EXTENDED TO APRIL 15, 2020

29493312015110

# 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning JUN 1, 2018 and ending MAY 31, 2019

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
FRIENDS OF HAWAII CHARITIES, INC.
Doing business as

D Employer identification number
99-0334032

Number and street (or P.O box if mail is not delivered to street address) 735 BISHOP ST., SUITE 330 Room/suite

E Telephone number 8085237888

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

G Gross receipts $ 6,817,410.

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

H(a) Is this a group return for subordinates? [ ] Yes [X] No

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

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.FRIENDSOFHAWAII.ORG

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

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

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: PRODUCE SPORTS & CULTURAL EVENTS THAT GENERATE FUNDS TO BENEFIT NONPROFIT ENDEAVORS IN HAWAII.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 30 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 30 |
| 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 1200 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,958,899. | 2,184,812. |
| 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) | -515,243. | -683,273. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,443,656. | 1,501,539. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,100,257. | 1,200,062. |
| 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) | 123,241. | 47,008. |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,223,498. | 1,247,070. |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 220,158. | 254,469. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 2,229,639. | 2,480,989. |
| 21 | Total liabilities (Part X, line 26) | 775,651. | 772,532. |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 1,453,988. | 1,708,457. |

RECEIVED
APR 17 2020
OGDEN, UT
A060 IRS-OSC

SCANNED MAR 25 2021

## Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 4/10/2020

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

Paid Preparer Use Only

Print/Type preparer's name MANOJ SAMARANAYAKE | Preparer's signature | Date 04/09/2020 | Check if self-employed [ ] | PTIN P01450116

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) [X] Yes [ ] No



GTL 12

**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 $ 1,200,062. including grants of $ 1,200,062. ) (Revenue $ 2,184,812. )
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 ▶ 1,200,062.

BADGIO



**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 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 | 25 | | |
| 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 | | | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 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 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | X |

**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 1a: 30 | | | |
| | 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b: 30 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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

735 BISHOP STREET, SUITE 330, 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<br>PRESIDENT/EXEC COMMITTEE/D | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (2) BERT T. KOBAYASHI, JR.<br>VICE PRESIDENT/EXEC COMMIT | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (3) HOWARD IKEDA<br>TREASURER/EXEC COMMITTEE/D | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (4) DICKSON LEE<br>SECRETARY/EXEC COMMITTEE/D | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (5) SIMON MORI<br>EXECUTIVE COMMITTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (6) GEORGE ARIYOSHI<br>EMERITUS (NON VOTING) | 0.50 | X | | | | | | 0. | 0. | 0. |
| (7) MOMI CAZIMERO<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (8) CALEB CHAN<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (9) MIKE DYER<br>EXECUTIVE COMMITTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (10) ADMIRAL THOMAS B. FARGO USN (RE<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (11) HOWARD HAMAMOTO<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) MICHAEL HARTLEY<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) JUNE JONES<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) DON KIM<br>EXECUTIVE COMMITTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) JAMES KOMETANI<br>EXECUTIVE COMMITTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (16) MICHAEL W. PERRY<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (17) RYOZO SAKAI<br>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 (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) MITCHELL M. KAAIALII | 0.50 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (28) MICAH KANE | 0.50 | | | | | | | | | |
| EXECUTIVE COMMITTEE/DIRECT | | X | | | | | | 0. | 0. | 0. |
| (29) ERIC YEAMAN | 0.50 | | | | | | | | | |
| EXECUTIVE COMMITTEE/DIRECT | | X | | | | | | 0. | 0. | 0. |
| (30) CHERYL WILLIAMS | 0.50 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (31) MISTY TUFONO | 0.50 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (32) KEVIN CHEE | 0.50 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

**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) SHOJI NEMOTO<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (19) AL SOUZA<br>EXECUTIVE COMMITTEE/DIRECT | 0.50 | X | | | | | | 0. | 0. | 0. |
| (20) KEITH VIEIRA<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (21) JIM WALTERS<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (22) ALFRED WONG<br>EXECUTIVE COMMITTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (23) ANTHONY R. GUERRERO, JR.<br>EMERITUS (NON VOTING) | 0.50 | X | | | | | | 0. | 0. | 0. |
| (24) REGGIE MALDONADO<br>DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (25) CHAD KARASAKI<br>EXECUTIVE COMMITTEE / DIRE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (26) GUY AKASAKI<br>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<br>735 BISHOP ST, STE 330, HONOLULU, HI 96813 | MANAGEMENT FEE | 1,327,589. |
| | | |
| | | |
| | | |
| | | |

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 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 | 2,104,012. | | | |
| | 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 | ▶ | 2,184,812. | | | |
| Program Service Revenue | | **Business Code** | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a-2f | ▶ | | | | |
| | 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) | ▶ | | | | |
| Other Revenue | 8a Gross income from fundraising events (not including $ 2,184,812. of contributions reported on line 1c) See Part IV, line 18 | a 4,632,598. | | | | |
| | b Less direct expenses | b 5,315,871. | | | | |
| | c Net income or (loss) from fundraising events | ▶ | -683,273. | | | -683,273. |
| | 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 | ▶ | 1,501,539. | 0. | 0. | -683,273. |

## 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 | 1,200,062. | 1,200,062. | | |
| 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 | 47,008. | | 47,008. | |
| 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 | 1,247,070. | 1,200,062. | 47,008. | 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 | 1,748,283. | 1 | 1,792,458. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 198,983. | 4 | 359,474. |
| | 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 | 282,373. | 9 | 276,562. |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 57,267. | | | |
| | b | Less accumulated depreciation — 10b: 4,772. | 0. | 10c | 52,495. |
| | 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) | 2,229,639. | 16 | 2,480,989. |
| Liabilities | 17 | Accounts payable and accrued expenses | 85,586. | 17 | 131,923. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 604,978. | 19 | 558,465. |
| | 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 | 85,087. | 25 | 82,144. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 775,651. | 26 | 772,532. |
| 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 | 1,453,988. | 27 | 1,708,457. |
| | 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 | 1,453,988. | 33 | 1,708,457. |
| | 34 | Total liabilities and net assets/fund balances | 2,229,639. | 34 | 2,480,989. |

## 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 | 1,501,539. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,247,070. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 254,469. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,453,988. |
| 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 | 1,708,457. |

## 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 | | |

**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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| FRIENDS OF HAWAII CHARITIES, 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 2062058. | 2175190. | 2107025. | 1958899. | 2184812. | 10487984. |
| 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 | 2062058. | 2175190. | 2107025. | 1958899. | 2184812. | 10487984. |
| 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) | | | | | | 3107155. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 7380829. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 2062058. | 2175190. | 2107025. | 1958899. | 2184812. | 10487984. |
| 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 | | | | | | 10487984. |

| | | |
|---|---|---|
| 12 | Gross receipts from related activities, etc (see instructions) | 12 19,525,962. |

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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 70.37 % |
| 15 | Public support percentage from 2017 Schedule A, Part II, line 14 | 15 71.18 % |

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2017.** 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 - 2018.** 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 - 2017.** 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2017** Schedule A, Part III, line 17 | 18 | % |

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 (as 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 2018 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-2018** | **(iii) Distributable Amount for 2018** |
|---|---|---|---|---|
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**) See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 | | | |
| b | From 2014 | | | |
| c | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | **Total** of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2018 from Section D, line 7 $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI** See instructions | | | |
| 7 | **Excess distributions carryover to 2019.** Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| a | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| c | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | | | |

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

**2018**

Open to Public Inspection

**Name of the organization**
FRIENDS OF HAWAII CHARITIES, 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)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, 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 | | 57,267. | 4,772. | 52,495. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 52,495. |

**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 | 82,144. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | | 82,144. |

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]

**Schedule D (Form 990) 2018**

832053 10-29-18

**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 | 1,501,539. |
| 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 | 1,501,539. |
| 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 | 1,501,539. |

**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 | 1,247,070. |
| 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 | 1,247,070. |
| 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 | 1,247,070. |

**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, 2019, MANAGEMENT BELIEVES THERE WERE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS. THE 2016 TO 2018 TAX YEARS REMAIN OPEN FOR FEDERAL AND STATE TAX PURPOSES AT MAY 31, 2019

**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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

FRIENDS OF HAWAII CHARITIES, 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 | 6,817,410. | | | 6,817,410. |
| | 2 Less Contributions | 2,184,812. | | | 2,184,812. |
| | 3 Gross income (line 1 minus line 2) | 4,632,598. | | | 4,632,598. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 827,023. | | | 827,023. |
| | 7 Food and beverages | 75,000. | | | 75,000. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 4,413,848. | | | 4,413,848. |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | ▶ | 5,315,871. |
| | 11 Net income summary Subtract line 10 from line 3, column (d) | | | ▶ | -683,273. |

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

**2018**

Open to Public Inspection

Name of the organization
FRIENDS OF HAWAII CHARITIES, 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 |
|---|---|---|---|---|---|---|---|
| ADULT FRIENDS FOR YOUTH<br>3375 KOAPAKA STREET, SUITE B290<br>HONOLULU, HI 96819 | 99-0254581 | 501(C)(3) | 5,200. | 0. | N/A | N/A | FUNDS FROM THIS GRANT WILL ALLOW 20 HIGH-RISK YOUTH TO RECEIVE RT SERVICES THROUGH AFYS |
| ALOHA HARVEST<br>3599 WAIALAE AVE STE 23<br>HONOLULU, HI 96816 | 99-0344209 | 501(C)(3) | 10,725. | 0. | N/A | N/A | ALOHA HARVESTS SOLE ACTIVITY IS TO RESCUE QUALITY FOOD FROM ENTERING THE WASTE |
| ALOHA INDEPENDENT LIVING HAWAII<br>P.O. BOX 283<br>PEARL CITY, HI 96782 | 26-2613218 | 501(C)(3) | 5,000. | 0. | N/A | N/A | THE MONEY WILL BE USED TO CONTINUE TO FUND ALL OUR SUPPORT GROUPS BY ALLOWING US TO OFFER A |
| ALOHA MEDICAL MISSION<br>810 NORTH VINEYARD BLVD.<br>HONOLULU, HI 96817 | 99-0234811 | 501(C)(3) | 5,000. | 0. | N/A | N/A | AMM CURRENTLY OPERATES AN INTERIM DENTAL CLINIC, PROVIDING FREE DENTAL SERVICES SUCH AS ORAL |
| ALOHA SECTION PGA FOUNDATION<br>615 PIIKOI STREET, SUITE 1812<br>HONOLULU, HI 96814 | 20-1340470 | 501(C)(3) | 10,000. | 0. | N/A | N/A | FOR GENERAL SUPPORT |
| ASSISTIVE TECHNOLOGY CENTERS OF HAWAII - 200 N. VINEYARD BLVD., SUITE 430 - HONOLULU, HI 96817 | 94-3267103 | 501(C)(3) | 9,000. | 0. | N/A | N/A | EVERY YEAR, ATRC ORGANIZES A TECHNOLOGY CAMP FOR CHILDREN AND YOUTH WITH DISABILITIES, |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 90.

