members of the governing b e 1b)	4	29
5	Total number of individuals employed in calendar year 2016)	5	0
6	Total number of volunteers (estimate if necessary)	6	1500
7a	Total unrelated business revenue from Part VIII, column (C),	7a	0.
b	Net unrelated business taxable income from Form 990-T (li	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,175,190.	2,107,025.
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)	-788,063.	-702,699.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,387,127.	1,404,326.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000,035.	1,056,479.
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)	149,486.	154,800.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,149,521.	1,211,279.
19	Revenue less expenses Subtract line 18 from line 12	237,606.	193,047.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,626,259.	2,030,369.
21	Total liabilities (Part X, line 26)	585,476.	796,539.
22	Net assets or fund balances Subtract line 21 from line 20	1,040,783.	1,233,830.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: X 6/18/18

▶ 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: JUN 12 2018	Check ☐ if self-employed	PTIN: P00089337
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

GM

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 QUALIFYING NOT-FOR-PROFIT

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 $ 1,056,479. including grants of $ 1,056,479.) (Revenue $ 2,107,025.)
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 ▶ 1,056,479.

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	17		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring 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	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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, address, and telephone number of the person who possesses the organization's books and records: ▶

STEVE 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/D	0.50	X		X				0.	0.	0.
(2) BERT T. KOBAYASHI, JR. VICE PRESIDENT/EXEC COMMIT	0.50	X		X				0.	0.	0.
(3) HOWARD IKEDA TREASURER/EXEC COMMITTEE/D	0.50	X		X				0.	0.	0.
(4) DICKSON LEE SECRETARY/EXEC COMMITTEE/D	0.50	X		X				0.	0.	0.
(5) SIMON MORI EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(6) GEORGE ARIYOSHI EMERITUS (NON VOTING)	0.50	X						0.	0.	0.
(7) MOMI CAZIMERO DIRECTOR	0.50	X						0.	0.	0.
(8) CALEB CHAN DIRECTOR	0.50	X						0.	0.	0.
(9) MIKE DYER EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(10) ADMIRAL THOMAS B. FARGO USN (RE DIRECTOR	0.50	X						0.	0.	0.
(11) HOWARD HAMAMOTO DIRECTOR	0.50	X						0.	0.	0.
(12) MICHAEL HARTLEY DIRECTOR	0.50	X						0.	0.	0.
(13) JUNE JONES DIRECTOR	0.50	X						0.	0.	0.
(14) DON KIM EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(15) JAMES KOMETANI EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(16) RAYMOND ONO EXECUTIVE COMMITTEE/DIRECT	0.50	X						0.	0.	0.
(17) MICHAEL W. PERRY DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) RYOZO SAKAI DIRECTOR	0.50	X						0.	0.	0.
(19) SHOJI NEMOTO DIRECTOR	0.50	X						0.	0.	0.
(20) AL SOUZA EXECUTIVE COMMITTEE/DIRECT	0.50	X						0.	0.	0.
(21) KEITH VIEIRA DIRECTOR	0.50	X						0.	0.	0.
(22) JIM WALTERS DIRECTOR	0.50	X						0.	0.	0.
(23) ALFRED WONG EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(24) ANTHONY R. GUERRERO, JR. EMERITUS (NON VOTING)	0.50	X						0.	0.	0.
(25) SHUSUKE OSHIMA EXECUTIVE COMMITTEE/DIRECTOR	0.50	X						0.	0.	0.
(26) REGGIE MALDONADO 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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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 735 BISHOP ST, STE 330, HONOLULU, HI 96813	MANAGEMENT FEE	1,069,447.

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)						(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			
(27) CHAD KARASAKI EXECUTIVE COMMITTEE / DIRECTOR	0.50	X						0.	0.	0.
(28) GUY AKASAKI DIRECTOR	0.50	X						0.	0.	0.
(29) DR. TAD IWANUMA DIRECTOR	0.50	X						0.	0.	0.
(30) MITCHELL M. KAAIALII DIRECTOR	0.50	X						0.	0.	0.
(31) MICAH KANE EXECUTIVE COMMITTEE/DIRECTOR	0.50	X						0.	0.	0.
(32) ERIC YEAMAN EXECUTIVE COMMITTEE/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	2,107,025.			
	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	▶	2,107,025.			
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 $ 2,107,025. of contributions reported on line 1c) See Part IV, line 18	a 3,827,957.				
	b	Less direct expenses	b 4,530,656.				
	c	Net income or (loss) from fundraising events	▶	-702,699.			-702,699.
	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.	▶	1,404,326.	0.	0.	-702,699.

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 domestic organizations and domestic governments. See Part IV, line 21	1,056,479.	1,056,479.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	154,800.		154,800.	
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	1,211,279.	1,056,479.	154,800.	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	781,848.	1	1,097,425.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	635,164.	4	715,166.
	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	209,247.	9	217,778.
	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)	1,626,259.	16	2,030,369.
Liabilities	17	Accounts payable and accrued expenses	47,183.	17	90,907.
	18	Grants payable		18	
	19	Deferred revenue	478,883.	19	605,763.
	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	59,410.	25	99,869.
	26	**Total liabilities.** Add lines 17 through 25	585,476.	26	796,539.
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	1,040,783.	27	1,233,830.
	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	1,040,783.	33	1,233,830.
	34	Total liabilities and net assets/fund balances	1,626,259.	34	2,030,369.

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	1,404,326.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,211,279.
3	Revenue less expenses Subtract line 2 from line 1	3	193,047.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,040,783.
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	1,233,830.

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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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		

Form 990 (2016)

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

2016

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ☐

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2073350.	2112367.	2062058.	2175190.	2107025.	10529990.
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	2073350.	2112367.	2062058.	2175190.	2107025.	10529990.
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)						2994875.
6 **Public support.** Subtract line 5 from line 4						7535115.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2073350.	2112367.	2062058.	2175190.	2107025.	10529990.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 VI.)						
11 **Total support.** Add lines 7 through 10						10529990.

12 Gross receipts from related activities, etc (see instructions) 12 17,100,596.

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 2016 (line 6, column (f) divided by line 11, column (f)) 14 71.56 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 71.75 %

16a **33 1/3% support test - 2016.** 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 ▶ [X]

b **33 1/3% support test - 2015.** 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 - 2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** 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 VI 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below*

b ☐ The organization is the parent of each of its supported organizations *Complete line 3 below*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test *Answer (a) and (b) below*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 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" on 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

2016

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" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

	Held at the End of the Tax Year
a Total number of conservation easements — 2a	
b Total acreage restricted by conservation easements — 2b	
c Number of conservation easements on a certified historic structure included in (a) — 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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 10c.)* ▶				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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) DUE TO TOURNAMENT DIRECTOR	99,869.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	99,869.

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 [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,404,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	1,404,326.
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	1,404,326.

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

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

1	Total expenses and losses per audited financial statements			1	1,211,279.
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	1,211,279.
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	1,211,279.

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.

PART X, LINE 2:

THE ORGANIZATION EVALUATES UNCERTAIN INCOME TAX POSITIONS UTILIZING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL SETTLEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN AN INCOME TAX RETURN. AT MAY 31, 2017, MANAGEMENT BELIEVES THERE WERE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS. THE 2014 TO 2016 TAX YEARS REMAIN OPEN FOR FEDERAL AND STATE TAX PURPOSES AT MAY 31, 2017

PART X, LINE 2:

THE ORGANIZATION EVALUATES UNCERTAIN INCOME TAX POSITIONS UTILIZING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL

Part XIII Supplemental Information *(continued)*

SETTLEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSTION TAKEN OR EXPECTED TO BE TAKEN IN AN INCOME TAX RETURN. AT MAY 31, 2017, MANAGEMENT BELIEVES THERE WERE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS. THE 2013 TO 2016 TAX YEARS REMAIN OPEN FOR FEDERAL AND STATE TAX PURPOSES AT MAY 31, 2017.

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" on Form 990, Part IV, line 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

2016

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" on 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 10 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" on 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	5,934,982.			5,934,982.
	2 Less: Contributions	2,107,025.			2,107,025.
	3 Gross income (line 1 minus line 2)	3,827,957.			3,827,957.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	741,505.			741,505.
	7 Food and beverages	75,000.			75,000.
	8 Entertainment				
	9 Other direct expenses	3,714,151.			3,714,151.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	4,530,656.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	-702,699.

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
ALOHA HARVEST 3599 WAIALAE AVENUE, #23 HONOLULU, HI 96816	99-0344209	501(C)(3)	13,653.	0.	N/A	N/A	ALOHA HARVEST, FOUNDED IN 1999, IS THE SOLE FOOD RESCUE ORGANIZATION IN THE STATE. FUNDING WILL
EASTER SEALS HAWAII 710 GREEN STREET HONOLULU, HI 96813	99-0075235	501(C)(3)	12,480.	0.	N/A	N/A	EASTER SEALS HAWAII SEEKS FUNDING FOR EQUIPMENT TO IMPROVE SAFETY AT OUR SERVICE CENTERS: (1)
FRANK DE LIMAS STUDENT ENRICHMENT PROGRAM INC. - 1560 THURSTON AVENUE NO. 603 - HONOLULU, HI 96822	99-0322178	501(C)(3)	6,000.	0.	N/A	N/A	SINCE 1980, FRANK DE LIMA HAS BEEN USING HIS EXTENSIVE EXPERIENCE AS A COMEDIAN TO DELIVER
HALE MAHAOLU 200 HINA AVENUE KAHULUI, HI 96732	99-0143109	501(C)(3)	5,500.	0.	N/A	N/A	FUNDS WILL BE USED TO PROVIDE SUBSIDIZED PERSONAL CARE SERVICES (BATHING, TOILETING,
HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIHA STREET - HONOLULU, HI 96817	99-0299937	501(C)(3)	6,000.	0.	N/A	N/A	THE FAMILY FINANCIAL ASSISTANCE PROGRAM IS DESIGNED TO HELP PAY MEDICAL EXPENSES AND
HAWAII ISLAND ADULT CARE, INC. 34 RAINBOW DRIVE HILO, HI 96720	99-0210974	501(C)(3)	7,000.	0.	N/A	N/A	WE PROVIDE ADULT DAY CARE FOR ELDERS NEEDING SUPERVISED DAYTIME CARE AND SOCIALIZATION,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 72.

