DLN: 93493198009390 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable HAWAII INVESTMENT READY □ Address change 81-4611816 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (808) 342-1037 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 350,500 Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? 4545 A Sierra Drive H(b) Are all subordinates Honolulu, HI 96816 ☐Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www hiready net L Year of formation 2017 M State of legal domicile HI K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Education and capacity building for social enterprise and non-profits in Hawaii Activities & Governance 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) . 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2 **6** Total number of volunteers (estimate if necessary) . . . . 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 253,625 182,925 Ravenua 14,800 167,575 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 268.425 350.500 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 161,750 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶6,400 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 248,724 271,871 248,724 433,621 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 19,701 -83,121 Net Assets or Fund Balances Beginning of Current Year End of Year 153,701 70,580 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 153,701 70,580 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 2020-07-06 Signature of officer Sign Here leoni Lee CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Service	Accomplis	hments		
	Check if Sche	dule O contains a respor	se or note to a	any line in this Part III		🗆
1	Briefly describe the o	organization's mission				
Educ	ation and capacity buil	lding for social enterprise	and non-prof	its in Hawaii		
2	-	undertake any significan		· .	which were not listed on	
	'	r 990-EZ?				🗌 Yes 🗹 No
_		ese new services on Sche				
3	_	cease conducting, or ma	ke significant	changes in how it conc	lucts, any program	
						☐ Yes 🗹 No
_		ese changes on Schedule				
4					e largest program services, as measi of grants and allocations to others,	
	expenses, and reven	ue, if any, for each prog	ram service re	ported	,	
4a	(Code	) (Expenses \$	312,891	ıncludıng grants of \$	) (Revenue \$	159,000 )
	See Additional Data					
4b	(Code	) (Expenses \$	75,211	ıncludıng grants of \$	73,425 ) (Revenue \$	15,500 )
	See Additional Data					
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		ces (Describe in Schedul	•			
	(Expenses \$		ding grants of	·	0 ) (Revenue \$	0)
4e	Total program serv	vice expenses ►	388,1	02		

or X as applicable

17

Nο

Nο

No

Nο

No

Nο

No

Nο

No

Form **990** (2019)

8

9 10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Pa	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			NI-

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	No
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? <i>If "Yes," complete Schedule D,</i> Part	6	No
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	No

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

**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

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . .

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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Pai	t 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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Yes

Yes (2019)

No

38

**1**c

2

1a

1b

38

Part V

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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)?  If "Yes," enter the name of the foreign country	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		_		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
п	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	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.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	_		<b>N</b> .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
12	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?	15		No
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		No

rm	990 (2019)			Page <b>6</b>
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 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	a "No" respo	onse to	lınes 🗹
Se	ection 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	3		ĺ
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	ner 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervol of officers, directors or trustees, or key employees to a management company or other person?	/Ision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	nore <b>7a</b>		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o persons other than the governing body?	r <b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	r by		
а	The governing body?	8a	Yes	ĺ
ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	⊋.)	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	es, <b>10b</b>		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to form?	the <b>11</b> a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	to <b>12b</b>	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	7 12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independe persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
а	The organization's CEO, Executive Director, or top management official	15a		No
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6а	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		No
		. $\vdash\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$		

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

Own website Another's website Upon request Other (explain in Schedule O)

Section C. Disclosure

20

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

policy, and financial statements available to the public during the tax year

►Margaret Peebles 44-527A Kaneohe Bay Drive Kaneohe, HI 96744 (808) 342-1037

State the name, address, and telephone number of the person who possesses the organization's books and records Form **990** (2019) Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Con and Independent Contractors	npensa	ted E	mp	loye	ees	,
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

- 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, or 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 See instructions for the order in which to list the persons above

Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related		ne b	ox, un of tor/t	t che inles ficer rust	ss pers and a ee)	son	on compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Keonı Lee CEO/Director	40 0	Х				×		109,350	0	0
(2) Margaret Peebles Program Manager	40 0				×			41,547	0	0
(3) Neil Hannahs Secretary/Treasurer	10 0			х				27,500	0	0
(4) Lisa Kleissner President	20 00			×				0	0	0
										Form <b>990</b> (2019)

week (list any hours for related			n off	ficer	and a		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099- MISC)	compensation from the
organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
· · · · · · · · · · · · · · · · · · ·		ı —				I —			

1b Sub-Total		<b>&gt;</b>				

1b Sub-Total				<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII, Section	A		▶			
d Total (add lines 1b and 1c)				▶	178,397	0	0

1b Sub-Total											

1b Sub-Total		<b>&gt;</b>					
c Total from continuation sheets to Pa	ırt VII, Section	Α			▶[		
•							