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) (2018)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

832101 11-02-18

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BLUEPRINT FOR CHANGE<br>P. O. BOX 4560<br>HONOLULU, HI 96812-4560 | 31-1692841 | 501(C)(3) | 7,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO SUPPORT TWO CULTURALLY BASED PROGRAMS, E HO'OKANAKA AND E |
| BOBBY BENSON CENTER<br>56-660 KAMEHAMEHA HIGHWAY<br>KAHUKU, HI 96731 | 99-0243991 | 501(C)(3) | 7,000. | 0. | N/A | N/A | THE ENVIRONMENT IN WHICH A PERSON LIVES HAS A MAJOR IMPACT ON THEIR ABILITY TO HEAL. MUCH OF |
| BOYS & GIRLS CLUB OF HAWAII - WINDWARD - 345 QUEEN STREET, SUITE 900 - HONOLULU, HI 96813 | 99-6005407 | 501(C)(3) | 8,655. | 0. | N/A | N/A | OUR SUMMER BRAIN GAIN PROGRAM WILL ENGAGE PARTICIPANTS IN ACTIVITIES THAT ARE |
| BOYS & GIRLS CLUB OF THE BIG ISLAND - 100 KAMAKAHONU ST. - HILO, HI 96720 | 81-0575345 | 501(C)(3) | 5,000. | 0. | N/A | N/A | BGCBI'S PROGRAM WILL SERVICE INCOME-CHALLENGED YOUTH FACING 1) FOOD INSECURITY & LACK OF |
| CENTER FOR TOMORROW'S LEADERS<br>677 ALA MOANA BOULEVARD, SUITE 1100<br>HONOLULU, HI 96813 | 46-3490591 | 501(C)(3) | 8,000. | 0. | N/A | N/A | A $10,000 GRANT WILL ENABLE CENTER FOR TOMORROWS LEADERS (CTL) TO EXPAND CORE PROGRAMS |
| CHILD & FAMILY SERVICE<br>91-1841 FORT WEAVER ROAD<br>EWA BEACH, HI 96706 | 99-0073483 | 501(C)(3) | 5,000. | 0. | N/A | N/A | INTENSIVE IN HOME SERVICES PROVIDES INTENSIVE THERAPEUTIC SERVICES TO ALL YOUTH AND |
| COMMON GRACE<br>P.O. BOX 31116<br>HONOLULU, HI 96820 | 30-0110074 | 501(C)(3) | 57,976. | 0. | N/A | N/A | YOUTHGRACE BRINGS TOGETHER A HIGH SCHOOL STUDENT DISPLAYING ACADEMIC AND |
| COMPASSION FOR CANCER CAREGIVERS<br>P. O. BOX 26137<br>HONOLULU, HI 96825 | 47-4067239 | 501(C)(3) | 6,400. | 0. | N/A | N/A | FUNDS WILL BE USED TO TRAIN VOLUNTEERS TO CREATE, COORDINATE & FACILITATE SUSTAINABLE |
| DOMESTIC VIOLENCE ACTION CENTER<br>P.O. BOX 3198<br>HONOLULU, HI 96801 | 47-4067239 | 501(C)(3) | 6,000. | 0. | N/A | N/A | "SURVIVORS ON THE RUN"; A PROGRAM WHICH ASSISTS SURVIVORS OF DOMESTIC VIOLENCE AND THEIR |

**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 |
|---|---|---|---|---|---|---|---|
| EASTER SEALS HAWAII<br>710 GREEN STREET<br>HONOLULU, HI 96813 | 99-0075235 | 501(C)(3) | 10,500. | 0. | N/A | N/A | EASTER SEALS HAWAII COMMUNITY LEARNING SERVICES DIRECTLY BENEFIT 291 ADULTS WITH |
| FAMILY MINISTRIES CENTER<br>1585 KAPIOLANI BLVD, STE 914<br>HONOLULU, HI 96814 | 46-0508745 | 501(C)(3) | 23,660. | 0. | N/A | N/A | THIS UNIQUE PILOT PROJECT SEEKS TO PROVIDE THE FOUNDATIONS FOR HERETOFORE UNMET |
| FAMILY PROMISE OF HAWAII<br>245 N. KUKUI STREET SUITE 101<br>HONOLULU, HI 96817 | 20-2645489 | 501(C)(3) | 7,500. | 0. | N/A | N/A | FUNDS FROM THIS GRANT WILL BE USED FOR THE NEW WAHIAWA SITE WE PLAN TO OPEN IN JULY 2019. |
| FOOD BASKET, INC., THE<br>40 HOLOMUA STREET<br>HILO, HI 96720 | 26-0349475 | 501(C)(3) | 5,000. | 0. | N/A | N/A | THE FOOD BASKET IS SEEKING SUPPORT FOR ITS EMERGENCY FOOD PROGRAM, WHICH PROVIDES FOOD |
| FRANCISCAN CARE SERVICES DBA HAWAII BONE MARROW DONOR REGISTRY - 2228 LILIHA STREET, #105 -<br>HONOLULU, HI 96817 | 27-4348363 | 501(C)(3) | 5,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO INCREASE THE AMOUNT OF DONORS OVERALL AND INCREASE THE ETHNIC |
| FRANK DE LIMAS STUDENT ENRICHMENT PROGRAM INC. - 1560 THURSTON AVE NO. 603 - HONOLULU, HI 96822 | 99-0322178 | 501(C)(3) | 8,000. | 0. | N/A | N/A | SINCE 1980, FRANK DE LIMA HAS BEEN USING HIS EXTENSIVE EXPERIENCE AS A COMEDIAN TO DELIVER |
| FRIENDS OF CJC OAHU<br>3019 PALI HWY.<br>HONOLULU, HI 96817 | 27-3663109 | 501(C)(3) | 5,000. | 0. | N/A | N/A | FRIENDS OF CJC OAHU RECOGNIZES THAT CHILDREN AND FAMILIES, AFFECTED BY CHILD ABUSE, EXPERIENCE |
| HALE KIPA, INC.<br>615 PIIKOI STREET, SUITE 203<br>HONOLULU, HI 96814 | 23-7061499 | 501(C)(3) | 5,000. | 0. | N/A | N/A | FUNDS WILL SUPPORT HALE KIPA'S KAUAI'S SCHOOL SUCCESS PROGRAM FOCUSED ON PROVIDING A RANGE OF |
| HALE MAHAOLU<br>200 HINA AVENUE<br>KAHULUI, HI 96732 | 99-0143109 | 501(C)(3) | 8,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO PROVIDE SUBSIDIZED PERSONAL CARE SERVICES (BATHING, TOILETING, SKIN |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HALE OPIO KAUAI, INC.<br>2959 UMI STREET<br>LIHUE, HI 96766 | 99-0155279 | 501(C)(3) | 12,810. | 0. | N/A | N/A | MOST FAMILIES FACING CHILDHOOD CANCER ALSO SUFFER FROM ACUTE FINANCIAL STRESS. ONE |
| HAWAII AUTISM FOUNDATION<br>PO BOX 2775<br>HONOLULU, HI 96803 | 26-1563850 | 501(C)(3) | 13,594. | 0. | N/A | N/A | FREIGHT AND DELIVERY CHARGE IS OUR BIGGEST EXPENSE. LAST FISCAL YEAR THIS EXPENSE WAS OVER |
| HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIHA ST -<br>HONOLULU, HI 96817 | 99-0299937 | 501(C)(3) | 7,500. | 0. | N/A | N/A | MOST FAMILIES FACING CHILDHOOD CANCER ALSO SUFFER FROM ACUTE FINANCIAL STRESS. ONE |
| HAWAII CORD BLOOD BANK<br>1319 PUNAHOU STREET<br>HONOLULU, HI 96826 | 99-0349269 | 501(C)(3) | 22,600. | 0. | N/A | N/A | FREIGHT AND DELIVERY CHARGE IS OUR BIGGEST EXPENSE. LAST FISCAL YEAR THIS EXPENSE WAS OVER |
| HAWAII FAMILY LAW CLINIC<br>677 ALA MOANA BLVD. BOX 41<br>HONOLULU, HI 96813 | 54-2155420 | 501(C)(3) | 8,000. | 0. | N/A | N/A | COACHING BOYS INTO MEN (CBIM) IS A HIGH SCHOOL ATHLETICS-BASED PROGRAM THAT SEEKS TO REDUCE |
| HAWAII FI-DO SERVICE DOGS<br>PO BOX 757<br>KAHUKU, HI 96731 | 99-0353345 | 501(C)(3) | 14,384. | 0. | N/A | N/A | HAWAII FI-DO SERVICE DOGS PROVIDES QUALITY SERVICE DOGS, AT NO CHARGE, TO PEOPLE HERE IN HAWAII |
| HAWAII FOODBANK<br>2611 KILIHAU STREET<br>HONOLULU, HI 96819-2021 | 99-0220699 | 501(C)(3) | 10,230. | 0. | N/A | N/A | THE OHANA PRODUCE PLUS PROGRAM DISTRIBUTES DONATED AND PURCHASED PRODUCE, DAIRY PRODUCTS |
| HAWAII ISLAND ADULT CARE, INC.<br>34 RAINBOW DRIVE<br>HILO, HI 96720 | 99-0210974 | 501(C)(3) | 11,000. | 0. | N/A | N/A | THE FUNDS FROM THIS GRANT WILL HELP OFF-SET COSTS OF TUITION FOR ADULT DAY CARE FOR THE LOW-INCOME |
| HAWAII LIONS FOUNDATION<br>P.O. BOX 834<br>HONOLULU, HI 96808 | 99-6010563 | 501(C)(3) | 8,099. | 0. | N/A | N/A | FUNDS CONTRIBUTED TO THE HAWAII LIONS FOUNDATION AIDS IN THE 13,000+ ANNUAL FREE HEARING 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 |
|---|---|---|---|---|---|---|---|
| HAWAII LITERACY<br>245 N. KUKUI STREET, STE 202<br>HONOLULU, HI 96817 | 23-7198698 | 501(C)(3) | 8,790. | 0. | N/A | N/A | HAWAII LITERACYS BOOKMOBILE PROGRAM WILL EXPAND TO OFFER WEEKLY VISITS TO 20 HIGH-NEED |
| HAWAII MEALS ON WHEELS<br>P.O. BOX 61194<br>HONOLULU, HI 96814 | 99-0198132 | 501(C)(3) | 7,475. | 0. | N/A | N/A | THE FUNDS WILL BE USED TO SUPPLEMENT THE MEAL COSTS FOR HOT HOME-DELIVERED MEALS FOR FRAIL ELDERLY |
| HAWAII PUBLIC TELEVISION FOUNDATION - 315 SAND ISLAND ACCESS ROAD - HONOLULU, HI 96819 | 99-0334518 | 501(C)(3) | 7,220. | 0. | N/A | N/A | A GRANT WILL HELP PROVIDE TECHNICAL TRAINING AND SUPPORT TO MIDDLE, HIGH AND ELEMENTARY GRADE |
| HAWAII STATE JUNIOR GOLF ASSOCIATION - 4330 KUKUI GROVE STREET - LIHUE, HI 96766 | 99-0335776 | 501(C)(3) | 10,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO SUPPORT THE MISSION OF THE HSJGA - THE HSJGA IS A 501 (C) (3) NON-PROFIT |
| HAWAII STATE WOMEN'S GOLF FOUNDATION - 683 KAULANA PLACE - HONOLULU, HI 96821 | 91-2169495 | 501(C)(3) | 7,500. | 0. | N/A | N/A | WILL BE USED TO FUND FIFTEEN (15) TRIPS TO MAINLAND TO COMPETE IN USGA CHAMPIONSHIPS TO |
| HAWAIIAN MUSIC AND DANCE FOUNDATION - P. O. BOX 4717 - HONOLULU, HI 96812-4717 | 99-0315552 | 501(C)(3) | 5,800. | 0. | N/A | N/A | E MELE KAKOU (LET US SING!) IS A 4-WEEK MUSIC CURRICULUM FOR 4TH AND 5TH GRADERS TO STUDY THE |
| HELPING HANDS HAWAII<br>2100 N. NIMITZ HWY.<br>HONOLULU, HI 96819 | 23-7365077 | 501(C)(3) | 7,000. | 0. | N/A | N/A | READY TO LEARN IS OPERATED BY THE COMMUNITY CLEARINGHOUSE AT HELPING HANDS HAWAII. IT HELPS |
| HIILEI ALOHA LLC<br>711 KAPIOLANI BLVD., SUITE 111<br>HONOLULU, HI 96813 | 26-1210564 | 501(C)(3) | 5,000. | 0. | N/A | N/A | WE HAVE A FEDERAL YOUTHBUILD GRANT TO HELP AT-RISK YOUTH AGES 16-24 OBTAIN A G.E.D., LEARN |
| HOA AINA O MAKAHA<br>84-766 LAHAINA STREET<br>WAIANAE, HI 96792 | 99-0292820 | 501(C)(3) | 7,500. | 0. | N/A | N/A | THE MALAMA CONTAINER GARDEN CONSISTING OF 10 SESSIONS OF 3 DAY EACH PER SESSION AND FARMERS |