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) (2016)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

632101 11-01-16

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 STATE JUNIOR GOLF ASSOCIATION - 4330 KUKUI GROVE STREET - LIHUE, HI 96766	99-0335776	501(C)(3)	10,000.	0.	N/A	N/A	THE GRANT WILL SUBSIDIZE OVERALL TRAVEL EXPENSES FOR OUR JUNIOR GOLFERS THAT WERE ABLE TO QUALIFY
HAWAII STATE WOMEN'S GOLF FOUNDATION - 683 KAULANA PLACE - HONOLULU, HI 96821	91-2169495	501(C)(3)	9,000.	0.	N/A	N/A	WILL BE USED TO FUND FIFTEEN (15) TRIPS TO MAINLAND TO COMPETE IN USGA CHAMPIONSHIPS FROM
HOOLA NA PUA P.O. BOX 401 HALEIWA, HI 96712	46-5139164	501(C)(3)	9,000.	0.	N/A	N/A	THE FUNDS WILL BE USED FOR PROVIDING THE SERVICES OF OUR STARFISH MENTORING PROGRAM (SMP)
HUNAKAI PARK ASSOCIATION 641 ULUMAIKA STREET HONOLULU, HI 96816	99-0289545	501(C)(3)	10,000.	0.	N/A	N/A	FUNDS ARE USED FOR THE MAINTENANCE, LANDSCAPING, AND WATERING OF THE PARK WHICH SERVES AS THE
JAPAN-AMERICA SOCIETY OF HAWAII 1600 KAPIOLANI BLVD., SUITE 204 HONOLULU, HI 96814	99-0359990	501(C)(3)	7,967.	0.	N/A	N/A	ALL FUNDS WILL BE USED TO SUPPORT OUR EDUCATIONAL PROGRAMS FOR HAWAII'S YOUTH. BY INTRODUCING
MARIMED FOUNDATION FOR ISLAND HEALTH CARE TRAINING - 45-021 LIKEKE PLACE - KANEOHE, HI 96744	99-0235066	501(C)(3)	8,025.	0.	N/A	N/A	FOR EXPERIENTIAL THERAPEUTIC ACTIVITIES FOR SEVERELY AT-RISK TEENS IN RESIDENTIAL
PACIFIC REGION BASEBALL, INC. P.O. BOX 1865 HONOLULU, HI 96817	99-0246631	501(C)(3)	5,000.	0.	N/A	N/A	THE FUNDS WILL BE UTILIZED TO OPERATE THE HIMB PROGRAM, WHICH RUNS FROM JUNE TO AUGUST IN
PAPAKOLEA COMMUNITY DEVELOPMENT CORPORATION - 2150 TANTALUS DRIVE - HONOLULU, HI 96813	91-2074211	501(C)(3)	6,000.	0.	N/A	N/A	THE KUPUAE - PAPAKOLEA SUMMER YOUTH PROGRAM PROVIDES PROGRAMMING FOR KEIKI, AGES THREE TO SIX,
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	8,000.	0.	N/A	N/A	DEVELOP A BAKING AND CULINARY ENTRY LEVEL SKILLS JOB TRAINING PROGRAM. RIVER OF LIFE

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
SPECIAL OLYMPICS HAWAII INC. 1833 KALAKAUA AVENUE, SUITE 500 HONOLULU, HI 96815	23-7173957	501(C)(3)	7,000.	0.	N/A	N/A	VOLUNTEERS HAVE A TREMENDOUS IMPACT ON THE SUCCESS OF SPECIAL OLYMPICS HAWAII (SOHI).
WORLD GOLF FOUNDATION 1 WORLD GOLF PLACE ST. AUGUSTINE, FL 32092	59-2998925	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
ALA KUOLA 677 ALA MOANA BLVD, BOX 41 HONOLULU, HI 96813	54-2155420	501(C)(3)	7,700.	0.	N/A	N/A	COACHING BOYS INTO MEN IS A VIOLENCE PREVENTION PROGRAM THAT UTILIZES ATHLETIC COACHES TO BE
ALOHA MEDICAL MISSION 810 NORTH VINEYARD BLVD HONOLULU, HI 96817	99-0234811	501(C)(3)	5,000.	0.	N/A	N/A	AMM IS REQUESTING THE FUNDS BE USED FOR DENTAL SUPPLIES, PROJECTED TO BE $47,000 FOR 2017.
ALOHA SECTION PGA FOUNDATION, THE 615 PIIKOI ST., SUITE 1812 HONOLULU, HI 96814	20-1340470	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN CANCER SOCIETY,INC 2370 NUUANU AVENUE HONOLULU, HI 96817	13-1788491	501(C)(3)	5,000.	0.	N/A	N/A	AMERICAN CANCER SOCIETY WILL ASSIST CANCER PATIENTS WITH INTERISLAND AIRFARE, REIMBURSEMENT
BOBBY BENSON CENTER 56-660 KAMEHAMEHA HIGHWAY KAHUKU, HI 96731	99-0243991	501(C)(3)	7,000.	0.	N/A	N/A	THE EXTRACURRICULAR ACTIVITIES PROGRAM (EAP) AT BOBBY BENSON CENTER IS AN INTEGRAL PART OF THE
CENTER FOR TOMORROW'S LEADERS 677 ALA MOANA BOULEVARD,SUITE 1100 HONOLULU, HI 96813	46-3490591	501(C)(3)	5,000.	0.	N/A	N/A	A $10,000 GRANT WILL ENABLE CENTER FOR TOMORROW'S LEADERS (CTL) TO ENHANCE ITS HIGHLY
CENTRAL OAHU YOUTH SERVICES ASSOCIATION, INC (COYSA) - 66-528 HALEIWA ROAD - HALEIWA, HI 96712	99-0198948	501(C)(3)	5,000.	0.	N/A	N/A	COYSA PROVIDES EMERGENCY SHELTER AND SUPPORT SERVICES TO YOUTH, AGES 12 TO 17, REFERRED BY THE

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
EPIC FOUNDATION 2535 SOUTH KING STREET, ROOM 304 HONOLULU, HI 96826	51-0514555	501(C)(3)	5,000.	0.	N/A	N/A	FUNDS WILL BE UTILIZED AS SCHOLARSHIPS FOR YOUTH CURRENTLY OR FORMERLY IN FOSTER CARE TO ATTEND AN
GIVING BACK PO BOX 791339 PAIA, HI 96779	91-2065095	501(C)(3)	5,000.	0.	N/A	N/A	FUNDS WILL BE USED TO MAINTAIN MOVE WITH BALANCE WITH MUSIC AT 4 CONGREGATE MEAL SITES,
GREGORY HOUSE PROGRAMS 200 NORTH VINEYARD BLVD., STE A310 HONOLULU, HI 96817	99-0265111	501(C)(3)	5,000.	0.	N/A	N/A	THE PROGRAM PROVIDES FOOD AND NUTRITION SERVICES TO MORE THAN 275 PERSON LIVING WITH HIV/AIDS, AND
HAWAII BONE MARROW DONOR REGISTRY 2228 LILIHA STREET, #105 HONOLULU, HI 96817	27-4348363	501(C)(3)	7,300.	0.	N/A	N/A	FUNDS WILL BE USED TO SUPPORT PATIENT FAMILIES BY CONDUCTING BONE MARROW DRIVES ON ALL THE MAJOR
HAWAII CORD BLOOD BANK 1319 PUNAHOU STREET HONOLULU, HI 96826	99-0349269	501(C)(3)	12,528.	0.	N/A	N/A	FUNDING IS REQUESTED TO HELP WITH THE COST OF SHIPPING UNITS COLLECTED ON MAUI TO SEATTLE. MAUI
HAWAII FI-DO SERVICE DOGS PO BOX 757 KAHUKU, HI 96731	99-0353345	501(C)(3)	7,000.	0.	N/A	N/A	OUR ORGANIZATION RAISES, TRAINS AND PROVIDES, AT NO CHARGE, QUALITY SERVICE DOGS TO PEOPLE IN
HAWAII FOODBANK - KAUAI BRANCH 4241-A HANAHAO PLACE LIHUE, HI 96766	99-0220699	501(C)(3)	5,000.	0.	N/A	N/A	"LAST YEAR, HAWAII FOODBANK - KAUAI BRANCH DISTRIBUTED NEARLY 1.3 MILLION POUNDS OF FOOD
HAWAII FOODBANK - OAHU 2611 KILIHAU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	5,000.	0.	N/A	N/A	A $10,000 GRANT WILL PURCHASE FOOD TO PROVIDE 25,000 MEALS TO OAHU'S HUNGRY. LAST YEAR, THE
HAWAII MEALS ON WHEELS PO BOX 61194 HONOLULU, HI 96814	99-0198132	501(C)(3)	7,775.	0.	N/A	N/A	HAWAI'I MEALS ON WHEELS (HMOW) PROVIDES HOME-DELIVERED MEALS TO HOMEBOUND ELDERLY AND

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
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 310 PAOAKALANI AVE., SUITE 202A - HONOLULU, HI 96815	99-0299264	501(C)(3)	5,000.	0.	N/A	N/A	WE ARE REQUESTING $10,000 FOR THE IMPLEMENTATION AND PROMOTION OF PIKO PALS, A UNIQUE NEWBORN
HIILEI ALOHA LLC (NONPROFIT) 711 KAPIOLANI BLVD., SUITE 111 HONOLULU, HI 96813	26-1210564	501(C)(3)	5,000.	0.	N/A	N/A	OUR PROJECT IS AN EDUCATION PROGRAM TO HELP 40 YOUTH, WOMEN, AND MEN WHO ARE UNEMPLOYED OR
HOA AINA O MAKAHA 84-766 LAHAINA STREET WAIANAE, HI 96792	99-0292820	501(C)(3)	5,000.	0.	N/A	N/A	3 WEEK SUMMER LEADERSHIP PROGRAM FOR STUDENTS IN GRADES 4-6 OF MAKAHA ELEMENTARY SCHOOL (MES)
HUGS-HELP, UNDERSTANDING & GROUP SUPPORT - 3636 KILAUEA AVENUE - HONOLULU, HI 96816	99-0213594	501(C)(3)	9,633.	0.	N/A	N/A	FUNDS WILL BE USED TO PROVIDE 40 HAWAII SIBLINGS OF SERIOUSLY ILL CHILDREN THE OPPORTUNITY
IMUA FAMILY SERVICES 161 S. WAKEA AVENUE KAHULUI, HI 96732	99-0194402	501(C)(3)	5,000.	0.	N/A	N/A	CAMP IMUA HAS BEEN OPERATING FOR OVER 40 YEARS AND IS THE ONLY PROGRAM IN MAUI COUNTY
KAUAI INDEPENDENT FOOD BANK 3285 WAAPA RD., STE. A LIHUE, HI 96766	99-0317431	501(C)(3)	7,000.	0.	N/A	N/A	THROUGH THE KEIKI CAFE PROGRAM, THE KAUAI INDEPENDENT FOOD BANK SERVES HEALTHY SNACKS
KIDS AT-RISK MENTORING PROGRAMS HAWAII - PO BOX 701022 - KAPOLEI, HI 96709	20-3412425	501(C)(3)	6,000.	0.	N/A	N/A	WE CONTINUE TO FOCUS ON THE PREVENTION OF SUBSTANCE ABUSE, GANG VIOLENCE, BULLYING, CYBER
MAKIKI WARD 1050 KINAU STREET, APT. 307 HONOLULU, HI 96814	99-0085625	501(C)(3)	6,500.	0.	N/A	N/A	THE MONIES RECEIVED BY MAKIKI WARD WILL BE USED FOR BOY SCOUT, CUB SCOUT AND YOUTH CAMPING TRIPS
MALAMA NA MAKUA A KEIKI (MALAMA FAMILY RECOVERY CENTER) - PO BOX 791749 - PAIA, HI 96779	99-0293044	501(C)(3)	5,900.	0.	N/A	N/A	FUNDS WILL PAY FOR BASIC ITEMS LIKE CLOTHING, FOOD, TOILETRIES, INFANT/CHILD-RELATED

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
MOLOKAI ARTS CENTER PO BOX 116 KUALAPUU, HI 96757	27-3170573	501(C)(3)	23,148.	0.	N/A	N/A	THE FUNDS WILL GO TOWARD THE PURCHASE OF CLAY, GLAZES AND OTHER SUPPLIES, INCLUDING
NA HOALOHA P.O. BOX 3208 WAILUKU, HI 96793	99-0326282	501(C)(3)	5,000.	0.	N/A	N/A	"FRIENDLY VISITS: VOLUNTEERS PROVIDE SUPPORT THROUGH SOCIALIZATION,
PALAMA SETTLEMENT 810 N. VINEYARD BLVD HONOLULU, HI 96817	99-0074140	501(C)(3)	5,000.	0.	N/A	N/A	PALAMA SETTLEMENT'S SUMMER ENRICHMENT PROGRAM PROVIDES AN OPPORTUNITY FOR THE NEIGHBORHOOD.
POLYNESIAN HALL OF FAME P.O. BOX 11266 HONOLULU, HI 96828	46-3158865	501(C)(3)	50,000.	0.	N/A	N/A	TO SUPPORT HIGH SCHOOL FOOTBALL PLAYERS THAT PARTICIPATED IN THE POLYNESIAN BOWL IN THEIR
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 NORTH KUAKINI STREET - HONOLULU, HI 96817	99-0241634	501(C)(3)	5,000.	0.	N/A	N/A	A $17,682 GRANT WOULD BE USED TO PURCHASE VITAL EQUIPMENT FOR PATIENT SAFETY, CARE AND THERAPY
WAIANAE COAST COMPREHENSIVE HEALTH CENTER - 86-260 FARRINGTON HWY. - WAIANAE, HI 96792	99-0148164	501(C)(3)	6,000.	0.	N/A	N/A	PURPOSE OF THE PROGRAM IS TO PROVIDE MOBILE OUTREACH SERVICES TO UNSHELTERED HOMELESS
YMCA OF HONOLULU - KALIHI BRANCH 1335 KALIHI STREET HONOLULU, HI 96819	99-0073533	501(C)(3)	9,000.	0.	N/A	N/A	YMCA CAMP ERDMAN IS A SIX-DAY OVERNIGHT CAMP THAT ALLOWS KIDS TO PUT DOWN THEIR PHONES AND
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA STREET, SUITE B290 HONOLULU, HI 96819	99-0254581	501(C)(3)	8,723.	0.	N/A	N/A	AFY WILL PROVIDE OUTREACH AND ADVOCACY SERVICES TO HIGH-RISK, MINORITY YOUTH, WHO ARE
ASSISTIVE TECHNOLOGY RESOURCE CENTERS OF HAWAII (ATRC) - 200 N. VINEYARD BLVD., SUITE 430 - HONOLULU, HI	94-3267103	501(C)(3)	9,223.	0.	N/A	N/A	CAMP COOL IS A TWO DAY INTERACTIVE COMPUTER EXPLORATION PROGRAM FOR CHILDREN WITH

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
THE BOYS AND GIRLS CLUB OF HAWAII - WINDWARD - 345 QUEEN STREET, SUITE 900 - HONOLULU, HI 96813	99-6005407	501(C)(3)	17,956.	0.	N/A	N/A	FUNDS WILL BE USED TO PROVIDE FINANCIAL ASSISTANCE FOR LOW-TO-MODERATE INCOME
COMMON GRACE P.O. BOX 31116 HONOLULU, HI 96820	30-0110074	501(C)(3)	28,974.	0.	N/A	N/A	WE STRIVE TO END LONELINESS IN CHILDREN. 99% OF OUR ORGANIZATION IS POSSIBLE BY VOLUNTEERS
FAMILY MINISTRIES CENTER 1585 KAPIOLANI BLVD., STE 914 HONOLULU, HI 96814	45-0508745	501(C)(3)	9,290.	0.	N/A	N/A	THE HEALTHY KUPUNA FAMILY OUTREACH PROGRAM SEEKS TO EQUIP OLDER/ELDERLY PARENTS AND PARENT
HALE OPIO KAUAI, INC. 2959 UMI STREET LIHUE, HI 96766	99-0155279	501(C)(3)	15,255.	0.	N/A	N/A	HALE 'OPIO WORKS WITH KAUAI POLICE, PROSECUTOR, AND FAMILY COURT TO SUCCESSFULLY DIVERT
HAWAII AUTISM FOUNDATION P.O. BOX 2775 HONOLULU, HI 96803	26-1563850	501(C)(3)	22,432.	0.	N/A	N/A	TO EDUCATE AND ASSIST HAWAII FAMILIES IN FINDING AND FUNDING TREATMENTS FOR AUTISM
HAWAII LIONS FOUNDATION P.O. BOX 834 HONOLULU, HI 96808	99-6010563	501(C)(3)	7,233.	0.	N/A	N/A	TO PROVIDE HEARING AND EYE AID TO VISUALLY AND HEARING NEEDY PERSONS
HAWAII NATURE CENTER 2131 MAKIKI HEIGHTS DR. HONOLULU, HI 96822	99-0208246	501(C)(3)	7,452.	0.	N/A	N/A	THE OHANA PROJECT: CONNECTING VULNERABLE & AT-RISK POPULATIONS TO NATURE IS A GRANT FOR THE
HAWAIIAN MUSIC HALL OF FAME P.O. BOX 4717 HONOLULU, HI 96812	99-0315552	501(C)(3)	5,821.	0.	N/A	N/A	E MELE KAKOU (LET US SING!) IS 4 WEEKS OF EXPERIENCING HAWAIIAN CULTURE, HISTORY, AND
HO'OMAKA HOU LEARNING CENTER P.O. BOX 62266 HONOLULU, HI 96839	45-1743030	501(C)(3)	7,897.	0.	N/A	N/A	TO EDUCATE THE POOR, THE NEEDY, THE DISADVANTAGED AND THE MARGINALIZED IN SOCIETY.

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
HOSPICE OF HILO 1011 WAIANUENUE AVE. HILO, HI 96720	99-0218512	501(C)(3)	9,570.	0.	N/A	N/A	THE GRANT HELPS PAY FOR CRAFT SUPPLIES FOR KEIKI BEREAVEMENT COUNSELING SESSIONS AND FAMILY
HULA PRESERVATION SOCIETY P.O. BOX 6274 KANEOHE, HI 96744	99-0350425	501(C)(3)	23,904.	0.	N/A	N/A	FUNDS WILL BE USED TO HELP BRING THE STORIES OF HAWAI'I TO LIFE THROUGH A NEARLY LOST ART OF
THE INSTITUTE FOR HUMAN SERVICES 546 KA'AAHI STREET HONOLULU, HI 96817	99-0199107	501(C)(3)	6,827.	0.	N/A	N/A	TO CREATE AND OFFER TAILORED HOUSING SOLUTIONS FOR THOSE IN CRISIS, AND NURTURE .
LANAI COMMUNITY HEALTH CENTER P.O. BOX 630142 LANAI CITY , HI 96763	20-2509287	501(C)(3)	9,182.	0.	N/A	N/A	FREE FITNESS PROGRAM OFFERED BY LCHC TO THE COMMUNITY. CLASSES CURRENTLY INCLUDE YOGA,
MENTAL HEALTH AMERICA OF HAWAII 1124 FORT STREET MALL SUITE 205 HONOLULU, HI 96813	99-0076458	501(C)(3)	6,190.	0.	N/A	N/A	OUR HELP LINE FOR PEOPLE IN A MENTAL HEALTH CRISIS IS A PHONE LINE AVAILABLE TO THE PUBLIC DURING
NATURAL HEALING RESEARCH FOUNDATION (NHRF) - P.O. BOX 11925 - HONOLULU, HI 96828	20-1333341	501(C)(3)	8,377.	0.	N/A	N/A	FOR CHARITABLE, LITERARY, RELIGIOUS OR EDUCATIONAL PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL
THE PRIVATE SECTOR HAWAII POST OFFICE BOX 1109 HALEIWA, HI 96712	68-0041276	501(C)(3)	6,747.	0.	N/A	N/A	THREE FOURTHS OF THE FUNDS WILL BE USED TO CONTRIBUTE TO OUR SHARED MAINTENANCE COSTS AT THE
PROJECT VISION HAWAII P.O. BOX 23212 HONOLULU, HI 96823	27-2831637	501(C)(3)	23,875.	0.	N/A	N/A	SHOWERS TO THE PEOPLE BRINGS MOBILE HYGIENE UNITS TO HOMELESS INDIVIDUALS IN REMOTE,
PU'A FOUNDATION P.O. BOX 11025 HONOLULU, HI 96828	99-0328687	501(C)(3)	5,166.	0.	N/A	N/A	BRING ABOUT DEEPER AND CLEARER UNDERSTANDING OF THE HISTORICAL, CULTURAL, SPIRITUAL, ECONOMIC AND