**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 |
|---|---|---|---|---|---|---|---|
| HONOLULU HABITAT FOR HUMANITY<br>922 AUSTIN LANE #C1<br>HONOLULU, HI 96817 | 99-0261871 | 501(C)(3) | 5,000. | 0. | N/A | N/A | HONOLULU HABITAT FOR HUMANITY (HHH) IS APPLYING FOR ITS HOME PRESERVATION PROGRAM. |
| HOOLA NA PULA<br>860 IWILEI RD.<br>HONOLULU, HI 96817 | 99-0203930 | 501(C)(3) | 8,750. | 0. | N/A | N/A | FUNDS WILL BE USED TO SUPPORT HOLA N PUAS STARFISH MENTORING PROGRAM, WHICH PROVIDES |
| HOOMAU KE OLA, INC<br>85-761 FARRINGTON HIGHWAY, #103<br>WAIANAE, HI 96792 | 99-0252827 | 501(C)(3) | 5,000. | 0. | N/A | N/A | HOOMAU KE OLA, INC. OUTPATIENT TREATMENT PROGRAM CONSISTS OF THREE (3) STEP DOWN LEVELS OF |
| HOPE SERVICES HAWAII, INC.<br>296 KILAUEA AVENUE<br>HILO, HI 96720 | 27-3412984 | 501(C)(3) | 8,500. | 0. | N/A | N/A | THE HAWAII ISLAND SHELTERS PROGRAM SERVES FAMILIES AND INDIVIDUALS EXPERIENCING HOMELESSNESS |
| HOSPICE HAWAII, INC.<br>860 IWILEI RD.<br>HONOLULU, HI 96817 | 99-0203930 | 501(C)(3) | 9,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO PROVIDE OUR PEDIATRIC CARE PROGRAM WITH MUCH-NEEDED ENHANCED |
| HUGS FOR HAWAIIS SERIOUSLY ILL CHILDREN AND THEIR FAMILIES - 3636 KILAUEA AVENUE - HONOLULU, HI 96816 | 99-0213594 | 501(C)(3) | 12,190. | 0. | N/A | N/A | FUNDS WILL BE USED TO PROVIDE 30 SIBLINGS OF HAWAII'S SERIOUSLY ILL CHILDREN THE OPPORTUNITY |
| HUI O MANA KA PUUWAI OUTRIGGER CANOE CLUB - 6590-A PUUPILO ROAD - KAPAA, HI 96746 | 47-1972412 | 501(C)(3) | 27,885. | 0. | N/A | N/A | WE OPERATE 10 PROGRAMS YEARLY WHICH OVERLAP. ADULT MEN, WOMEN, YOUTH AGES 7 - 14, YOUTH AGES |
| HULA PRESERVATION SOCIETY<br>PO BOX 6274<br>KANEOHE, HI 96744 | 99-0350425 | 501(C)(3) | 12,735. | 0. | N/A | N/A | FUNDS WILL BE USED IN SUPPORT OF A COMMUNITY-DRIVEN HONORING OF KING KAMEHAMEHA IN |
| HUNAKAI PARK ASSOCIATION<br>641 ULUMAIKA STREET<br>HONOLULU, HI 96816 | 99-0289545 | 501(C)(3) | 10,000. | 0. | N/A | N/A | PRIVATE PARK THAT SERVES AS AN ACTIVITIES CENTER FOR FAMILIES, CHILDREN SPORTS TEAMS, EXERCISE |

**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 |
|---|---|---|---|---|---|---|---|
| IHS, THE INSTITUTE FOR HUMAN SERVICES - 546 KAAAHI STREET - HONOLULU, HI 96817 | 99-0199107 | 501(C)(3) | 13,700. | 0. | N/A | N/A | FUNDS WILL BENEFIT THE CHILDRENS ENRICHMENT PROGRAM TO PROVIDE HOMELESS CHILDREN WITH |
| IMUA FAMILY SERVICES 161 S. WAKEA AVE. KAHULUI, HI 96732 | 99-0194402 | 501(C)(3) | 5,000. | 0. | N/A | N/A | CAMP IMUA IS A SUMMER CAMP FOR CHILDREN WITH SPECIAL NEEDS AND DISABILITIES. GRANT FUNDS |
| JAMES CAMPBELL HIGH SCHOOL 91-980 NORTH ROAD EWA BEACH, HI 96706 | 99-0266482 | 501(C)(3) | 6,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO PURCHASE EQUIPMENT TO 1) PROMOTE SOCIAL INCLUSION BETWEEN STUDENTS WITH |
| JAPAN-AMERICA SOCIETY OF HAWAII 1600 KAPIOLANI BLVD, SUITE 204 HONOLULU, HI 96814 | 99-0359990 | 501(C)(3) | 5,000. | 0. | N/A | N/A | ALL FUNDS WILL BE USED TO SUPPORT OUR EDUCATIONAL PROGRAMS FOR HAWAII'S YOUTH. BY INTRODUCING |
| KA LIMA O MAUI, LTD. 95 MAHALANI ST RM 19B WAILUKU, HI 96793-2521 | 99-0105491 | 501(C)(3) | 7,635. | 0. | N/A | N/A | THIS PROPOSAL SEEKS YOUR SUPPORT TO FUND THE REPLACEMENT OF A COMMERCIAL SHREDDER AND |
| KAMP HAWAII, INC P.O. BOX 701022 KAPOLEI, HI 96709 | 20-3412425 | 501(C)(3) | 12,000. | 0. | N/A | N/A | WE CONTINUE TO FOCUS ON THE PREVENTION OF SUBSTANCE ABUSE, GANG VIOLENCE, BULLYING, CYBER |
| KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN - 55 MERCHANT STREET, SUITE 2600 - HONOLULU, HI 96813 | 99-0246364 | 501(C)(3) | 5,000. | 0. | N/A | N/A | KAPIOLANI HAS DEVELOPED A PEDIATRIC COMPLEX CARE CLINIC FOR PEDIATRIC PATIENTS WITH COMPLEX |
| KAPOLEI HIGH SCHOOL 91-5007 KAPOLEI PARKWAY KAPOLEI, HI 96707 | 99-0266482 | 501(C)(3) | 6,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO SUBSIDIZE THE GOLF TEAM EXPENSES INCLUDING GREEN FEES, TRANSPORTATION, |
| KAUAI INDEPENDENT FOOD BANK 3285 WAAPA RD., STE. A LIHUE, HI 96766 | 99-0317431 | 501(C)(3) | 11,100. | 0. | N/A | N/A | THROUGH THE KEIKI CAFE PROGRAM, THE KAUAI INDEPENDENT FOOD BANK SERVES HEALTHY SNACKS TO |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| KEIKI EDUCATION LIVING INDEPENDENT INSTITUTE - 91-215 HILUHILU PLACE - KAPOLEI, HI 96707 | 45-5524466 | 501(C)(3) | 7,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO FINANCE A PORTION OF THE START-UP FOR A TRANSITIONAL INDEPENDENT |
| KEIKI O KA AINA PRESCHOOL, INC. 3097 KALIHI ST HONOLULU, HI 96819 | 99-0327534 | 501(C)(3) | 36,730. | 0. | N/A | N/A | THE BOARD AND STONE CLASS TEACHES FAMILIES HOW TO MAKE THEIR OWN POI BOARDS AND POI POUNDERS FOR |
| KEIKI TO KUPUNA FOUNDATION MEALS ON WHEELS PROGRAM - 94-252 PUPUOLE STREET, SUITE A - WAIPAHU, HI 96797 | 46-1925372 | 501(C)(3) | 5,000. | 0. | N/A | N/A | THE KEIKI TO KUPUNA FOUNDATION (KTKF) IS A NONPROFIT ORGANIZATION WITH A 501 ( C) 3 IRS |
| KINAI EHA 346 KEANIANI STREET KAILUA, HI 96734 | 82-1366272 | 501(C)(3) | 5,000. | 0. | N/A | N/A | KINAI 'EHA,A NON PROFIT ORGANIZATION AIMS TO PROVIDE AN ALTERNATIVE EDUCATION OPTION TO YOUTH |
| LANAI COMMUNITY HEALTH CENTER P. O. BOX 630142 LANAI CITY, HI 96763 | 20-2509287 | 501(C)(3) | 8,215. | 0. | N/A | N/A | LCHC PLANS TO EXPAND ITS CURRENT FITNESS AND WELLNESS PROGRAM, INCLUDING HIRING LOW |
| MALAMA FAMILY RECOVERY CENTER PO BOX 791749 PAIA, HI 96779 | 99-0293044 | 501(C)(3) | 7,050. | 0. | N/A | N/A | FUNDS WILL PAY FOR BASIC ITEMS LIKE CLOTHING, FOOD, TOILETRIES, INFANT-RELATED SUPPLIES |
| MALAMA PONO HEALTH SERVICES 4366 KUKUI GROVE, SUITE 207 LIHUE, HI 96766 | 99-0260914 | 501(C)(3) | 5,000. | 0. | N/A | N/A | THE MOBILE HEALTH UNIT IS INTEGRAL IN DELIVERING SERVICES TO THE FAR-REACHING AREAS OF |
| MAUI FAMILY SUPPORT SERVICES 1844 WILI PA LOOP WAILUKU, HI 96793 | 99-0208152 | 501(C)(3) | 6,715. | 0. | N/A | N/A | EHS AIMS TO PROMOTE SCHOOL READINESS OF CHILDREN BY ENHANCING THEIR COGNITIVE, SOCIAL, |
| MOLOKAI ARTS CENTER P.O. BOX 116 KUALAPUU, HI 96757 | 27-3170573 | 501(C)(3) | 18,274. | 0. | N/A | N/A | FUNDS WILL PROVIDE MATERIALS FOR OUR KEIKI ART AND PERFORMING ARTS CLASSES. WE OFFER TWO |

**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 |
|---|---|---|---|---|---|---|---|
| NA HOALOHA<br>P.O. BOX 3208<br>WAILUKU, HI 96793 | 99-0326282 | 501(C)(3) | 5,000. | 0. | N/A | N/A | NA HOALOHA WILL CONTINUE TO PROVIDE SUPPORTIVE SERVICES FOR KUPUNA THROUGHOUT MAUI COUNTY. |
| NATURAL HEALING RESEARCH FOUNDATION - P . O. BOX 5128 - KANEOHE, HI 96744 | 20-1333341 | 501(C)(3) | 6,230. | 0. | N/A | N/A | NHRF CONTINUES TO HOLD TWO (2) FREE TO THE PUBLIC ANNUAL NATURAL HEALING EVENTS· A WINTER |
| PACIFIC REGION BASEBALL, INC.<br>P.O. BOX 17865<br>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 |
| PARENTS AND CHILDREN TOGETHER<br>1485 LINAPUNI STREET, SUITE 105<br>HONOLULU, HI 96819-3575 | 99-0119678 | 501(C)(3) | 6,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO PROVIDE 32 SEXUALLY-ABUSED CHILDREN/YOUTH WITH |
| PARTNERS IN DEVELOPMENT FOUNDATION<br>2040 BACHELOT STREET<br>HONOLULU, HI 96817 | 94-3271325 | 501(C)(3) | 5,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO SUPPORT KA PA'ALANA'S COMPREHENSIVE FAMILY EDUCATION PROGRAMMING FOR |
| PEANUT BUTTER MINISTRY<br>374 WAIANUENUE AVENUE<br>HILO, HI 96720 | 99-0110098 | 501(C)(3) | 7,651. | 0. | N/A | N/A | THE PROGRAM IS RUN ENTIRELY WITH VOLUNTEERS, SO ALL FUNDS ARE USED FOR DIRECT COSTS: FOOD, |
| POLYNESIAN FOOTBALL HALL OF FAME<br>8930 W SUNSET RD STE 240<br>LAS VEGAS, HI 89148 | 46-3158865 | 501(C)(3) | 50,000. | 0. | N/A | N/A | FOR GENERAL SUPPORT |
| PROJECT VISION HAWAII<br>P.O. BOX 23212<br>HONOLULU, HI 96823 | 27-2831637 | 501(C)(3) | 14,416. | 0. | N/A | N/A | THE HIEHIE HOSPITALITY PROJECT USES MOBILE HYGIENE TRAILERS TO BRING HOT SHOWERS AND RESOURCES |
| REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 NORTH KUAKINI STREET - HONOLULU, HI 96817 | 99-0241634 | 501(C)(3) | 11,460. | 0. | N/A | N/A | SPECIALIZED EQUIPMENT IS VITAL TO PROVIDING INDIVIDUALIZED AND COMPREHENSIVE TREATMENT |