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
PUUWAI 6590-A PUUPILO ROAD KAPAA, HI 96746	99-0285770	501(C)(3)	12,570.	0.	N/A	N/A	OCT 15 AGES 14 TO 18 / MARCH 1 AGES 8 TO 13 YOUTH OUTRIGGER CANOE PADDLING PROGRAM.
SAMARITAN COUNSELING CENTER HAWAII 1020 S. BERETANIA ST. HONOLULU, HI 96814	99-0250073	501(C)(3)	8,068.	0.	N/A	N/A	THE CLIENT ASSISTANCE FUND SUBSIDIZES MENTAL HEALTH COUNSELING FOR PEOPLE WHO ARE NOT
WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVE. HONOLULU, HI 96815	99-0179392	501(C)(3)	23,943.	0.	N/A	N/A	THE FUNDS WILL BE USED TO CLOSE THE ACHIEVEMENT GAP BETWEEN CHILDREN FROM LOWER AND HIGHER INCOME

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash 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:

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: ALOHA HARVEST

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALOHA HARVEST, FOUNDED IN 1999, IS THE SOLE FOOD RESCUE ORGANIZATION IN THE STATE. FUNDING WILL SUPPORT OUR WORK TO PICK UP EXCESS FOOD FROM 340 BUSINESSES, AND DELIVER THIS FOOD TO 182 NONPROFIT SOCIAL SERVICE AGENCIES THAT WILL FEED OVER 52,000 NEEDY INDIVIDUALS ON OAHU. THE WORK OF ALOHA HARVEST ALSO REDUCES WASTE, IMPROVES THE EFFICIENCY OF THE LOCAL FOOD SUPPLY, AND REDUCES THE BURDEN ON THE WASTE MANAGEMENT SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: EASTER SEALS HAWAII SEEKS FUNDING FOR EQUIPMENT TO IMPROVE SAFETY AT OUR SERVICE CENTERS: (1) LIFTING EQUIPMENT FOR USE WITH PARTICIPANTS WHO EXCEED WEIGHT LIMITS RECOMMENDED BY OSHA FOR MANUAL LIFTING OF PARTICIPANTS, AND (2) AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) FOR THOSE CENTERS THAT DO NOT CURRENTLY HAVE THEM.

NAME OF ORGANIZATION OR GOVERNMENT:

FRANK DE LIMAS STUDENT ENRICHMENT PROGRAM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SINCE 1980, FRANK DE LIMA HAS BEEN USING HIS EXTENSIVE EXPERIENCE AS A COMEDIAN TO DELIVER IMPORTANT MESSAGES TO MORE THAN 70,000 SCHOOL-AGED CHILDREN THROUGHOUT HAWAI'I EVERY YEAR. HE MANAGES TO BLEND HUMOR AND CORE VALUES IN A COMFORTABLE MANNER THAT HIS AUDIENCES UNDERSTAND.

NAME OF ORGANIZATION OR GOVERNMENT: HALE MAHAOLU

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE SUBSIDIZED PERSONAL CARE SERVICES (BATHING, TOILETING, GROOMING, HYGIENE, FEEDING, ETC.) TO FRAIL ELDERLY AND CHRONICALLY ILL/DISABLED ADULTS. CLIENTS WE SERVE WOULD NOT BE ABLE TO AFFORD SERVICES WITHOUT THE

Part IV Supplemental Information

SUBSIDIES. CLIENTS WHO ARE NOT SAFELY MAINTAINED IN THEIR HOMES ARE PRONE TO FALLS, SKIN BREAKDOWN, AND SELF NEGLECT. MAINTAINING CLIENTS SAFELY AT HOME MAY PREVENT PREMATURE/UNNECESSARY INSTITUTIONALIZATION.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII CHILDREN'S CANCER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FAMILY FINANCIAL ASSISTANCE PROGRAM IS DESIGNED TO HELP PAY MEDICAL EXPENSES AND DAILY LIVING EXPENSES WHILE A CHILD IS IN TREATMENT. THE FUNDS CAN BE USED BY FAMILIES TO PAY RENT, UTILITIES, HOUSEHOLD NECESSITIES OR MEDICAL BILLS AND PRESCRIPTIONS. WITH THIS PROGRAM WE HOPE TO REMOVE SOME OF THE FINANCIAL BURDEN FROM FAMILIES WHO ARE BATTLING CHILDHOOD CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII ISLAND ADULT CARE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: WE PROVIDE ADULT DAY CARE FOR ELDERS NEEDING SUPERVISED DAYTIME CARE AND SOCIALIZATION, ALLOWING ELDERS TO CONTINUE TO LIVE AT HOME, HAVE DIGNITY/SELF-WORTH, DETER PREMATURE INSTITUTIONALIZATION AND TO SUPPORT THEIR CAREGIVERS TO CONTINUE CAREGIVING AND/OR RETAIN EMPLOYMENT. FUNDS WILL BE USED TOWARD TUITION ON A COST-SHARE BASIS FOR LOW-INCOME, ELDER WOMEN WHOSE INCOME IS ABOVE THE MEDICAID LIMITS BUT ARE UNABLE TO PAY FOR FULL-COST DAY CARE.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII STATE JUNIOR GOLF ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT WILL SUBSIDIZE OVERALL TRAVEL EXPENSES FOR OUR JUNIOR GOLFERS THAT WERE ABLE TO QUALIFY FOR THE HSJGA'S FIVE (5) MAJOR NATIONAL/INTERNATIONAL COMPETITIONS: JUNIOR AMERICA'S CUP, GIRLS' JUNIOR AMERICA'S CUP, MARY CAVE CUP, THE HOGAN'S CUP AND THE ASIA PACIFIC JUNIOR CUP. WITHOUT SUCH FUNDING THESE OPPORTUNITIES WOULD NOT BE AFFORDABLE TO ALL MEMBERS AND PUT THE FAMILIES

OF THESE MEMBERS IN DIFFICULT FINANCIAL SITUATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII STATE WOMEN'S GOLF FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WILL BE USED TO FUND FIFTEEN (15) TRIPS TO MAINLAND TO COMPETE IN USGA CHAMPIONSHIPS FROM MISSOURI, CALIFORNIA, NEW MEXICO, NEW JERSEY AND OREGON. THESE TOURNAMENTS RANGE FROM JUNIOR ONLY TO SENIOR ONLY AND THE USGA WOMEN'S OPEN. THE GIRLS/WOMEN QUALIFY FOR THESE TOURNAMENTS IN QUALIFIERS IN HAWAII BASED ON BEST SCORES. WE ALSO HELP OUT THE HAWAII STATE WOMEN'S GOLF ASSOCIATION IN THE MATCH AND STROKE PLAY CHAMPIONSHIPS, PLUS A RULES WORKSHOP.

NAME OF ORGANIZATION OR GOVERNMENT: HOOLA NA PUA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED FOR PROVIDING THE SERVICES OF OUR STARFISH MENTORING PROGRAM (SMP) WHICH INCLUDES ONE-TO-ONE MENTORING, GROUP ACTIVITIES IN FACILITIES, A FAMILY SUPPORT GROUP, AND SPECIALIZED AGENCY TRAINING. THE FUNDS WILL ALSO BE USED TOWARDS CREATING PROGRAM-SPECIFIC PRINT AND VIDEO MATERIALS TO EDUCATE THE PUBLIC ABOUT THE ISSUE OF SEX TRAFFICKING AND INCREASE COMMUNITY ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: HUNAKAI PARK ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS ARE USED FOR THE MAINTENANCE, LANDSCAPING, AND WATERING OF THE PARK WHICH SERVES AS THE ACTIVITY CENTER FOR FAMILIES, CHILDREN, SPORTS TEAMS, LEISURE, AND OTHER RECREATIONAL ACTIVITIES.

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ALL FUNDS WILL BE USED TO SUPPORT OUR EDUCATIONAL PROGRAMS FOR HAWAII'S YOUTH. BY INTRODUCING JAPANESE STUDENT LIFE AND CULTURE TO HAWAII'S YOUTH, PROGRAMS FOR K-5 TEACH THE CHILDREN TO APPRECIATE DIFFERENT CULTURE AND PRACTICES (THAT DIFFERENT IS NOT WRONG), BUILDS CURIOSITY AND ENCOURAGES DEVELOPMENT OF THE SKILL OF INQUIRY. PROGRAMS FOR GRADES 6-12 BUILD ON THIS AND GIVE ADDITIONAL EDUCATION THROUGH DIRECT EXPERIENCE OF JAPANESE CULTURE.

NAME OF ORGANIZATION OR GOVERNMENT:
MARIMED FOUNDATION FOR ISLAND HEALTH CARE TRAINING
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EXPERIENTIAL THERAPEUTIC ACTIVITIES FOR SEVERELY AT-RISK TEENS IN RESIDENTIAL TREATMENT. FOR A SERIES OF INCREMENTALLY PHYSICALLY & EMOTIONALLY CHALLENGING ACTIVITIES DESIGNED FOR PERSONAL DEVELOPMENT & GROWTH, EACH INCLUDES THERAPEUTIC PROCESSING LED BY COUNSELORS, AND ARE AIMED AT INCREASING TEENS UNDERSTANDING OF LESSON LINKED TO LIFE SITUATIONS AND GOALS. ACTIVITIES: OCEAN-SAFETY, LONG-DISTANCE CANOE PADDLING AND TALL-SHIP SAILING.

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC REGION BASEBALL, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE UTILIZED TO OPERATE THE HIMB PROGRAM, WHICH RUNS FROM JUNE TO AUGUST IN HONOLULU. HOME GAMES ARE PLAYED AT THE UH MURAKAMI STADIUM. HIMB TRAVELS TO ASIA TO COMPETE AGAINST VARIOUS COLLEGIATE PROGRAMS, SOME OF WHICH ARE HIGHLY REGARDED WORLDWIDE. THE PROGRAM CLOSES WITH THE INTERNATIONAL BASEBALL TOURNAMENT, WHICH IS AN EXCHANGE OF INTERNATIONAL GOODWILL, SPORTSMANSHIP, AND CULTURAL AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

PAPAKOLEA COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE KUPUAE - PAPAKOLEA SUMMER YOUTH PROGRAM PROVIDES PROGRAMMING FOR KEIKI, AGES THREE TO SIX, THAT IS EDUCATIONAL, ENGAGING AND BASED IN HAWAIIAN LANGUAGE AND CULTURE. THIS APPLICATION WILL SUPPORT ENHANCEMENT OF THE EXISTING PROGRAM TO INCLUDE FAMILY ENGAGEMENT ACTIVITIES THROUGH CULTURALLY-BASED EXCURSIONS. THE PROGRAM OPERATES DURING THE MONTH OF JULY, OUT OF THE PAPAKOLEA COMMUNITY PARK AND CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER OF LIFE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A BAKING AND CULINARY ENTRY LEVEL SKILLS JOB TRAINING PROGRAM. RIVER OF LIFE MISSION HAS THE FACILITY AND THE SKILLS TO DEVELOP SUCH A PROGRAM. THE EXECUTIVE DIRECTOR WROTE THE HOTEL AND RESTAURANT CURRICULUM FOR KAUAI COMMUNITY COLLEGE IN THE 80". THE PROGRAM WILL BE THREE (16) WEEK CYCLES FOR AT LEAST FIVE INDIVIDUALS PER CYCLE. THERE IS THE POSSIBILITY THAT PARTICIPANTS IN THE PROGRAM CAN BE HOUSED IF HOUSING IS REQUIRED.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS HAWAII INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: VOLUNTEERS HAVE A TREMENDOUS IMPACT ON THE SUCCESS OF SPECIAL OLYMPICS HAWAII (SOHI). THROUGH THEIR DEDICATION TO OUR ATHLETES AND FAMILIES THEY BUILD TRUST CREATING MUTUAL RESPECT AND UNDERSTANDING. SOHI WILL ENLIST 500 VOLUNTEERS TO SERVE 800 ATHLETES AT HOLIDAY CLASSIC 2017. WE ARE REQUESTING FUNDING TO PURCHASE VOLUNTEER SHIRTS, ONE DAY OF VOLUNTEER MEALS, VOLUNTEER AWARDS AND CERTIFICATES, REPLENISH VENUE BINS, AND PRINT OUR COACHES HANDBOOK

NAME OF ORGANIZATION OR GOVERNMENT: ALA KUOLA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: COACHING BOYS INTO MEN IS A VIOLENCE PREVENTION PROGRAM THAT UTILIZES ATHLETIC COACHES TO BE MENTORS TO DELIVER EVIDENCED BASE CURRICULUM TO YOUNG MALE ATHLETES TO PREVENT RELATIONSHIP AND TO RESPECT WOMEN AND GIRLS. ALA KUOLA WILL USE FUNDS TO REPRODUCE MATERIALS NEEDED TO DELIVER CBIM, INCLUDING SURVEYS ADMINISTERED TO ALL PARTICIPANTS, PROGRAM SUPPLIES, POSTAGE AND OFFICE SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA MEDICAL MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: AMM IS REQUESTING THE FUNDS BE USED FOR DENTAL SUPPLIES, PROJECTED TO BE $47,000 FOR 2017. BECAUSE THE CLINIC IS FREE, IT GENERATES NO INCOME AND IS DEPENDENT ON GRANTS AND DONATIONS. IT SERVES AS A SAFETY NET TO THOSE WHO ARE UNINSURED, LOW-INCOME, AND OTHERWISE HAVE NO ACCESS TO DENTAL CARE BECAUSE 1/3 OF HAWAII'S RESIDENTS HAVE NO DENTAL COVERAGE AND PROVIDES INTERIM BASIC SERVICES, SUCH AS FILLING, CLEANING, EXTRACTIONS, EXAMINATIONS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY,INC

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICAN CANCER SOCIETY WILL ASSIST CANCER PATIENTS WITH INTERISLAND AIRFARE, REIMBURSEMENT FOR TAXI SERVICES, HANDI-VAN VOUCHERS, BUS PASSES, AND VOLUNTEER RIDES FOR THEIR TRANSPORTATION TO CANCER TREATMENT. THE GOAL OF THE CANCER PATIENT TRANSPORTATION TO TREATMENT PROGRAM IS TO PROVIDE ACCESS FOR CANCER PATIENTS IN THE COMPLETION OF THEIR TREATMENT; THEY CAN'T BE CURED IF THEY CAN'T MAKE IT TO TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: BOBBY BENSON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EXTRACURRICULAR ACTIVITIES

Part IV Supplemental Information

PROGRAM (EAP) AT BOBBY BENSON CENTER IS AN INTEGRAL PART OF THE HOLISTIC REHABILITATION OF ITS CLIENTS, AGED 13-17. CLIENTS ARE TAKEN OFF CAMPUS FOR QUALITY EXPERIENCES THAT ENCOURAGE THEIR PARTICIPATION IN POSITIVE, SOBER FREE ACTIVITIES IN A SAFE, SUPERVISED ENVIRONMENT. ACTIVITIES PROVIDE THE SOCIAL, ACADEMIC, CULTURAL, AND PERSONAL SKILLS NECESSARY FOR SUCCESSFUL RECOVERY AND REINTEGRATION TO THEIR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR TOMORROW'S LEADERS

(H) PURPOSE OF GRANT OR ASSISTANCE: A $10,000 GRANT WILL ENABLE CENTER FOR TOMORROW'S LEADERS (CTL) TO ENHANCE ITS HIGHLY SUCCESSFUL, MULTI-YEAR LEADERSHIP PROGRAM TO AT-RISK STUDENTS IN 9TH-12TH GRADE ATTENDING HAWAII PUBLIC SCHOOLS. GRANT FUNDS WOULD BE USED TOWARD MATERIALS FOR STUDENT-LED PROJECTS THAT ADDRESS COMMUNITY NEEDS, AS WELL AS FOR SCHOLARSHIPS TO ENABLE A SELECT GROUP OF THESE AT-RISK HIGH SCHOOL JUNIORS AND SENIORS TO PARTICIPATE IN CTL'S YEAR-LONG FELLOWS PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL OAHU YOUTH SERVICES ASSOCIATION, INC (COYSA)

(H) PURPOSE OF GRANT OR ASSISTANCE: COYSA PROVIDES EMERGENCY SHELTER AND SUPPORT SERVICES TO YOUTH, AGES 12 TO 17, REFERRED BY THE DEPT. OF HUMAN SERVICES, CHILD WELFARE AND THE JUDICIARY, FAMILY COURT, FIRST CIRCUIT. THE YOUTH HAVE BEEN ABUSED, NEGLECTED, ABANDONED, OR ADJUDICATED FOR TRUANCY, RUNAWAY, OR MINOR LAW INFRACTIONS. FUNDS WILL BE USED TO PROVIDE BEDS (PLATFORMS, BOX SPRINGS, MATTRESSES, PILLOWS) FOR THE NEWLY RENOVATED HOUSES: 8 BED GIRLS' HOUSE, 8 BED BOYS' HOUSE.

NAME OF ORGANIZATION OR GOVERNMENT: EPIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE UTILIZED AS

Part IV Supplemental Information

SCHOLARSHIPS FOR YOUTH CURRENTLY OR FORMERLY IN FOSTER CARE TO ATTEND AN ALL DAY SIX WEEK ACADEMIC AND ENRICHMENT SUMMER PROGRAM. ADDITIONALLY, TEEN ASSISTANTS WHO ARE ALSO YOUTH IN FOSTER CARE WILL PARTICIPATE IN A PROGRAM AND RECEIVE STIPENDS

NAME OF ORGANIZATION OR GOVERNMENT: GIVING BACK

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO MAINTAIN MOVE WITH BALANCE WITH MUSIC AT 4 CONGREGATE MEAL SITES, AND TO ASSIST WITH FUNDING FOR A DEMENTIA MOVE WITH BALANCE. OUR INTENTION IS TO IMPROVE THE BALANCE AND COGNITIVE SKILLS OF ALL ELDERS. WE HAVE FIT ELDERS MENTOR FRAIL ELDERS, PRACTICING THE EXERCISES TOGETHER IN A SAFE, LOVING ATMOSPHERE. OUR RICH, INNOVATIVE, ADAPTABLE SET OF ACTIVITIES, ALONG WITH ORIGINAL MUSIC AND "OLDIES", FULLY ENGAGE THE ELDERS.