**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 |
|---|---|---|---|---|---|---|---|
| RIVER OF LIFE MISSION<br>P O BOX 37939<br>HONOLULU, HI 96837 | 99-0253651 | 501(C)(3) | 10,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO PROVIDE JOB TRAINING IN THE CULINARY AREA WITH THE GOAL OF EMPLOYMENT |
| RONALD MCDONALD HOUSE CHARITIES OF HAWAII, INC. - 1970 JUDD HILLSIDE ROAD - HONOLULU, HI 96822 | 99-0222124 | 501(C)(3) | 7,610. | 0. | N/A | N/A | THE FUNDS WILL BE UTILIZED TO HELP WITH THE COSTS OF PROVIDING LODGING, GROUND |
| SEARIDER PRODUCTIONS FOUNDATION<br>84-370 MAKAHA VALLEY ROAD<br>WAIANAE, HI 96792 | 46-2594819 | 501(C)(3) | 6,000. | 0. | N/A | N/A | STUDENTS FROM THE WAIANAE HIGH SCHOOL SEARIDER PRODUCTIONS CREATIE MEDIA PROGRAM WILL SHOOT |
| SPECIAL EDUCATION CENTER OF HAWAII<br>708 PALEKAUA STREET<br>HONOLULU, HI 96816 | 99-0141008 | 501(C)(3) | 5,000. | 0. | N/A | N/A | THE SPECIAL EDUCATION CENTER OF HAWAII (SECOH) IS ESTABLISHING A NEW KAPOLEI COMMUNITY CENTER |
| SPECIAL OLYMPICS HAWAII<br>1833 KALAKAUA AVE SUITE 500<br>HONOLULU, HI 96815 | 23-7173957 | 501(C)(3) | 7,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO SUPPORT SPECIAL OLYMPICS HAWAIIS AMBASSADOR INITIATIVES: OHANA TASK |
| SURFING THE NATIONS<br>64 OHAI STREET<br>WAHIAWA, HI 96786 | 20-0245026 | 501(C)(3) | 16,000. | 0. | N/A | N/A | ULU PONO IS SURFING THE NATION'S NO-CHARGE, AT-RISK YOUTH PROGRAM FOR CHILDREN AGES 5-18. ULU |
| SUTTER HEALTH PACIFIC KAHI MOHALA<br>91-2301 OLD FORT WEAVER ROAD<br>EWA BEACH, HI 96706 | 99-0298651 | 501(C)(3) | 5,720. | 0. | N/A | N/A | KAHI MOHALA OFFERS OUR CHILD AND ADOLESCENT PATIENTS AN ARRAY OF THERAPIES TO SUPPORT |
| TOUCH A HEART<br>98-820 MOANALUA RD., UNIT 15-1, PMB<br>AIEA, HI 96701 | 20-8310130 | 501(C)(3) | 19,000. | 0. | N/A | N/A | FUNDS ARE REQUESTED TO PURCHASE UNIFORMS FOR PROGRAM PARTICIPANTS (FOOD SERVICE INTERNS): |
| WAIKIKI COMMUNITY CENTER<br>310 PAOAKALANI AVE<br>HONOLULU, HI 96815 | 99-0179392 | 501(C)(3) | 28,697. | 0. | N/A | N/A | MORE THAN 30% OF WAIKIKI RESIDENTS ARE OVER THE AGE OF 60 YEARS OLD. EIGHTY-TWO PERCENT (82%) |

**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 |
|---|---|---|---|---|---|---|---|
| WAIPAHU HIGH SCHOOL YOUTH FOR SAFETY - 94-1211 FARRINGTON HIGHWAY - WAIPAHU, HI 96797 | 99-0266482 | 501(C)(3) | 6,000. | 0. | N/A | N/A | FUNDS WILL BE USED TO SUPPORT THE INNOVATION CAPSTONE COURSE. SUTDENTS USE THE DESIGN |
| WOMEN IN NEED (WIN) PO BOX 414 WAIMANALO, HI 96795 | 94-3266305 | 501(C)(3) | 5,000. | 0. | N/A | N/A | A TOTAL OF $7,500 IS BEING REQUESTED TO PURCHASE FOUR (4) COMPUTERS TO AID THOSE |
| WORLD GOLF FOUNDATION 1 WORLD GOLF PLACE ST. AUGUSTINE, FL 32902 | 59-2998925 | 501(C)(3) | 50,000. | 0. | N/A | N/A | THE MONEY WILL BE USED TO CONTINUE TO FUND ALL OUR SUPPORT GROUPS BY ALLOWING US TO OFFER A |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**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: ADULT FRIENDS FOR YOUTH

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THIS GRANT WILL ALLOW 20 HIGH-RISK YOUTH TO RECEIVE RT SERVICES THROUGH AFYS IN-SCHOOL AND NEIGHBORHOOD COUNSELING PROGRAM. THE FUNDS WILL ALSO HELP TO SUPPORT AFY'S MOBILE EDUCATION CENTER (MEC), WHICH PROVIDES EDUCATIONAL OUTREACH SERVICES TO DISADVANTAGED YOUTH, AND THE MOBILE ASSESSMENT COMMAND CENTER (MACC) WHICH DIVERTS STATUS OFFENDERS AND YOUTH WHO COMMIT FIRST-TIME PETTY MISDEMEANORS FROM THE JUVENILE JUSTICE SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: ALOHA HARVESTS SOLE ACTIVITY IS TO RESCUE QUALITY FOOD FROM ENTERING THE WASTE STREAM, AND DELIVER IT ON THE SAME DAY TO NONPROFIT AGENCIES THAT FEED THE HUNGRY, FREE OF CHARGE. IN 2018, WE RESCUED OVER 1.6 MILLION LBS OF FOOD FROM A TOTAL OF 277 FOOD DONORS. THIS FOOD WAS THEN DISTRIBUTED TO 173 AGENCIES WHO HELPED TO FEED OVER 52,000 INDIVIDUALS IN NEED. FUNDS WILL BE USED FOR DIRECT EXPENSES NECESSARY IN PICKING UP AND DELIVERING FOOD.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA INDEPENDENT LIVING HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MONEY WILL BE USED TO CONTINUE TO FUND ALL OUR SUPPORT GROUPS BY ALLOWING US TO OFFER A VARIETY OF RECREATIONAL ACTIVITIES FOR OUR YOUTH, MEN, WOMEN AND OUR ELDERLY GROUPS TO ENGAGE IN MEANINGFUL ACTIVITIES OF THEIR CHOICE. THE SUPPORT GROUPS ARE IMPORTANT IN THAT IT ALLOWS FOR NEW FRIENDSHIPS AND CONTINUED FRIENDSHIPS WHILE GIVING OUR CONSUMERS THE OPPORTUNITY TO SHARE SIMILAR LIFE EXPERIENCES.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA MEDICAL MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: AMM CURRENTLY OPERATES AN INTERIM

**Part IV Supplemental Information**

DENTAL CLINIC, PROVIDING FREE DENTAL SERVICES SUCH AS ORAL EXAMINATIONS, CLEANINGS, X-RAYS, FILLINGS, EXTRACTIONS, ROOT CANAL AND TEMPORARY RESTORATIVE TREATMENT, AND EMERGENCY CARE TO THE UNINSURED, THE UNDERINSURED, AND THOSE WITH NO FINANCIAL MEANS OF PAYING. THE FUNDS WILL BE USED TO SUPPORT DENTAL SUPPLIES, WHICH INCLUDE LABORATORY FEES, AND IS PROJECTED TO BE $45,760 IN 2019 -- ABOUT 11% OF THIS EXPENSE.

NAME OF ORGANIZATION OR GOVERNMENT:
ASSISTIVE TECHNOLOGY CENTERS OF HAWAII
(H) PURPOSE OF GRANT OR ASSISTANCE: EVERY YEAR, ATRC ORGANIZES A TECHNOLOGY CAMP FOR CHILDREN AND YOUTH WITH DISABILITIES, CAMP COOL. FOR 2019, THIS TWO DAY PROGRAM WILL ENCOURAGE PARTICIPANTS TO EXPLORE CONCEPTS RELATED TO ROBOTICS AND ENGINEERING. FUNDS WILL BE USED FOR INTER-ISLAND TRAVEL FOR 8 CHILDREN, ROBOTIC LEGGO KITS, IPADS AND SOFTWARE FOR BASIC CODING, DESIGN AND ACTIVITY SUPPLIES, LUNCH FOR THE CHILDREN AND VOLUNTEERS, T-SHIRTS, AND VENUE EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: BLUEPRINT FOR CHANGE
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT TWO CULTURALLY BASED PROGRAMS, E HO'OKANAKA AND E PU'UHONUA HOU, THAT HELP NATIVE HAWAIIAN FAMILIES BECOME PRODUCTIVE AND SELF-SUSTAINING BY RECONNECTING THEM TO THEIR CULTURAL ROOTS, PRACTICES, AND PRINCIPLES.

NAME OF ORGANIZATION OR GOVERNMENT: BOBBY BENSON CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: THE ENVIRONMENT IN WHICH A PERSON LIVES HAS A MAJOR IMPACT ON THEIR ABILITY TO HEAL. MUCH OF THE YOUTH TREATED AT THE BOBBY BENSON CENTER HAVE BEEN SUBJECTED TO ADVERSE CHILDHOOD EVENTS AND/TRAUMA. WHILE BBC TRIES IT'S BEST TO KEEP THE

**Part IV Supplemental Information**

FACILITY COMFORTING AND WELL MAINTAINED WITH THE LIMITED RESOURCES IT HAS KEEPING UP CAN AT TIMES BE DIFFICULT. BBC IS REQUESTING FUNDS TO REPLACE THE FURNITURE IN THE COMMON AREAS OF THE RESIDENT'S CABINS.

NAME OF ORGANIZATION OR GOVERNMENT:
BOYS & GIRLS CLUB OF HAWAII - WINDWARD
(H) PURPOSE OF GRANT OR ASSISTANCE: OUR SUMMER BRAIN GAIN PROGRAM WILL ENGAGE PARTICIPANTS IN ACTIVITIES THAT ARE ADAPTABLE TO A VARIETY OF CHALLENGE LEVELS; GIVE THEM OPPORTUNITIES TO SUCCEED AND TO FAIL IN A SAFE SETTING; ASK OPEN-ENDED QUESTIONS THAT BUILD PROBLEM SOLVING AND CREATIVITY; AND PROVIDE HANDS-ON LEARNING THAT BUILDS CONNECTIONS TO MEMBERS' SCHOOL WORK AND TO THE THINGS THAT INTEREST THEM. FUNDS WILL BE USED TO ASSIST WITH PROGRAM SUPPLIES AND FIELD TRIP EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF THE BIG ISLAND
(H) PURPOSE OF GRANT OR ASSISTANCE: BGCBI'S PROGRAM WILL SERVICE INCOME-CHALLENGED YOUTH FACING 1) FOOD INSECURITY & LACK OF DAILY NUTRITIONAL SUPPLEMENTATION AFTERSCHOOL; 2) THEIR INABILITY TO ACQUIRE DAILY HOMEWORK SUPPORT & ACADEMIC TUTORING NEEDED FOR EDUCATIONAL LEARNING & GRADE LEVEL ADVANCEMENT. FUNDS WILL BE UTILIZED FOR NEEDED HOMEWORK SUPPLIES, LEARNING SUPPORT EQUIPMENT/MATERIALS; SUPPLIES/EQUIPMENT TO SUPPORT YOUTH DAILY ACQUISITION OF HOT MEALS AND NUTRITIOUS SNACKS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR TOMORROW'S LEADERS
(H) PURPOSE OF GRANT OR ASSISTANCE: A $10,000 GRANT WILL ENABLE CENTER FOR TOMORROWS LEADERS (CTL) TO EXPAND CORE PROGRAMS FOR AT-RISK STUDENTS IN PUBLIC SCHOOLS BY ENABLING A GREATER NUMBER OF LOW-INCOME JUNIORS AND

**Part IV Supplemental Information**

SENIORS ACCESS TO CTL YEAR-LONG FELLOWS PROGRAM. FUNDS WOULD ALSO BE USED TOWARD MATERIALS AND SUPPLIES FOR STUDENT-LED PROJECTS AS PART OF CTL ONE-OF-A-KIND SCHOOL-BASED AMBASSADORS PROGRAM DURING SCHOOL YEAR (SY) 2019-2020.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD & FAMILY SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: INTENSIVE IN HOME SERVICES PROVIDES INTENSIVE THERAPEUTIC SERVICES TO ALL YOUTH AND THEIR FAMILIES REFERRED THROUGH THE CHILD ADOLESCENT MENTAL HEALTH DIVISION. FUNDING WILL BE USED TO PURCHASE 19 LAPTOPS AND CARRYING CASES. WITH STAFF HAVING ACCESS TO A WORKING LAPTOP IN THE FIELD, WILL IN TURN ALLOW HIM/HER TO BE MORE EFFICIENT IN PROVIDING SERVICES AND SUPPORT TO THE YOUTH AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: COMMON GRACE

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTHGRACE BRINGS TOGETHER A HIGH SCHOOL STUDENT DISPLAYING ACADEMIC AND COMMUNITY-MINDED EXCELLENCE, WITH AN ELEMENTARY SCHOOL STUDENT WHO NEEDS A LITTLE EXTRA ATTENTION. MENTOR AND MENTEE ARE HANDPICKED BY TEACHERS AND COUNSELORS AND SPECIALLY PAIRED TOGETHER. THIS YEAR, WE ARE HOSTING A FREE ANNUAL MENTOR-MENTEE BONDING EVENT AT THE KROC CENTER. IT'S AN OPPORTUNITY FOR OUR MENTORS AND MENTEES TO BOND IN A DIFFERENT SETTING THAN AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSION FOR CANCER CAREGIVERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO TRAIN VOLUNTEERS TO CREATE, COORDINATE & FACILITATE SUSTAINABLE HOPE TEAMS OF SUPPORT FOR CANCER CLIENTS (CAREGIVERS/PATIENTS). FUNDS ARE NEEDED FOR WORKBOOKS, CLASS MATERIALS, & HONORARIUM FOR GUEST SPEAKERS FOR A SERIES

**Part IV Supplemental Information**

OF 4 CLASSES EACH FOR 2 GROUPS. PURCHASES WILL BE MADE FOR COMPONENTS OF "COMPASSION KITS" FOR CLIENTS. WE PROJECT 800 KITS FOR DISTRIBUTION IN 2019 THROUGH SEVERAL CANCER CARE FACILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: DOMESTIC VIOLENCE ACTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: "SURVIVORS ON THE RUN"; A PROGRAM WHICH ASSISTS SURVIVORS OF DOMESTIC VIOLENCE AND THEIR CHILDREN ON OAHU. SURVIVORS IN RELATIONSHIPS OR ESCAPING VIOLENCE OFTEN LEAVE THEIR BELONGINGS AND HOMES BEHIND, TO PROTECT THE SAFETY OF THEIR CHILDREN AND THEIR OWN. PROVIDING PROVISIONS FOR INTERIM ESSENTIAL SUPPLIES, BUS PASSES, AND FOOD, ALLOWS SURVIVORS AND THEIR FAMILIES TO FACE DIFFICULT DECISIONS AS THEY OVERCOME OBSTACLES IN THEIR PATH TO SAFETY.