NAME OF ORGANIZATION OR GOVERNMENT: GREGORY HOUSE PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROGRAM PROVIDES FOOD AND NUTRITION SERVICES TO MORE THAN 275 PERSON LIVING WITH HIV/AIDS AND THEIR FAMILIES ON OAHU, WHO MEET THE LOWEST INCOME CRITERIA, INCLUDING MONTHLY DELIVERIES TO THOSE WHO ARE HOME-BOUND, TWICE WEEKLY HOT LUNCHES, WEEKLY FOOD DISTRIBUTION AND NUTRITION COUNSELING REFERRALS. FUNDS WILL BE USED FOR FOOD PURCHASES AND FOR HOT MEALS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII BONE MARROW DONOR REGISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT PATIENT FAMILIES BY CONDUCTING BONE MARROW DRIVES ON ALL THE MAJOR ISLANDS (RECRUITMENT AND TRAVEL EXPENSES), AS WE ARE THE ONLY REGISTRY IN THE STATE OF HAWAII.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII CORD BLOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING IS REQUESTED TO HELP WITH THE COST OF SHIPPING UNITS COLLECTED ON MAUI TO SEATTLE. MAUI HAS THE MOST ETHNICALLY DIVERSE POPULATION IN THE U.S. AND MMMC RANKS 3RD AMONG HAWAII'S HOSPITALS IN BIRTHING VOLUME, DELIVERING =1,600 NEWBORNS PER YEAR. UNITS FROM MAUI WILL INCREASE THE DIVERSITY OF THE NATIONAL UMBILICAL CORD BLOOD INVENTORY AND PROVIDE ACCESS TO STEM CELL TRANSPLANTS FROM THE MULTI-ETHNIC MINORITY POPULATION OF CANCER PATIENTS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR ORGANIZATION RAISES, TRAINS AND PROVIDES, AT NO CHARGE, QUALITY SERVICE DOGS TO PEOPLE IN HAWAII WITH DISABILITIES OTHER THAN BLINDNESS. WE WERE FORMALLY STARTED IN 2000 AND ARE A 501(C)(3) NON-PROFIT. WE CURRENTLY HAVE 12 DOGS IN VARIOUS LEVELS OF TRAINING, AND WILL BE ADDING 3 NEW PUPS TO OUR PROGRAM SOON. SEVEN OF OUR CURRENT APPLICANTS ARE VETERANS. DUE TO OUR RIGOROUS REQUIREMENTS, THE TRAINING OF OUR DOGS CAN TAKE UP TO 24 MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII FOODBANK - KAUAI BRANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: "LAST YEAR, HAWAII FOODBANK - KAUAI BRANCH DISTRIBUTED NEARLY 1.3 MILLION POUNDS OF FOOD THROUGH 23 MEMBER AGENCIES, FEEDING 13,000+ HOUSEHOLDS EACH MONTH, INCLUDING 9,000 CHILDREN AND 2,500 ELDERLY. OF THE FOOD DISTRIBUTED, 3,000+ POUNDS WAS PURCHASED. FOOD PURCHASES PROVIDE ADDITIONAL QUANTITIES & ITEMS NOT DONATED, BUT NEEDED, TO MEET THE DEMAND OF FOOD ASSISTANCE ON KAUAI. A $10,000 GRANT WILL HELP PURCHASE/DISTRIBUTE FOOD FOR 25,000 MEALS."

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII FOODBANK - OAHU

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: A $10,000 GRANT WILL PURCHASE FOOD TO PROVIDE 25,000 MEALS TO OAHU'S HUNGRY. LAST YEAR, THE FOODBANK PROVIDED FOOD FOR 287,000 INDIVIDUALS, OR ONE IN FIVE PEOPLE, INCLUDING 47,894 KEIKI AND 46,000+ KUPUNA. OF THE 12.8 MILLION POUNDS OF FOOD DISTRIBUTED, MORE THAN 15% WAS PURCHASED, PROVIDING ADDITIONAL QUANTITIES NEEDED TO MEET THE DEMAND AND PROVIDING ITEMS NOT RECEIVED THROUGH THE DONATION STREAM, INCLUDING 1.4 MILLION POUNDS OF FRESH PRODUCE.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: HAWAI'I MEALS ON WHEELS (HMOW) PROVIDES HOME-DELIVERED MEALS TO HOMEBOUND ELDERLY AND DISABLED PERSONS ON OAHU. WE MAINTAIN 48 ROUTES, SERVING 95,000 MEALS TO OVER 700 KUPUNA ANNUALLY, PROVIDING SOCIALIZATION, INCREASED MENTAL HEALTH AND A SAFETY/WELLNESS CHECK. YOUR FUNDS WILL GO DIRECTLY TO MEALS FOR OUR CLIENTS. OUR HOT NUTRITIOUS MEALS COME FROM 10 HOSPITALS AND NURSING HOMES AROUND THE ISLAND AND DELIVERED BY OUR OVER 400 VOLUNTEERS.

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: WE ARE REQUESTING $10,000 FOR THE IMPLEMENTATION AND PROMOTION OF PIKO PALS, A UNIQUE NEWBORN PARENT EDUCATION AND SUPPORT PROGRAM. FUNDS WILL BE USED FOR PROGRAM OPERATING EXPENSES AND PUBLIC OUTREACH TO LOW-INCOME MOTHERS. HMHB WILL PURCHASE PROGRAM SUPPLIES AND MEETING EXPENSES; PRINT PROGRAM MATERIALS (EDUCATIONAL LITERATURE AND FACILITATOR GUIDES); AND PURCHASE THE PEPS MATERIALS, LICENSING FEE AND TRAINING FOR FACILITATORS.

NAME OF ORGANIZATION OR GOVERNMENT: HIILEI ALOHA LLC (NONPROFIT)

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR PROJECT IS AN EDUCATION PROGRAM TO HELP 40 YOUTH, WOMEN, AND MEN WHO ARE UNEMPLOYED OR UNDER-EMPLOYED BECOME FULLY EMPLOYED BY STARTING THEIR OWN BUSINESS AND/OR OBTAINING A STATE CONTRACTOR'S LICENSE. THEY ARE SUBJECT TO CONSTANT LAYOFFS & LONG PERIODS OF UNEMPLOYMENT, OFTEN ONE PAYCHECK AWAY FROM BECOMING HOMELESS. WE WILL USE YOUR FUNDS TO PAY FOR SUPPLIES, LICENSING FEES & AN INSTRUCTOR TO CONDUCT AN 8-WEEK ENTREPRENEURSHIP COURSE.

NAME OF ORGANIZATION OR GOVERNMENT: HOA AINA O MAKAHA

(H) PURPOSE OF GRANT OR ASSISTANCE: 3 WEEK SUMMER LEADERSHIP PROGRAM FOR STUDENTS IN GRADES 4-6 OF MAKAHA ELEMENTARY SCHOOL (MES) WHO, WITH THE SUPPORT OF TEACHERS AND ADMINISTRATORS OF MES AND STAFF AND FRIENDS OF HOA 'AINA O MAKAHA, WILL DETERMINE THE INTERACTIVE LEARNING ACTIVITIES TO BE EXPERIENCED BY THE ENTIRE STUDENT POPULATION OF MES IN THE 2016-2017 SCHOOL YEAR AS PART OF OUR NA KEIKI O KA AINA PROGRAM. FUNDS WILL COVER PARTICIPANTS' SUPPLIES, TRANSPORTATION, AND MEALS.

NAME OF ORGANIZATION OR GOVERNMENT:

HUGS-HELP, UNDERSTANDING & GROUP SUPPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE 40 HAWAII SIBLINGS OF SERIOUSLY ILL CHILDREN THE OPPORTUNITY TO PARTICIPATE IN A 3-DAY CAMP AND A DAY CAMP TO HELP THEM SAFELY EXPRESS THEIR EMOTIONS ABOUT THEIR ROLE AS A SIBLING OF A CHILD WITH A LIFE-THREATENING ILLNESS. THE CHILDREN WILL ALSO LEARN EFFECTIVE COPING SKILLS, INCREASE THEIR SELF-ESTEEM AND REDUCE SOCIAL ISOLATION THAT SIBLINGS OF SERIOUSLY ILL CHILDREN OFTEN EXPERIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: IMUA FAMILY SERVICES

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(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP IMUA HAS BEEN OPERATING FOR OVER 40 YEARS AND IS THE ONLY PROGRAM IN MAUI COUNTY THAT PROVIDES A FREE, WEEK-LONG RECREATIONAL CAMP EXPERIENCE FOR CHILDREN WITH SPECIAL NEEDS AND DISABILITIES AGES 6-16 YEARS OLD. THE PROGRAM ENGAGES FAMILIES, BUSINESSES, SCHOOLS, AND STUDENTS TO PROVIDE A MEANINGFUL EXPERIENCE TO CHILDREN WITH SPECIAL NEEDS HELPING THEM TO BUILD SELF-CONFIDENCE IN A SUPPORTIVE ENVIRONMENT THAT ENCOURAGES PERSONAL GROWTH.

NAME OF ORGANIZATION OR GOVERNMENT: KAUAI INDEPENDENT FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: THROUGH THE KEIKI CAFE PROGRAM, THE KAUAI INDEPENDENT FOOD BANK SERVES HEALTHY SNACKS LIKE FRESH FRUIT, YOGURT, AND GRANOLA BARS TO OVER 800 STUDENTS EVERY DAY AFTER SCHOOL. MOST OF THESE YOUTH QUALIFY FOR FREE SCHOOL LUNCH, AND MANY EXPERIENCE FOOD INSECURITY AT HOME. WE WORK WITH 10 AFTER-SCHOOL PROGRAMS ACROSS THE ISLAND IN ORDER TO HELP CHILDREN STAY ENERGIZED AND FOCUSED AT A TIME OF DAY WHEN THEY ARE MOST LIKELY TO GO HUNGRY.

NAME OF ORGANIZATION OR GOVERNMENT:

KIDS AT-RISK MENTORING PROGRAMS HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: WE CONTINUE TO FOCUS ON THE PREVENTION OF SUBSTANCE ABUSE, GANG VIOLENCE, BULLYING, CYBER INTIMIDATION AND CHILDHOOD OBESITY ISSUES THAT ARE PREVALENT IN OUR DISADVANTAGE COMMUNITIES. FRIENDS OF HAWAII CHARITIES HAVE PLAYED AN INTEGRAL PART THAT ALLOWS US TO CONTINUE TO EDUCATE OUR AT-RISK YOUTH AND CHILDREN WITH DISABILITIES IN THE VALUES OF LEADERSHIP, TEAMWORK AND DECISION MAKING THROUGH HUMILITY, VALUE EDUCATION, ATTITUDE AND RESPECT.

NAME OF ORGANIZATION OR GOVERNMENT: MAKIKI WARD

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(H) PURPOSE OF GRANT OR ASSISTANCE: THE MONIES RECEIVED BY MAKIKI WARD WILL BE USED FOR BOY SCOUT, CUB SCOUT AND YOUTH CAMPING TRIPS AND HIGH-ADVENTURE ACTIVITIES TO HELP COVER COSTS FOR FOOD, SUPPLIES, SITE AND TRAVEL FEES AND EQUIPMENT NEEDED. THESE TRIPS AND ACTIVITIES HELP THE YOUNG MEN ACHIEVE MERIT BADGES ON THEIR JOURNEY TO BECOME EAGLE SCOUTS AND HELP EACH YOUNG WOMAN IN THEIR QUEST TO ACHIEVING THEIR OWN PERSONAL PROGRESS GOALS.

NAME OF ORGANIZATION OR GOVERNMENT:
MALAMA NA MAKUA A KEIKI (MALAMA FAMILY RECOVERY CENTER)
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL PAY FOR BASIC ITEMS LIKE CLOTHING, FOOD, TOILETRIES, INFANT/CHILD-RELATED SUPPLIES AND BUS PASSES FOR WOMEN AND MOTHERS WITH VERY LIMITED/NO RESOURCES ENTERING MALAMA FOR ADDICTION TREATMENT. IT IS DIFFICULT FOR THEM TO FUNCTION ON A BASIC LEVEL AND PARTICIPATE IN TREATMENT WHEN THEY ARE WORRIED ABOUT THESE. THEY ALSO HAVE VERY FEW OPTIONS TRANSPORTATION-WISE FOR GETTING TO AND FROM TREATMENT, AA/NA MEETINGS, MEDICAL APPOINTMENTS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: MOLOKAI ARTS CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL GO TOWARD THE PURCHASE OF CLAY, GLAZES AND OTHER SUPPLIES, INCLUDING FREIGHT COSTS, TO IMPLEMENT THE PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: NA HOALOHA
(H) PURPOSE OF GRANT OR ASSISTANCE: "FRIENDLY VISITS: VOLUNTEERS PROVIDE SUPPORT THROUGH SOCIALIZATION, CONVERSATION, FRIENDSHIP AND COMPANIONSHIP. SPENDING TIME WITH A HOMEBOUND SENIOR OR PERSON WITH DISABILITIES PROMOTES INDEPENDENCE, REDUCES ISOLATION, AND IMPROVES

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QUALITY OF LIFE. THE VOLUNTEER VISITS OR CALLS ON REGULAR BASES TO BUILD A POSITIVE RELATIONSHIP THAT CONVEYS WARMTH AND CARING. FUNDS WILL HELP BUILD VOLUNTEER CAPACITY FOR EXISTING PROGRAMS AND CAREGIVER RESPITE.

NAME OF ORGANIZATION OR GOVERNMENT: PALAMA SETTLEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: PALAMA SETTLEMENT'S SUMMER ENRICHMENT PROGRAM PROVIDES AN OPPORTUNITY FOR THE NEIGHBORHOOD CHILDREN TO ENGAGE IN EDUCATION ABOUT THE ENVIRONMENT AND ARTS AND CRAFTS FROM AROUND THE PACIFIC. THE CHILDREN PARTICIPATE IN RECREATIONAL, EDUCATIONAL, PERFORMING ARTS AND ARTS AND CRAFT ACTIVITIES, AND ENJOY A DAILY HOT LUNCH. FUNDS WILL BE USED FOR FINANCIAL AID, FIELD TRIPS AND LUNCHES.

NAME OF ORGANIZATION OR GOVERNMENT: POLYNESIAN HALL OF FAME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HIGH SCHOOL FOOTBALL PLAYERS THAT PARTICIPATED IN THE POLYNESIAN BOWL IN THEIR EFFORTS TO OBTAIN COLLEGE SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: A $17,682 GRANT WOULD BE USED TO PURCHASE VITAL EQUIPMENT FOR PATIENT SAFETY, CARE AND THERAPY TREATMENTS, INCLUDING 2 AUTOMATED EXTERNAL DEFIBRILLATORS (AED) TO REPLACE OUTDATED DEVICES AT REHAB AIEA AND HILO SPECIALTY OUTPATIENT CLINICS, 4 INTRAVENOUS (IV) PUMPS FOR INPATIENTS UNABLE TO RECEIVE MEDICATION AND FLUIDS ORALLY AND 1 MODULAR STANDING SYSTEM TO ENABLE DISABLED PATIENTS TO ACTIVELY PARTICIPATE IN THERAPY TREATMENTS.

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NAME OF ORGANIZATION OR GOVERNMENT:

WAIANAE COAST COMPREHENSIVE HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PURPOSE OF THE PROGRAM IS TO PROVIDE MOBILE OUTREACH SERVICES TO UNSHELTERED HOMELESS INDIVIDUALS AND FAMILIES RESIDING ALONG THE LEEWARD COAST, TO REDUCE BARRIERS TO HEALTH CARE BY MAKING AVAILABLE CASE MANAGEMENT SERVICES AND OTHER NEEDED SERVICES TO HOMELESS INDIVIDUALS WHO MIGHT NOT OTHERWISE RECEIVE ASSISTANCE. FUNDS WILL BE USED TO PROVIDE FOOD, CLOTHING, HYGIENE ITEMS. PROVIDE BASIC MEDICAL CARE, TRANSPORTATION AND CASE MANAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF HONOLULU - KALIHI BRANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: YMCA CAMP ERDMAN IS A SIX-DAY OVERNIGHT CAMP THAT ALLOWS KIDS TO PUT DOWN THEIR PHONES AND MAKE REAL CONNECTIONS WITH EACH OTHER AND THEIR COUNSELORS THAT INVITE KIDS TO LEARN 21ST CENTURY SKILLS THAT WILL HELP THEM SUCCEED IN COLLEGE AND THE REAL WORLD. CAMP IS A SAFE PLACE FOR KIDS TO DISCOVER WHO THEY ARE, IMPROVE SKILLS AND DEVELOPMENT INDEPENDENCE. FUNDS AWARDED WILL BE USED TO ASSIST YOUTHS WHO CANNOT AFFORD TO PAY THE $640 COST.

NAME OF ORGANIZATION OR GOVERNMENT: ADULT FRIENDS FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: AFY WILL PROVIDE OUTREACH AND ADVOCACY SERVICES TO HIGH-RISK, MINORITY YOUTH, WHO ARE UNSHELTERED AND/OR RESIDE IN PUBLIC HOUSING PROJECTS AND LOW INCOME, HIGH CRIME NEIGHBORHOODS. FUNDING WILL AID IN WORKING WITH YOUTH, WHO EXHIBIT CHARACTERISTICS ASSOCIATED WITH LOW IMPULSE CONTROL LEADING TO SEVERE VIOLENT AND DESTRUCTIVE BEHAVIORS, DRUG USE AND SCHOOL FAILURE. AFY'S PARTNERSHIPS CREATE UNITY OF EFFORT IN THE BEST INTEREST OF THE STUDENT.

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NAME OF ORGANIZATION OR GOVERNMENT:

ASSISTIVE TECHNOLOGY RESOURCE CENTERS OF HAWAII (ATRC)

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP COOL IS A TWO DAY INTERACTIVE COMPUTER EXPLORATION PROGRAM FOR CHILDREN WITH DISABILITIES, AGES FROM 8 TO 15. THE PROGRAM PROVIDES THE TARGET GROUP WITH EDUCATIONAL OPPORTUNITIES TO LEARN COMPUTER-BASED APPLICATIONS AND OTHER TECHNOLOGY THAT ENABLE THE PARTICIPANTS TO BETTER PERFORM AT SCHOOL AND TO LIVE MORE INDEPENDENT AND CONFIDENT LIVES. THE FUNDS WILL BE USED TO PURCHASE AND UPGRADE AT DEVICES AND APPLICATIONS FOR PARTICIPATING CAMPERS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE BOYS AND GIRLS CLUB OF HAWAII - WINDWARD

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE FINANCIAL ASSISTANCE FOR LOW-TO-MODERATE INCOME YOUTH TO ATTEND OUR SUMMER BRAIN GAIN PROGRAM. OUR PROGRAM PROVIDES A SAFE PLACE FOR YOUTH, WHERE THEY CAN TO INTERACT WITH CARING ADULT MENTORS AND PARTICIPATE IN ENRICHING PROGRAMS. WE ALSO MEET A CRITICAL NEED OF WORKING PARENTS IN OUR COMMUNITY BY PROVIDING A FULL-DAY CHILD CARE OPTION FOR SCHOOL-AGE CHILDREN DURING THE SUMMER MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMON GRACE

(H) PURPOSE OF GRANT OR ASSISTANCE: WE STRIVE TO END LONELINESS IN CHILDREN. 99% OF OUR ORGANIZATION IS POSSIBLE BY VOLUNTEERS AS WELL AS CONCERNED AND WILLING DOE COUNSELORS AND TEACHERS. THEY BELIEVE CHILDREN NEED LOVE AND ATTENTION BUT NOT ALL ARE LUCKY TO HAVE IT. THE YEARLY EVENTS WE HOST ALLOW MENTORS TO STRENGTHEN THE SPECIAL BONDS THEY HAVE WITH THEIR HURTING AND LONELY CHILDREN. AT THESE EVENTS, WE ALSO RECOGNIZE AND THANK OUR VOLUNTEERS FOR THE VITAL WORK THEY DO.

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NAME OF ORGANIZATION OR GOVERNMENT: FAMILY MINISTRIES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE HEALTHY KUPUNA FAMILY OUTREACH PROGRAM SEEKS TO EQUIP OLDER/ELDERLY PARENTS AND PARENT FIGURES (SPECIFICALLY DISABLED AND NEEDY SINGLE MOTHERS) TO DEVELOP EFFECTIVE DISCIPLINING AND HEALTHY COMMUNICATION AMONG FAMILY MEMBERS. SPECIFICALLY TARGETED ARE PARENTS FROM THE LEEWARD (INCLUDING WAIANAE COAST) AREAS. FUNDS WILL BE USED TO OFFSET THE COST OF PROGRAM DEVELOPMENT AND PROVIDING DIRECT SERVICES (INCLUDING COUNSELING).