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: EASTER SEALS HAWAII COMMUNITY LEARNING SERVICES DIRECTLY BENEFIT 291 ADULTS WITH DISABILITIES ON OAHU, KAUAI, HAWAII ISLAND, AND MAUI. COMMUNITY LEARNING SERVICES PROVIDE NECESSARY RESOURCES FOR ADULTS WITH DISABILITIES TO BE INTEGRATED IN THEIR LOCAL COMMUNITIES WHILE FOSTERING THE DEVELOPMENT OF INDIVIDUAL TALENTS AND SKILLS, INCREASING SOCIAL SKILLS, SELF-CARE, AND INDEPENDENCE.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY MINISTRIES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS UNIQUE PILOT PROJECT SEEKS TO PROVIDE THE FOUNDATIONS FOR HERETOFORE UNMET BEHAVIORAL HEALTHCARE FOR MOLOKAI RESIDENTS WITH ONLINE-BEHAVIORAL HEALTH CARE, OVERCOMING THE BIGGEST ROADBLOCKS TO EFFECTIVE CARE - CONFIDENTIALITY AND CONSISTENCY. THIS ISLAND HAS ONE OF THE HIGHEST UNEMPLOYMENT RATE, SUICIDE, DOMESTIC

**Part IV Supplemental Information**

VIOLENCE RATE OF ANY COUNTY. OUR ORGANIZATION HAS ALREADY BEEN PROVIDING ONLINE CARE FOR OAHU RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FROM THIS GRANT WILL BE USED FOR THE NEW WAHIAWA SITE WE PLAN TO OPEN IN JULY 2019. SPECIFICALLY, WE WILL USE THE FUNDS TO PAY FOR A PROGRAM DIRECTOR TO MANAGE ALL DAY TO DAY OPERATIONS OF THE NEW SITE, INCLUDING COSTS FOR WEEKLY CASE MANAGEMENT PROVIDED TO WAHIAWA FAMILIES IN THE PROGRAM. WE WILL ALSO USE A PORTION OF THE FUNDS TO PAY EXPENSES FOR TRANSPORTATION OF ENROLLED FAMILIES BETWEEN THE NEW DAY CENTER AND HOST SITES IN THE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BASKET, INC., THE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FOOD BASKET IS SEEKING SUPPORT FOR ITS EMERGENCY FOOD PROGRAM, WHICH PROVIDES FOOD ASSISTANCE AND DISASTER RESPONSE, RELIEF, AND RECOVERY TO THE RESIDENTS OF THE ISLAND OF HAWAII. FUNDS WILL HELP PROVIDE FOOD TO MORE THAN 136 PARTNER ORGANIZATIONS THAT COLLECTIVELY SERVE 13,700 LOW-INCOME INDIVIDUALS EACH MONTH AND HELP ENSURE ADEQUATE FOOD SUPPLIES FOR APPROXIMATELY 3,000-5,000 INDIVIDUALS IN EMERGENCY SITUATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

FRANCISCAN CARE SERVICES DBA HAWAII BONE MARROW DONOR REGISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO INCREASE THE AMOUNT OF DONORS OVERALL AND INCREASE THE ETHNIC DIVERSITY OF OUR REGISTRY SO THAT MORE PATIENTS CAN FIND MATCHING DONORS. WE CREATED A VIDEO/PSA TO APPEAL TO OUR TARGET AUDIENCE, BUT WOULD LIKE TO DO PROMOTION THROUGH SOCIAL MEDIA. WE WOULD ALSO LIKE TO DO A COMMITMENT

**Part IV Supplemental Information**

CAMPAIGN BY SENDING DONORS CARDS ON THEIR BIRTHDAY TO REMIND THEM OF THEIR COMMITMENT.

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 APPROXIMATELY 60,000 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: FRIENDS OF CJC OAHU
(H) PURPOSE OF GRANT OR ASSISTANCE: FRIENDS OF CJC OAHU RECOGNIZES THAT CHILDREN AND FAMILIES, AFFECTED BY CHILD ABUSE, EXPERIENCE DIFFERENT LEVELS OF TRAUMA AND HARDSHIP AFTER THEIR INTERVIEW AT THE CHILDREN'S JUSTICE CENTER. IN RESPONSE, WE STARTED THE HOOLA NA MANAO (HNM) PROGRAM TO PROVIDE ITEMS OR SERVICES WHICH EXTEND BEYOND BASIC NEEDS, WITH THE AIM TO ENHANCE THE HEALING PROCESS FOR THESE CHILD VICTIMS. IN CY2018, FRIENDS FULFILLED 886 REQUESTS THROUGH THIS PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: HALE KIPA, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL SUPPORT HALE KIPA'S KAUAI'S SCHOOL SUCCESS PROGRAM FOCUSED ON PROVIDING A RANGE OF SERVICES INCLUDING YOUTH AND FAMILY SUPPORT, CREDIT RECOVERY, SKILLS CLASSES, G.E.D. PREPARATION AND VOCATIONAL OPPORTUNITIES FOCUSED ON YOUTH WHO NEED CREDITS, WHO HAVE BEEN SUSPENDED, WHO HAVE DROPPED OUT OF SCHOOL AND WHO WANT TO ACHIEVE SOME EDUCATIONAL SUCCESS.

Part IV Supplemental Information

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, SKIN CARE, GROOMING, HYGIENE, FEEDING, ETC.) TO FRAIL ELDERLY AND CHRONICALLY ILL/DISABLED ADULTS. CLIENTS WE SERVE WOULD NOT BE ABLE TO AFFORD SERVICES WITHOUT THE SUBSIDIES. CLIENTS WHO ARE NOT SAFELY MAINTAINED IN THEIR HOMES ARE PRONE TO FALLS, SKIN BREAK-DOWN, AND SELF NEGLECT. CLIENTS SAFELY MAINTAINED AT HOME MAY PREVENT PREMATURE NURSING HOME PLACEMENT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MOST FAMILIES FACING CHILDHOOD CANCER ALSO SUFFER FROM ACUTE FINANCIAL STRESS. ONE PARENT HAS TYPICALLY LEFT THEIR JOB TO PROVIDE FULL-TIME CARE AND SUPPORT TO THE CHILD. THE RESULTING LOSS OF INCOME, COUPLED WITH LARGE OUT-OF-POCKET MEDICAL EXPENSES, CAN RESULT IN DEVASTATING FINANCIAL HARDSHIP. THE FINANCIAL ASSISTANCE PROGRAM WAS SPECIFICALLY CREATED TO ADDRESS AND MITIGATE FINANCIAL HARDSHIP ASSOCIATED WITH HAVING A CHILD IN CANCER TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII AUTISM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FREIGHT AND DELIVERY CHARGE IS OUR BIGGEST EXPENSE. LAST FISCAL YEAR THIS EXPENSE WAS OVER $100,000. THE $8,000 REQUEST FOR FUNDING FROM THE FRIENDS OF HAWAII CHARITIES WILL HELP US WITH THE COST OF SHIPPING UNITS TO SEATTLE FOR PROCESSING AND FOR THE RETURN OF SHIPPING BOXES TO HAWAII FROM SEATTLE.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MOST FAMILIES FACING CHILDHOOD

**Part IV Supplemental Information**

CANCER ALSO SUFFER FROM ACUTE FINANCIAL STRESS. ONE PARENT HAS TYPICALLY LEFT THEIR JOB TO PROVIDE FULL-TIME CARE AND SUPPORT TO THE CHILD. THE RESULTING LOSS OF INCOME, COUPLED WITH LARGE OUT-OF-POCKET MEDICAL EXPENSES, CAN RESULT IN DEVASTATING FINANCIAL HARDSHIP. THE FINANCIAL ASSISTANCE PROGRAM WAS SPECIFICALLY CREATED TO ADDRESS AND MITIGATE FINANCIAL HARDSHIP ASSOCIATED WITH HAVING A CHILD IN CANCER TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII CORD BLOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: FREIGHT AND DELIVERY CHARGE IS OUR BIGGEST EXPENSE. LAST FISCAL YEAR THIS EXPENSE WAS OVER $100,000. THE $8,000 REQUEST FOR FUNDING FROM THE FRIENDS OF HAWAII CHARITIES WILL HELP US WITH THE COST OF SHIPPING UNITS TO SEATTLE FOR PROCESSING AND FOR THE RETURN OF SHIPPING BOXES TO HAWAII FROM SEATTLE.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII FAMILY LAW CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: COACHING BOYS INTO MEN (CBIM) IS A HIGH SCHOOL ATHLETICS-BASED PROGRAM THAT SEEKS TO REDUCE DATING VIOLENCE BY ENGAGING ATHLETIC COACHES AND TRAINING THEM TO BE POSITIVE ROLE MODELS CAPABLE OF DELIVERY EVIDENCE BASE VIOLENCE PREVENTION MESSAGES TO YOUNG MALE ATHLETES. CBIM PROVIDES COACHES WITH RESOURCES, STRATEGIES AND SCENARIOS NEEDED TO CREATE BEHAVIORS AND ATTITUDES THAT PREVENT RELATIONSHIP ABUSE AND SEXUAL ASSAULT AND HARASSMENT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: HAWAII FI-DO SERVICE DOGS PROVIDES QUALITY SERVICE DOGS, AT NO CHARGE, TO PEOPLE HERE IN HAWAII WITH DISABILITIES OTHER THAN BLINDNESS. OUR 2019 BUDGET IS $140,000. TO THE EXTENT THAT THE FOLLOWING EXPENSES ARE NOT COVERED BY OTHER DONOR

Part IV Supplemental Information

SOURCES, WE WOULD LIKE TO APPLY TO FUNDS TO: KENNELING, FOOD AND SUPPLIES, AND VETERINARY EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII FOODBANK

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OHANA PRODUCE PLUS PROGRAM DISTRIBUTES DONATED AND PURCHASED PRODUCE, DAIRY PRODUCTS AND BAKED GOODS TO NEEDY FAMILIES, THE ELDERLY, THE DISABLED, VETERANS AND THE HOMELESS IN COMMUNITIES. HAWAII FOODBANK CURRENTLY DISTRIBUTES ABOUT 6 MILLION POUNDS OF FOOD THROUGH OHANA PRODUCE PLUS STATEWIDE. WE RESPECTFULLY REQUEST FUNDING FROM THE FRIENDS OF HAWAII CHARITIES FOR OHANA PRODUCE PLUS TO DELIVER FOOD TO OAHU COMMUNITIES IN PARTNERSHIP WITH 29 AGENCIES.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS FROM THIS GRANT WILL HELP OFF-SET COSTS OF TUITION FOR ADULT DAY CARE FOR THE LOW-INCOME FEMALE ELDERLY PARTICIPANTS. THESE WOMEN ARE JUST ABOVE THE POVERTY LEVEL, AND THUS ARE INELIGIBLE FOR NEEDED SERVICES THROUGH MEDICAID, YET THEY DO NOT HAVE ENOUGH FUNDS TO ATTEND DAY CARE. THESE GRANT FUNDS ARE USED AS A COST SHARE AND ALLOWS US TO PROVIDE OUR SERVICES PARTICULARLY TO WOMEN IN NEED REGARDLESS OF THEIR ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII LIONS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS CONTRIBUTED TO THE HAWAII LIONS FOUNDATION AIDS IN THE 13,000+ ANNUAL FREE HEARING AND VISION SCREENINGS CONDUCTED WITH GRADES K-5 AT HAWAII'S ELEMENTARY SCHOOLS; THE CLEANING AND RECYCLING OF THOUSANDS OF EYEGLASSES THROUGHOUT THE PACIFIC REGION; AND MOST NOTABLY, THE OPERATION OF THE HAWAII LIONS AND MAKANA FOUNDATION EYE BANK, THE ONLY SUCH FACILITY IN THE SOUTH PACIFIC.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII LITERACY

(H) PURPOSE OF GRANT OR ASSISTANCE: HAWAII LITERACYS BOOKMOBILE PROGRAM WILL EXPAND TO OFFER WEEKLY VISITS TO 20 HIGH-NEED SITES, ON THE WAIANAE COAST AND ACROSS OAHU. WE WILL BRING FREE BOOKS AND LITERACY ACTIVITIES TO 2,800 LOW-INCOME KEIKI AND PARENTS. SUPPORT FROM FRIENDS OF HAWAII CHARITIES IS CRUCIAL TO STAFFING THE BOOKMOBILE AND PROVIDING HIGH QUALITY SERVICES. THIS POPULAR PROGRAM HELPS TO BUILD READING SKILLS AND SCHOOL SUCCESS FOR HUNDREDS OF KEIKI IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED TO SUPPLEMENT THE MEAL COSTS FOR HOT HOME-DELIVERED MEALS FOR FRAIL ELDERLY AND DISABLED PERSONS WHO WERE UNABLE TO COOK OR SHOP FOR THEMSELVES AND DID NOT HAVE ACCESS TO HELP FOR THESE ESSENTIAL FUNCTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII PUBLIC TELEVISION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: A GRANT WILL HELP PROVIDE TECHNICAL TRAINING AND SUPPORT TO MIDDLE, HIGH AND ELEMENTARY GRADE STUDENTS TO SCHOOLS STATEWIDE THROUGH HIKI NO, THE PBS HAWAII LEARNING INITIATIVE. STUDENTS LEARN 21ST-CENTURY SKILLS BY CONCEIVING, WRITING, INTERVIEWING, FILMING AND EDITING THREE-MINUTE STORIES TO MEET PBS HAWAII RIGOROUS JOURNALISM STANDARDS AND REAL-WORLD TIMELINES. SELECT STUDENT STORIES ARE FEATURED WEEKLY IN EPISODES OF HIKI NO ON PBS HAWAII.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII STATE JUNIOR GOLF ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT THE MISSION OF THE HSJGA - THE HSJGA IS A 501 (C) (3) NON-PROFIT ORGANIZATION

Part IV Supplemental Information

THAT INTRODUCES THE GAME OF GOLF AND ITS TRADITIONS TO THE YOUTH OF HAWAII. THE HSJGA DEVELOPS LIFE SKILLS THROUGH FUN, AFFORDABLE AND COMPETITIVE PROGRAMS THAT EDUCATE, MOTIVATE AND INSPIRE.

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 TO SOUTH CAROLINA, WISCONSIN, MISSISSIPPI, IOWA, ARIZONA. 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 & RULES WORKSHOPS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAIIAN MUSIC AND DANCE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: E MELE KAKOU (LET US SING!) IS A 4-WEEK MUSIC CURRICULUM FOR 4TH AND 5TH GRADERS TO STUDY THE MUSIC OF THE ROYAL COMPOSERS (KALAKAUA, LILI'UOKALANI, LIKELIKE, AND LELEIOHOKU). STUDENTS LEARN SONGS, HAWAIIAN HISTORY, CULTURE, VALUES, AND BEL CANTO SINGING. THE PROGRAM CULMINATES IN A PERFORMANCE WITH THE ROYAL HAWAIIAN BAND AND A VISIT TO 'IOLANI PALACE. FUNDS ARE USED FOR WORKBOOKS, 'IOLANI PALACE ENTRANCE FEES, TRANSPORTATION, BOX LUNCHES.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: READY TO LEARN IS OPERATED BY THE COMMUNITY CLEARINGHOUSE AT HELPING HANDS HAWAII. IT HELPS LOW-INCOME/HOMELESS STUDENTS (GRADES K-12) YEAR ROUND BY GIVING THEM ACCESS TO FREE SCHOOL SUPPLIES THAT THEIR FAMILIES CAN'T AFFORD. FUNDS ARE NEEDED TO BULK-ORDER SCHOOL SUPPLIES IN THE SUMMER, SO THEY CAN BE

Part IV Supplemental Information

DISTRIBUTED TO STUDENTS BEFORE THEIR FIRST DAY OF SCHOOL IN THE FALL.

NAME OF ORGANIZATION OR GOVERNMENT: HIILEI ALOHA LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: WE HAVE A FEDERAL YOUTHBUILD GRANT TO HELP AT-RISK YOUTH AGES 16-24 OBTAIN A G.E.D., LEARN CONSTRUCTION SKILLS, AND OBTAIN LONG-TERM EMPLOYMENT. WE ARE SEEKING FUNDS FOR ITEMS THE FEDERAL GRANT DOES NOT COVER: TEXTBOOKS & CLASSROOM MATERIALS; LUNCH SUBSIDIES AND WORK JEANS FOR HOMELESS STUDENTS; TRANSPORTATION AND BUS PASSES FOR NEEDY STUDENTS; G.E.D. EXAM FEES; AND SPECIALIZED ORTON-GILLINGHAM TUTOR FOR STUDENTS WITH LEARNING DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: HOA AINA O MAKAHA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MALAMA CONTAINER GARDEN CONSISTING OF 10 SESSIONS OF 3 DAY EACH PER SESSION AND FARMERS MARKET OUTREACH PROGRAMS COMPRISING 72 MARKET DAYS BOTH TEACH FAMILIES HOW TO PLANT, CARE FOR AND HARVEST VEGETABLES AND HERBS IN CONTAINERS TO ENHANCE THEIR NUTRITION AND PROMOTE HEALING PRACTICES. A LA'AU LAPA'AU PRACTITIONER AND A PICKLING/PRESERVATION FOOD SPECIALIST ALSO EDUCATE PARTICIPANTS IN BOTH PROGRAMS. *THE GRANT WOULD PAY FOR SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: HONOLULU HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: HONOLULU HABITAT FOR HUMANITY (HHH) IS APPLYING FOR ITS HOME PRESERVATION PROGRAM. THIS PROGRAM IS TARGETED AT LOW-INCOME FAMILIES WHO HAVE HOMES BUT ARE STRUGGLING TO MAINTAIN THEM. HHH PARTNERS WITH FAMILIES TO REPAIR THEIR HOMES AND MAKE THEM ONCE AGAIN LIVABLE, PREVENTING HOMELESSNESS AND UNSAFE LIVING CONDITIONS. THE HOME PRESERVATION PROGRAM HAS A SPECIAL FOCUS ON OAHUS KAPUNA AND DISABLED.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: HOOLA NA PULA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT HOLA N PUAS STARFISH MENTORING PROGRAM, WHICH PROVIDES TRAUMA-INFORMED MENTORING FOR YOUTH (AGES 11 TO 21) AT RISK OF, OR VICTIMIZED BY, THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC). MENTORING IS PROVIDED ONE-TO-ONE IN THE COMMUNITY OR IN GROUP ACTIVITIES AT PARTNERED JUVENILE RESIDENTIAL FACILITIES. SMP ALSO PROVIDES SERVICES TO SUPPORT FAMILIES OF YOUTH WHO HAVE BEEN VICTIMS OF CSEC.

NAME OF ORGANIZATION OR GOVERNMENT: HOOMAU KE OLA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HOOMAU KE OLA, INC. OUTPATIENT TREATMENT PROGRAM CONSISTS OF THREE (3) STEP DOWN LEVELS OF CARE THAT PROVIDE EDUCATION, EMOTION, THINKING AND BEHAVIORAL PROCESSING AND COUNSELING SERVICES TO OUR HAUMANA. THE FUNDS WILL BE USED TO PROVIDE ADDITIONAL SERVICES SUCH AS JOB AND HOUSING SEARCHES PRIOR TO LEAVING TREATMENT, AS WELL AS TO FINANCE THE HAUMANA GRADUATION CEREMONIES FOR THEIR FAMILY AND GUEST.

NAME OF ORGANIZATION OR GOVERNMENT: HOPE SERVICES HAWAII, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE HAWAII ISLAND SHELTERS PROGRAM SERVES FAMILIES AND INDIVIDUALS EXPERIENCING HOMELESSNESS ON THE ISLAND OF HAWAII. AT HOPE'S THREE SHELTER PROGRAMS ISLAND-WIDE, OUR GOAL IS TO KEEP HOMELESSNESS BRIEF, ASSIST PARTICIPANTS IN SECURING PERMANENT HOUSING AS RAPIDLY AS POSSIBLE, AND ENSURING THEIR SUCCESS IN RETAINING HOUSING. FUNDS FROM FRIENDS OF HAWAII CHARITIES, INC. WILL SUPPORT SHELTER PROGRAM SUPPLIES AND EQUIPMENT, AND STAFF DEVELOPMENT.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE HAWAII, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE OUR PEDIATRIC CARE PROGRAM WITH MUCH-NEEDED ENHANCED RESOURCES TO ENSURE THE HIGHEST QUALITY OF CARE AND SUPPORT POSSIBLE FOR OUR PEDIATRIC PATIENTS AND THEIR FAMILIES. THIS PROGRAM IS THE ONLY DEDICATED HOSPICE PROGRAM IN OUR STATE PROVIDING COMPREHENSIVE PEDIATRIC CARE AND SUPPORT TO CHILDREN FACING A LIFE-LIMITING ILLNESS AND THEIR FAMILIES. WE HELP TO MAKE THE DIFFICULT JOURNEY A BIT EASIER FOR EACH FAMILY.

NAME OF ORGANIZATION OR GOVERNMENT:

HUGS FOR HAWAIIS SERIOUSLY ILL CHILDREN AND THEIR FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE 30 SIBLINGS OF HAWAII'S SERIOUSLY ILL CHILDREN THE OPPORTUNITY TO PARTICIPATE IN A 3-DAY CAMP THAT WILL BUILD THEIR SELF-ESTEEM AND SAFELY EXPRESS THEIR EMOTIONS ABOUT THEIR ROLE AS A SIBLING OF A CHILD WITH A LIFE-THREATENING ILLNESS. THE CHILDREN WILL LEARN EFFECTIVE COPING SKILLS AND REDUCE SOCIAL ISOLATION. PARENTS WILL ALSO PARTICIPATE ON THE LAST DAY OF CAMP TO BUILD FAMILY COHESION.

NAME OF ORGANIZATION OR GOVERNMENT:

HUI O MANA KA PUUWAI OUTRIGGER CANOE CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: WE OPERATE 10 PROGRAMS YEARLY WHICH OVERLAP. ADULT MEN, WOMEN, YOUTH AGES 7 - 14, YOUTH AGES 15 -18, CANCER SURVIVORS.... ALL COACHES OFFICERS AND BOD ARE VOLUNTEERS. COMPUTER PROGRAMS UPDATES, RECORD KEEPING TABLETS FOR COACHES. YOUTH PROGRAMS HAVE 80 AND 100 CHILDREN'S, PADDLES ARE $130 EACH. ONGOING EQUIPMENT, UPKEEP, REPAIRS, & REPLACEMENT, CLUB SHIRTS, SNACKS & DRINKS, FIRST AID ETC. REPLACE OUR LEAKING ROTTING STORAGE SHED.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: HULA PRESERVATION SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED IN SUPPORT OF A COMMUNITY-DRIVEN HONORING OF KING KAMEHAMEHA IN COMMEMORATION OF THE 200TH YEAR OF HIS PASSING IN 2019. HULA PRESERVATION SOCIETY WILL WORK WITH FOUR HALAU (WITH STUDENTS FROM KEIKI TO KUPUNA) BASED IN HIS BIRTHPLACE OF KOHALA TO PRESENT A UNIQUE ARRAY OF MELE (CHANTS) IN HONOR OF KING KAMEHAMEHA, UTILIZING THE ANCIENT, RARE FORM OF STORYTELLING, HULA KI'I.

NAME OF ORGANIZATION OR GOVERNMENT: HUNAKAI PARK ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIVATE PARK THAT SERVES AS AN ACTIVITIES CENTER FOR FAMILIES, CHILDREN SPORTS TEAMS, EXERCISE AND LEISURE FOR ELDERLY, AND OTHER RECREATIONAL, SOCIAL AND CULTURAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: IHS, THE INSTITUTE FOR HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BENEFIT THE CHILDRENS ENRICHMENT PROGRAM TO PROVIDE HOMELESS CHILDREN WITH SPECIALIZED SOCIAL SERVICES, LONG-TERM STABILITY AND ENHANCEMENT OF THEIR PHYSICAL, MENTAL AND EMOTIONAL HEALTH AND WELL-BEING. THE PROGRAM WILL ALSO ENSURE THAT FAMILIES TRANSITIONING INTO PERMANENT HOUSING HAVE ONGOING SUPPORT & THAT CHILDREN END THEIR THEIR CYCLE OF POVERTY & REDUCE RISKS FOR NEGATIVE CONSEQUENCES DUE TO HOMELESSNESS.