NAME OF ORGANIZATION OR GOVERNMENT: HALE OPIO KAUAI, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HALE 'OPIO WORKS WITH KAUAI POLICE, PROSECUTOR, AND FAMILY COURT TO SUCCESSFULLY DIVERT YOUTHFUL OFFENDERS, AGES 10 TO 19 WHO ARE STATUS OFFENDERS/MINOR LAW VIOLATORS WHO ACCEPT RESPONSIBILITY FOR THEIR OFFENSES, FROM COURT. FUNDS WILL ADD VICTIM OFFENDER MEDIATION AND RESTORATIVE DIALOGUES BETWEEN THE YOUTHFUL OFFENDER, THEIR FAMILY, AND VICTIM(S) TO CURRENT PROGRAMMING TO COORDINATE, FACILITATE, TRACK AND REPORT ON RESTORATIVE JUSTICE GROUPS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII AUTISM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE AND ASSIST HAWAII FAMILIES IN FINDING AND FUNDING TREATMENTS FOR AUTISM SPECTRUM DISORDERS

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OHANA PROJECT: CONNECTING VULNERABLE & AT-RISK POPULATIONS TO NATURE IS A GRANT FOR THE EXPANSION OF ENVIRONMENTAL EDUCATION PROGRAMS TO SPECIFICALLY INCLUDE INNOVATIVE CURRICULUM OFFERINGS AT HNC THAT CONNECT CHILDREN AND FAMILIES IN

VULNERABLE POPULATIONS TO NATURE AS A COPING MECHANISM FOR THE STRESSORS THEY EXPERIENCE IN EVERYDAY LIFE, WHILE ALSO INSPIRING AN ENVIRONMENTAL STEWARDSHIP ETHIC FOR SUSTAINING THE ISLANDS' FINITE ECOSYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAIIAN MUSIC HALL OF FAME

(H) PURPOSE OF GRANT OR ASSISTANCE: E MELE KAKOU (LET US SING!) IS 4 WEEKS OF EXPERIENCING HAWAIIAN CULTURE, HISTORY, AND CHORAL SINGING USING SONGS BY THE ROYAL COMPOSERS (KALAKAUA, LILI'UOKALANI, LIKELIKE, AND LELEIOHOKU). FUNDS ARE USED FOR WORKBOOKS, BOX LUNCHES, PALACE ENTRANCE FEES, TRANSPORTATION. ALTHOUGH THE PERFORMANCE WITH THE ROYAL HAWAIIAN BAND IS NOW ON SCHOOL GROUNDS AT AN ASSEMBLY, STUDENTS STILL MAKE A TRIP TO 'IOLANI PALACE AND PERFORM AT THE STATE LIBRARY.

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF HILO

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT HELPS PAY FOR CRAFT SUPPLIES FOR KEIKI BEREAVEMENT COUNSELING SESSIONS AND FAMILY BEREAVEMENT CAMPS, WHICH ALLOW PARTICIPANTS TO LEARN ABOUT AND PROCESS THEIR GRIEF. THE GRANT ALSO HELPS PAY FOR THE NEEDED CAMP SUPPLIES, FOOD AND LODGING FEES TO AID IN CREATING A SAFE ENVIRONMENT FOR THE PARTICIPANTS. PARTICIPANTS ARE NEVER CHARGED FOR THE PROGRAM--DONOR SUPPORT IS CRUCIAL TO ITS SUCCESS.

NAME OF ORGANIZATION OR GOVERNMENT: HULA PRESERVATION SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO HELP BRING THE STORIES OF HAWAI'I TO LIFE THROUGH A NEARLY LOST ART OF STORYTELLING KNOWN AS HULA KI'I. IT IS AN ANCIENT FORM FOR WHICH THERE ARE FEW PRACTITIONERS, AND HPS WILL PRESENT THREE LEADING ARTISTS WHO WERE TRAINED BY RENOWNED 20TH CENTURY HULA MASTERS. THROUGH A COMMUNITY

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PROGRAM, THEY WILL SHARE THEIR SKILLS, TALENTS, AND KNOWLEDGE OF THIS UNIQUE FORM TO BRING THE STORIES OF HAWAI'I'S ILLUSTRIOUS PAST TO LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: THE INSTITUTE FOR HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE AND OFFER TAILORED HOUSING SOLUTIONS FOR THOSE IN CRISIS, AND NURTURE HOMELESS PEOPLE TOWARD GREATER SELF-DIRECTION AND RESPONSIBILITY.

NAME OF ORGANIZATION OR GOVERNMENT: LANAI COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FREE FITNESS PROGRAM OFFERED BY LCHC TO THE COMMUNITY. CLASSES CURRENTLY INCLUDE YOGA, PILATES, BODY CIRCUIT, ADULT AND YOUTH BOXING, AND ZUMBA. IN JANUARY WE ARE EXPANDING TO INCLUDE TAI CHI AND KUNG FU, AND BECOME SILVER SNEAKER CERTIFIED. WE ARE REQUESTING FUNDS TO REPLACE AND BUY ADDITIONAL EXERCISE EQUIPMENT, AS WELL AS INCENTIVES. WE USE YOGA AND PILATES MATS, YOGA STRAPS, EXERCISE BANDS, BOXING GLOVES, WEIGHT BALLS, AND HAND WEIGHTS.

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH AMERICA OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR HELP LINE FOR PEOPLE IN A MENTAL HEALTH CRISIS IS A PHONE LINE AVAILABLE TO THE PUBLIC DURING OFFICE HOURS THAT WE STAFF TO ANSWER QUESTIONS REGARDING ACCESSING MENTAL HEALTH SERVICES. WE HELP PEOPLE IN DIFFERENT SITUATIONS ACCESS THE MENTAL HEALTHCARE THEY NEED WITH THE RESOURCES THAT THEY HAVE. HAWAII'S MENTAL HEALTH CARE SYSTEM IS QUITE COMPLICATED, ESPECIALLY IF YOUR RESOURCES ARE LIMITED. WE OFFER INDIVIDUALIZED AND TARGETED GUIDANCE.

NAME OF ORGANIZATION OR GOVERNMENT:

NATURAL HEALING RESEARCH FOUNDATION (NHRF)

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(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHARITABLE, LITERARY, RELIGIOUS OR EDUCATIONAL PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986.

NAME OF ORGANIZATION OR GOVERNMENT: THE PRIVATE SECTOR HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THREE FOURTHS OF THE FUNDS WILL BE USED TO CONTRIBUTE TO OUR SHARED MAINTENANCE COSTS AT THE HAWAII FOOD BANK, ENABLING THE CHARITY TO OBTAIN FOOD TO DELIVER TO THE NEEDY OF THE NORTH SHORE OF OAHU. WE PLAN TO ADD THESE FUNDS TO THE HAWAII FOOD BANK HUNGER WALK, FOR OUR ACCOUNT, WHICH INCREASES THE DONATION, COVERING MOST OF OUR FOOD BANK FINANCIAL COMMITMENTS FOR A YEAR. ONE FOURTH WILL GO TO GAS AND MAINTENANCE OF THE PURPLE VAN.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT VISION HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: SHOWERS TO THE PEOPLE BRINGS MOBILE HYGIENE UNITS TO HOMELESS INDIVIDUALS IN REMOTE, RURAL AND ISOLATED LOCATIONS. PROJECT VISION HAWAII REQUESTS FUNDING FOR SUPPLIES TO HELP BRING HOT SHOWERS AND THE OPPORTUNITY TO CONNECT PEOPLE WITH AVAILABLE SERVICES AND OUTREACH PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: PU'A FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BRING ABOUT DEEPER AND CLEARER UNDERSTANDING OF THE HISTORICAL, CULTURAL, SPIRITUAL, ECONOMIC AND POLITICAL ENVIRONMENT OF HAWAII, EXPECIALLY AS THEY IMPACT THE NATIVE HAWAIIANS.

NAME OF ORGANIZATION OR GOVERNMENT: PUUWAI

(H) PURPOSE OF GRANT OR ASSISTANCE: OCT 15 AGES 14 TO 18 / MARCH 1 AGES

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8 TO 13 YOUTH OUTRIGGER CANOE PADDLING PROGRAM. PU'UWAI CANOE CLUB SUPPLIES THE CANOES, PADDLES, LOCATION AND EXPERIENCED COACHES TO TRAIN APPROXIMATELY 80 / 80 PADDLERS EACH YEAR SINCE 2002 AT THE WAILUA RIVER IN KAPAA. MONEY WILL BE USED TO REPAIR EQUIPMENT, PURCHASE PADDLES, TEAM SPORTSWEAR AND SNACKS

NAME OF ORGANIZATION OR GOVERNMENT: SAMARITAN COUNSELING CENTER HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CLIENT ASSISTANCE FUND SUBSIDIZES MENTAL HEALTH COUNSELING FOR PEOPLE WHO ARE NOT COVERED BY INSURANCE, WHO ARE UNABLE TO PAY FOR CARE, OR WHO ARE UNDER-INSURED. COUNSELING SERVICES INCLUDE COPING WITH ISSUES SUCH AS DEPRESSION, STRESS, ADDITION, ANXIETY, AND GRIEF. A $15,300 GRANT TO THE CLIENT ASSISTANCE FUND WOULD HELP US SERVE 30 ELDERLY AND LOW-INCOME PEOPLE IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT: WAIKIKI COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED TO CLOSE THE ACHIEVEMENT GAP BETWEEN CHILDREN FROM LOWER AND HIGHER INCOME FAMILIES. WCC PRESCHOOL TARGETS CHILDREN 14 MONTHS TO 5 YEARS OLD FROM LOW INCOME FAMILIES AND HELPS THEM START SCHOOL JUST AS PREPARED TO LEARN AS THEIR MORE ADVANTAGED PEERS. FUNDS ARE FOR NEED-BASED TUITION ASSISTANCE. MORE THAN 70% OF OUR FAMILIES ARE LOW-INCOME AND 98% OF CHILDREN MEET DEVELOPMENTAL BENCHMARKS.

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

2016

Open to Public Inspection

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

Employer identification number: 99-0334032

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

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:

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

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

THE TREASURER REVIEWS AND SIGNS FORM 990 BEFORE FILING.

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

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

FORM 990, AMENDED RETURN:

THE TAX RETURN IS BEING AMENDED TO REVISE THE INADVERTENT MISCLASSIFICATION OF SPONSORSHIP INCOME AND REVENUES AS CONTRIBUTIONS. THE REVISION IS BEING APPLIED TO FYE 5/31/16 & FYE 5/31/17 AND IS INCLUDED ON SCHEDULE A PART II, SECTION A LINES 5 & 6 AND SECTION C LINES 14, 15 & 16A.