NAME OF ORGANIZATION OR GOVERNMENT: IMUA FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP IMUA IS A SUMMER CAMP FOR CHILDREN WITH SPECIAL NEEDS AND DISABILITIES. GRANT FUNDS WILL BE USED TO

**Part IV Supplemental Information**

RENT THE CAMP GROUND. THE COST OF THE CAMP GROUND IS $22,000 FOR THE WEEK OF CAMP. 60 CHILDREN AGES 6-16 WITH SPECIAL NEED SAND 200 HIGH-SCHOOL AGED VOLUNTEERS COME TOGETHER TO EXPERIENCE THE GREAT OUTDOORS. LONG LASTING FRIENDSHIPS ARE CREATED AND OUR COMMUNITY BENEFITS FROM THE AWARENESS AND COMPASSION FOR THOSE WITH DISABILITIES GAINED.

NAME OF ORGANIZATION OR GOVERNMENT: JAMES CAMPBELL HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PURCHASE EQUIPMENT TO 1) PROMOTE SOCIAL INCLUSION BETWEEN STUDENTS WITH SPECIAL NEEDS AND THEIR NON-DISABLED PEER THROUGH PLAY AND GAMES; 2) IMPROVE PHYSICAL AND MENTAL FITNESS IN STUDENTS WITH DISABILITIES; AND 3) DEVELOP AWARENESS AND RESPECT FOR ADULTS WITH SPECIAL NEEDS. THE ACTIVITES AND CULMINATING EVENT, THE UNIFIED SPECIAL OLYMPICS HOSTED FOR THE FIRST TIME EVER BY JAMES CAMPBELL HIGH SCHOOL, WILL MEASURE OUR SCHOOL COMMUNITY'S GROWTH TOWARDS IMPROVING EQUITY FOR STUDENTS WITH DISABILITIES.

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

(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 CHILDREN TO APPRECIATE DIFFERENT CULTURES AND PRACTICES (THAT DIFFERENT IS NOT WRONG), BUILD CURIOSITY, AND ENCOURAGE THE 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: KA LIMA O MAUI, LTD.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROPOSAL SEEKS YOUR SUPPORT TO FUND THE REPLACEMENT OF A COMMERCIAL SHREDDER AND PURCHASE OF COMMERCIAL

**Part IV Supplemental Information**

SPEED QUEEN WASHER AND DRYER USED FOR VOCATIONAL PROGRAMS FOR PERSONS WITH DISABILITIES. OUR SHREDDING OPERATION PROVIDES EMPLOYMENT OPPORTUNITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES WHILE ADDRESSING A RECYCLING NEED IN OUR COMMUNITY. OUR LAUNDRY OPERATIONS SUPPORTS OUR 6 JANITORIAL CREWS THAT OPERATE 7 DAYS PER WEEK.

NAME OF ORGANIZATION OR GOVERNMENT: KAMP HAWAII, INC

(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 A VITAL ROLE WHICH 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, VALUED EDUCATION, ATTITUDE AND RESPECT.

NAME OF ORGANIZATION OR GOVERNMENT:
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: KAPIOLANI HAS DEVELOPED A PEDIATRIC COMPLEX CARE CLINIC FOR PEDIATRIC PATIENTS WITH COMPLEX MEDICAL ILLNESSES. THESE COMPLEX PATIENTS REQUIRE A PATIENT AND FAMILY CENTERED SYSTEM OF CARE THAT PROVIDES ACCESS TO PROVIDERS AND OTHER COMMUNITY SERVICES IN AN ACCESSIBLE, COMPREHENSIVE, COORDINATED, COMPASSIONATE AND CULTURALLY EFFECTIVE MANNER TO PROVIDE HIGH QUALITY CARE. FUNDS WILL BE USED FOR EMERGENCY SUPPLIES AND EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: KAPOLEI HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUBSIDIZE THE GOLF TEAM EXPENSES INCLUDING GREEN FEES, TRANSPORTATION, AIRFAIR FOR

**Part IV Supplemental Information**

STATE TOURNAMENTS AND GOLF EQUIPMENT.

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 TO NEARLY 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:
KEIKI EDUCATION LIVING INDEPENDENT INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO FINANCE A PORTION OF THE START-UP FOR A TRANSITIONAL INDEPENDENT LIVING PROGRAM. CURRENTLY, THERE ARE NO PROGRAMS ON OAHU THAT SUPPORT YOUNG ADULTS WITH SPECIAL NEEDS IN THEIR TRANSITION FROM THE DEPARTMENT OF EDUCATION INTO ADULTHOOD AND INDEPENDENT LIVING. THE K.E.L.I.I. FOUNDATION WILL BE DIRECTLY COLLABORATING WITH KAHUMANA LEARNING CENTER TO INITIATE THIS DESPERATELY-NEEDED PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: KEIKI O KA AINA PRESCHOOL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE BOARD AND STONE CLASS TEACHES FAMILIES HOW TO MAKE THEIR OWN POI BOARDS AND POI POUNDERS FOR THEIR FAMILIES. THE FUNDS WILL BE USED TO PURCHASE TOOLS FOR MAKING THE BOARDS FROM FREE WOOD WE COLLECT AND TO PURCHASE BLADES TO CARVE THE BOARDS. FUNDS WILL ALSO BE USED FOR THE FINAL HO'IKE CLASS WHERE THE BOARDS AND STONES ARE DEDICATED AND FAMILIES POUND KALO ON THEM FOR THE FIRST TIME. THERE WILL BE A SMALL AMOUNT FOR OUR LEAD TEACHER.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

KEIKI TO KUPUNA FOUNDATION MEALS ON WHEELS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: THE KEIKI TO KUPUNA FOUNDATION (KTKF) IS A NONPROFIT ORGANIZATION WITH A 501 ( C) 3 IRS CERTIFICATION SINCE 2014. THE FRIENDS OF HAWAII'S REQUESTED FUND OF $20,000.00 WILL INCREASE THE NUTRIENT INTAKE OF THE ISOLATED AND HOMEBOUND SENIORS 60 YEARS OLD AND ABOVE IN OUR COMMUNITY AND EASE THE BURDEN OF CAREGIVERS. THESE SENIORS HAVE LOW TO MODERATE INCOME AND CANNOT PREPARE THEIR OWN MEALS DUE TO MOBILITY AND CHRONIC HEALTH PROBLEMS.

NAME OF ORGANIZATION OR GOVERNMENT: KINAI EHA

(H) PURPOSE OF GRANT OR ASSISTANCE: KINAI 'EHA,A NON PROFIT ORGANIZATION AIMS TO PROVIDE AN ALTERNATIVE EDUCATION OPTION TO YOUTH THAT ARE IN NEED OF & SEEKING PURPOSE, PERSONAL EMPOWERMENT, EDUCATION, HAWAIIAN CULTURAL IDENTITY & CONNECTION, WORKFORCE TRAINING IN CONSTRUCTION & THE TRADES, COMMUNITY SERVICE & LEADERSHIP. KINAI 'EHA IS SEEKING FUNDS FOR BASIC NEEDS & EDUCATION. FUNDS WILL BE USED TO STABILIZE PARTICIPANTS & COVER EDUCATION EXPENSES GED, CONSTRUCTION CERTIFICATES, WORKFORCE TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: LANAI COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: LCHC PLANS TO EXPAND ITS CURRENT FITNESS AND WELLNESS PROGRAM, INCLUDING HIRING LOW INCOME STUDENTS TO ACT AS WELLNESS COACH ASSISTANTS AND EXPANDING OUR RELATIONSHIP WITH THE LANAI SENIOR CENTER, OUR CURRENT MENU OF CLASSES, AND PROVIDER PRESCRIBING OF EXERCISE ROUTINES AND CLASSES.

NAME OF ORGANIZATION OR GOVERNMENT: MALAMA FAMILY RECOVERY CENTER

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL PAY FOR BASIC ITEMS LIKE CLOTHING, FOOD, TOILETRIES, INFANT-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 LIMITED OPTIONS TRANSPORTATION-WISE FOR GETTING TO AND FROM TREATMENT, AA/NA MEETINGS, MEDICAL APPOINTMENTS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: MALAMA PONO HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MOBILE HEALTH UNIT IS INTEGRAL IN DELIVERING SERVICES TO THE FAR-REACHING AREAS OF KAUAI. AS STATED IN THE 2015 KAUAI COMMUNITY HEALTH NEEDS ASSESSMENT, ACCESS TO HEALTH SERVICES IS A TOP NEED IN THE AREA OF HEALTH CARE. THE MOBILE HEALTH UNIT ALLOWS MALAMA PONO HEALTH SERVICES TO DELIVER OUR HIV/STD AND BIRTH CONTROL SERVICES TO KAUAI RESIDENTS THAT LIVE IN GEOGRAPHICALLY REMOTE LOCATIONS OF THE ISLAND.

NAME OF ORGANIZATION OR GOVERNMENT: MAUI FAMILY SUPPORT SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: EHS AIMS TO PROMOTE SCHOOL READINESS OF CHILDREN BY ENHANCING THEIR COGNITIVE, SOCIAL, AND EMOTIONAL DEVELOPMENT IN LEARNING ENVIRONMENTS THAT SUPPORTS THEIR GROWTH IN LANGUAGE, LITERACY, MATHEMATICS, SCIENCE, SOCIAL -EMOTIONAL FUNCTIONING, CREATIVE ARTS, PHYSICAL SKILLS, AND APPROACHES TO LEARNING. FUNDS WILL BE USED TO SUPPORT LOW-INCOME CHILDREN AND FAMILIES WITH HEALTH, EDUCATIONAL, NUTRITIONAL, MENTAL HEALTH, SOCIAL AND OTHER SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: MOLOKAI ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL PROVIDE MATERIALS FOR OUR

Part IV Supplemental Information

KEIKI ART AND PERFORMING ARTS CLASSES. WE OFFER TWO CLASSES EACH SATURDAY MORNING FOR CHILDREN AGES 4-12 YEARS. CHILDREN LEARN BASIC ART SKILLS AND EXPRESSIVE TECHNIQUES IN POTTERY, CLAY WORK, PAINTING, AND OTHER MEDIA. PERFORMING ARTS WORKSHOPS FOR ALL AGES WILL BE ADDED. TO ENSURE ACCESS, KEIKI CLASSES ARE OFFERED AT $5 DROP-IN FEE. SCHOLARSHIPS ARE AVAILABLE FOR FAMILIES WHO CANNOT AFFORD IT.

NAME OF ORGANIZATION OR GOVERNMENT: NA HOALOHA

(H) PURPOSE OF GRANT OR ASSISTANCE: NA HOALOHA WILL CONTINUE TO PROVIDE SUPPORTIVE SERVICES FOR KUPUNA THROUGHOUT MAUI COUNTY. THE FRIENDLY VISITOR PROGRAM IS AIMED AT REDUCING SOCIAL ISOLATION AND PROMOTING BETTER QUALITY OF LIFE FOR ELDERLY AS THEY AGE IN PLACE. WE HAVE MADE GREAT STRIDES IN ENGAGING SENIORS IN SOME OF THE MORE RURAL AREAS OF HANA, MOLOKAI AND LANAI. WE CONTINUE TO INCREASE CLIENT ENROLLMENT AND TRAINING FOR VOLUNTEERS IN THOSE RURAL AREAS TO MEET THOSE NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT: NATURAL HEALING RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: NHRF CONTINUES TO HOLD TWO (2) FREE TO THE PUBLIC ANNUAL NATURAL HEALING EVENTS: A WINTER IMMUNITY EVENT AND A SUMMER IMMUNITY EVENT, IN JANUARY AND JULY, RESPECTIVELY. ATTENDEES LEARN NATURAL HEALING EXERCISES TO AID WITH UPPER RESPIRATORY ISSUES, SKIN ALLERGIES, SINUS PROBLEMS, AND ASTHMA. THE EVENTS OFFER INFORMATION ON NUTRITIONAL HEALING FOODS AND RECIPES, AND FREE HERBAL PATCHES ARE DISTRIBUTED FOR APPLICATION TO AID WITH THE AFOREMENTIONED RESPIRATORY ISSUES.

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

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

**Part IV Supplemental Information**

OPERATE THE HIMB PROGRAM, WHICH RUNS FROM JUNE TO AUGUST IN HONOLULU. HOME GAMES ARE PLAYED AT THE UH LES MURAKAMI STADIUM. HIMB TRAVELS TO ASIA TO COMPETE AGAINST VARIOUS COLLEGIATE PROGRAMS, SOME OF WHICH ARE HIGHLY REGARDED WORLDWIDE. THE PROGRAM CLOSES WITH THE HAWAII INTERNATIONAL BASEBALL CHAMPIONSHIP TOURNAMENT, WHICH IS AN EXCHANGE OF INTERNATIONAL GOODWILL, SPORTSMANSHIP AND CULTURAL AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT: PARENTS AND CHILDREN TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE 32 SEXUALLY-ABUSED CHILDREN/YOUTH WITH THERAPEUTIC GROUP SESSIONS INVOLVING ART TO IMPROVE THEIR SELF-ESTEEM, SELF-EFFICACY, AND THEIR ABILITY TO EXPRESS THEIR EMOTIONS THROUGH EXPRESSIVE ARTS THERAPY AND SOCIAL-RECREATIONAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERS IN DEVELOPMENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT KA PA'ALANA'S COMPREHENSIVE FAMILY EDUCATION PROGRAMMING FOR HOMELESS/AT-RISK FAMILIES WITH CHILDREN AND ADJUDICATED YOUTH. SPECIFICALLY, THE PROGRAM WILL PROVIDE FIELD TRIP EXPERIENCES FOR PRESCHOOL CHILDREN AND THEIR CAREGIVERS, SPECIAL PROJECTS SUCH AS THE ANNUAL PRESCHOOL GRADUATION AND STEAM FAIR, ADULT EDUCATION MATERIALS AND CLOTHING FOR INTERVIEWS, AND SERVICE LEARNING/MENTORSHIPS FOR ADJUDICATED YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: PEANUT BUTTER MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROGRAM IS RUN ENTIRELY WITH VOLUNTEERS, SO ALL FUNDS ARE USED FOR DIRECT COSTS: FOOD, PLATES, UTENSILS, COOKING COSTS (GAS, ELECTRIC), RICE COOKERS, ETC. ABOUT 60

**Part IV Supplemental Information**

DIFFERENT VOLUNTEERS COOK AND SERVE DURING EACH MONTH, PRIMARILY FROM FIVE LOCAL CHURCHES. HILO UNITED METHODIST CHURCH PROVIDES THE FACILITY FREE OF CHARGE. THE FUNDS FOR THIS PROGRAM ARE KEPT AT A SEPARATE CREDIT UNION AND ARE AUDITED ANNUALLY. LAST YEAR, 9,832 MEALS WERE PROVIDED AT ABOUR $2.00 PER MEAL.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT VISION HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THE HIEHIE HOSPITALITY PROJECT USES MOBILE HYGIENE TRAILERS TO BRING HOT SHOWERS AND RESOURCES TO PEOPLE EXPERIENCING HOMELESSNESS. IN ADDITION TO THE TANGIBLE BENEFIT OF HOT SHOWERS, PARTICIPANTS GAIN ACCESS TO RESOURCES AND INFORMATION PROVIDED BY HIEHIE AND ITS PARTNERS. HIEHIE TRAILERS BECOME A GATHERING PLACE, CONNECTING PEOPLE WITH SERVICES IN COLLABORATION WITH PUBLIC AGENCIES, COMMUNITY ORGANIZATIONS, AND LOCAL CHURCHES

NAME OF ORGANIZATION OR GOVERNMENT:

REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIALIZED EQUIPMENT IS VITAL TO PROVIDING INDIVIDUALIZED AND COMPREHENSIVE TREATMENT TO MAXIMIZE PATIENT POTENTIAL. THIS REQUEST TO FRIENDS OF HAWAII CHARITIES IS FOR $10,000 TOWARD THE PURCHASE OF TWO (2) BLADDERSCAN BLADDER VOLUME INSTRUMENT (BVI) SYSTEMS TO ENABLE REHAB TO OFFER CUSTOMIZED AND NONINVASIVE TREATMENT FOR VULNERABLE PATIENTS THAT WILL AVOID UNNECESSARY CATHERIZATION, THUS MINIMIZING BLADDER AND URINARY TRACT INFECTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER OF LIFE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE JOB TRAINING IN THE CULINARY AREA WITH THE GOAL OF EMPLOYMENT FOR

Part IV Supplemental Information

PARTICIPANTS. A STIPEND WILL BE OFFERED AND GOAL IS TO HELP WITH HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT:

RONALD MCDONALD HOUSE CHARITIES OF HAWAII, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE UTILIZED TO HELP WITH THE COSTS OF PROVIDING LODGING, GROUND TRANSPORTATION, MEALS AND OTHER EXPENSES RELATED TO ASSISTING FAMILIES WITH SERIOUSLY ILL CHILDREN FROM THE NEIGHBOR ISLANDS AND THE PACIFIC REGION. A FRIENDS GRANT WILL BE APPLIED SPECIFICALLY TO RONALD MCDONALD HOUSE PROGRAM EXPENSES, AND WOULD BE APPLIED TO DIRECT PROGRAM COSTS ONLY (SEE BREAKOUT). NONE WILL BE EXPENDED FOR ORGANIZATIONAL OVERHEAD.

NAME OF ORGANIZATION OR GOVERNMENT: SEARIDER PRODUCTIONS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: STUDENTS FROM THE WAIANAE HIGH SCHOOL SEARIDER PRODUCTIONS CREATIE MEDIA PROGRAM WILL SHOOT EDITORIAL VIDEO FOOTAGE AND INTERVIEWS OF PARTICIPATING PROS AND SELECTED AUDIENCE MEMBERS (LOCAL JUNIOR GOLFERS OF HOOKIOPA STUDENTS) AND EDIT STORY PACKAGE TO SEND TO LOCAL TV STATIONS AND POST ON TOURNAMENT SOCIAL MEDIA ON MONDAY, APRIL 15 AS PART OF THE 2019 LOTTE CHAMPIONSHIP. FUNDING RECEIVED WILL BENEFIT THE ONGOING ACTIVITIES OF THE SEARIDER PRODUCTIONS AT WAIANAE HIGH SCHOOL: EARLY COLLEGE PROGRAM, EQUIPMENT UPGRADE, AND THE EDUPRISE INTERNSHIP PROGRAM IN VIDEO, PHOTOGRAPHY & GRAPHIC ARTS.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL EDUCATION CENTER OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SPECIAL EDUCATION CENTER OF HAWAII (SECOH) IS ESTABLISHING A NEW KAPOLEI COMMUNITY CENTER FOR ADULT INDIVIDUALS WITH DISABILITIES. THIS NEW CENTER WILL CONSOLIDATE SERVICES CURRENTLY OPERATING OUT OF FACILITIES IN EWA BEACH AND WAIPAHU, AND WILL

**Part IV Supplemental Information**

OPEN IN 2019. THIS PROJECT REQUESTS SUPPORT FOR FURNITURE TO BE USED BY PARTICIPANTS IN EDUCATIONAL, RECREATIONAL, AND JOB TRAINING ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT SPECIAL OLYMPICS HAWAIIS AMBASSADOR INITIATIVES: OHANA TASK FORCE, TOASTMASTERS AND GLOBAL MESSENGERS. COSTS INCLUDE ANNUAL DUES AND PINS FOR TOASTMASTERS, TRAINING EXPENSES FOR GLOBAL MESSENGERS AND OHANA TASK FORCE INCLUDING MEALS AND 4 LAPTOPS FOR NEW ONLINE FAMILY REGISTRATION SYSTEM FOR COMMITTEE MEMBERS. AT STATE GAMES FUNDS WILL COVER AN OHANA COFFEE HOUR, NEW FAMILY REGISTRATION GIFTS AND MEALS FOR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: SURFING THE NATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: ULU PONO IS SURFING THE NATION'S NO-CHARGE, AT-RISK YOUTH PROGRAM FOR CHILDREN AGES 5-18. ULU PONOS MISSION IS TO INSPIRE AND MENTOR YOUTH TO THRIVE RIGHTEOUSLY IN PASSIONS, ACADEMICS AND SERVICE. WE ARE COMMITTED TO HELP THE YOUTH OF OUR COMMUNITY REACH THEIR FULL POTENTIAL. THE FUNDS WILL BE USED TO COVER ALL PROGRAM COSTS INCLUDING BUT NOT LIMITED TO ART AND TUTORING SUPPLIES, MUSICAL INSTRUMENTS AND SURF AND SWIM EQUIPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER HEALTH PACIFIC KAHI MOHALA

(H) PURPOSE OF GRANT OR ASSISTANCE: KAHI MOHALA OFFERS OUR CHILD AND ADOLESCENT PATIENTS AN ARRAY OF THERAPIES TO SUPPORT PERSONAL GROWTH AND BEHAVIORAL CHANGE. HOWEVER, A CRITICAL GAP IS PLAY THERAPY EQUIPMENT. PLAY THERAPY CHILD-CENTERED ACTIVITIES WILL TAKE PLACE IN A NEW, DEDICATED SPACE AT THE HOSPITAL, AND THIS GRANT WILL FUND THE NEEDED EQUIPMENT SUCH AS RUGS AND STORAGE CONTAINERS, ART SUPPLIES, PLAY THERAPY

Part IV Supplemental Information

GAMES, PUPPETS AND FAMILY FIGURE DOLLS FOR PATIENTS AGES 4 TO 12.

NAME OF ORGANIZATION OR GOVERNMENT: TOUCH A HEART

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS ARE REQUESTED TO PURCHASE UNIFORMS FOR PROGRAM PARTICIPANTS (FOOD SERVICE INTERNS): T-SHIRTS, BLACK POLO SHIRTS , AND APRONS ALL BEARING THE TOUCH A HEART LOGO.

NAME OF ORGANIZATION OR GOVERNMENT: WAIKIKI COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MORE THAN 30% OF WAIKIKI RESIDENTS ARE OVER THE AGE OF 60 YEARS OLD. EIGHTY-TWO PERCENT (82%) OF SENIORS LIVE ALONE, WITH AN OLDER SPOUSE, LIVE ON FIXED INCOME AND DO NOT HAVE SUPPORT SYSTEMS WHEN THEY ARE IN CRITICAL SITUATIONS. WCC PROVIDES CASE MANAGEMENT FOR NEEDY SENIORS WHO ARE IN CRITICAL SITUATIONS AND GROWING ISOLATED AND/OR FRAIL AND EVIDENCED-BASED PROGRAMS TO PREVENT PREMATURE DECLINE AND COSTLY LONG-TERM CARE.

NAME OF ORGANIZATION OR GOVERNMENT: WAIPAHU HIGH SCHOOL YOUTH FOR SAFETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT THE INNOVATION CAPSTONE COURSE. SUTDENTS USE THE DESIGN THINKING PROCESS TO INNOVATE AND CREATE SOLUTIONS TO AUTHENTIC INDUSTRY AND COMMUNITY-BASED PROGRAMS. THEY LEVERAGE THE DEPTH OF WAIPAHU HIGH'S SIX CAREER ACADEMIES IN CREATING FLUID AND COLLABORATIVE TEAMS TO INTERACT WITH, AND SUPPORT CLIENTS' NEEDS. 4 CRAFBOT PLUS 3D PRINTER EDUCATION PACKS AND FILAMENT ROLLS ARE NEEDED TO CREATE THE PROTOTYPE DESIGNS TO SHARE WITH CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN IN NEED (WIN)

(H) PURPOSE OF GRANT OR ASSISTANCE: A TOTAL OF $7,500 IS BEING REQUESTED TO PURCHASE FOUR (4) COMPUTERS TO AID THOSE SURVIVING FROM DOMESTIC

**Part IV Supplemental Information**

VIOLENCE SEARCH FOR STABLE EMPLOYMENT. THE COMPUTERS WOULD BE USED BY PARTICIPANTS OF WIN BRIDGE TO SUCCESS PROGRAM ONLY, TO AID IN EMPLOYMENT SEARCH, VOCATIONAL SKILL BUILDING, ONLINE EMPLOYMENT/RESUME BUILDING, AND OTHER SEARCH ENGINES THAT WILL HELP PARTICIPANTS FIND STABLE EMPLOYMENT.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD GOLF FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MONEY WILL BE USED TO CONTINUE TO FUND ALL OUR SUPPORT GROUPS BY ALLOWING US TO OFFER A VARIETY OF RECREATIONAL ACTIVITIES FOR OUR YOUTH, MEN, WOMEN AND OUR ELDERLY GROUPS TO ENGAGE IN MEANINGFUL ACTIVITIES OF THEIR CHOICE. THE SUPPORT GROUPS ARE IMPORTANT IN THAT IT ALLOWS FOR NEW FRIENDSHIPS AND CONTINUED FRIENDSHIPS WHILE GIVING OUR CONSUMERS THE OPPORTUNITY TO SHARE SIMILAR LIFE EXPERIENCES.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

**2018**

Open to Public Inspection

Name of the organization

FRIENDS OF HAWAII CHARITIES, 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 $19,200,000 FOR HUNDREDS OF NOT-FOR-PROFIT ORGANIZATIONS.

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

THE ORGANIZATION ENTERED INTO A MANAGEMENT AGREEMENT WITH 141 HAWAII, LLC (DOING BUSINESS AS "141 PREMIERE SPORTS AND ENTERTAINMENT") 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.