1b Sub-Total			 -	<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII, Section	Α		▶			
d Total (add lines 1b and 1c)				•	178,397	0	0

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII, Section	Α		▶			
d Total (add lines 1b and 1c)				▶	178,397	0	0

1b Sub-Total						•			
c Total from continuation sheets to	Part VII, Section	Α.				►			
d Total (add lines 1b and 1c)						▶	178,397	0	0
2 Total number of individuals (including	g but not limited	l to thos	e list	ed al	bove	≘) wh	o received more than	\$100,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Yes

3

4

5

(B)

Description of services

No

No

No

Nο

(C)

Compensation

Form 990 (2019)

of reportable compensation from the organization > 1

**Section B. Independent Contractors** 

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

Form 9			-6 5							Page <b>9</b>
Part	VIII				recno	onse or note to an	/ line in this Part VIII			П
		CHECK II SCHEC	auie	O contains a	атезро	inse of flote to all	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	aigns	S	1a	0		revenue		512 - 514
nts ints		<b>b</b> Membership dues			1b	0				
Sra		c Fundraising even			1c	0				
IS, (		<b>d</b> Related organiza			1d	0				
Gif ilar		e Government grants (contributions)			0					
ns, Sim		f All other contributio and similar amounts	ns, g	ufts, grants,						
outio her 3		and similar amounts above g Noncash contributio			1f	182,925				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f \$			<b>1</b> g	0				
ರ ಕ		<b>h Total.</b> Add lines	1a-1	f	•	•	182,925			
						Business Code	20.000	20.000		
	2a	Tuition				611430	20,000	20,000	(	J O
	b	Contract For Services	;			611420	147,575	147,575	C	0
Program Service Revenue						611430				
3	С	:								
Ę.										
န	d									
gra	е	<b>:</b>								
å							0	0		0
	f	All other program	serv	ice revenue						
		Total. Add lines 2				167,575	_	1	Г	
	3	Investment income similar amounts) .		luding divid			<u> </u>			
		Income from invest				ond proceeds I	<b>&gt;</b>			
	5	Royalties				1	<b>&gt;</b>			
				(ı) Rea	al	(II) Personal	_			
	6a	Gross rents	6a							
	b	Less rental	- L				7			
	_	expenses Rental income	6b				4			
	С	or (loss)	6с		C		0			
	c	Net rental income	or	(loss)			]			
				(ı) Secur	ities	(II) Other	_			
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less cost or other basis and	7b							
		sales expenses								
	С	Gain or (loss)	7c		C		0			
		l Net gain or (loss)	•			· · · •	┪			
<b>.</b>	8a	Gross income from fu (not including \$	ındra	ısıng events 0 of						
돐		contributions reported		line 1c)						
Other Revenue		See Part IV, line 18	•		8a					
<del>بر</del> تع		Less direct expen			8b	<u> </u>				
ŧ.	•	: Net income or (los	ss) fr	om tunarais	ing ev	ents 🕨				
	9a	Gross income from	gam	ing activities						
		See Part IV, line 19			9a					
		Less direct expen			9b					
	•	: Net income or (los	ss) fr	om gaming	activit	les <u></u>				
	10	aGross sales of inve	ento	ry, less						
		returns and allowa			10a		_			
		Less cost of good			10b					
	•	Net income or (los Miscellaneo	_		invent	Business Code	1			+
	11		1				1			
	Ŀ	·								
	c	=								
	c	All other revenue								
	€	Total. Add lines 1	1a-1	11d		•				
	12	<b>2 Total revenue.</b> S	ee ır	nstructions			350,500		5	0 0
							330,300	107,37	1	Form 000 (2010)

For	m 990 (2019)				Page <b>10</b>
F	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must constant		_		· · · · —
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗸
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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	142,984	112,661	23,923	6,400
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	5,884	5,884		
10	Payroll taxes	12,882	12,882		
11	Fees for services (non-employees)				
	a Management	2,100	2,100		
	b Legal				
	c Accounting				
	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 Schedule O)	143,180	140,763	2,417	
12	Advertising and promotion	314		314	
13	Office expenses	689	486	203	
14	Information technology				
15	Royalties				
16	Occupancy	7,034	7,034		
17	Travel	77,193	72,911	4,282	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	6,082	6,082		_
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,903		1,903	
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)				

24,750

2,304

6,322

433,621

a Program Supplies

**b** Business Fees

**c** Subscriptions

**e** All other expenses

Total functional expenses. Add lines 1 through 24e
 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)

d

24,552

2,077

670

388,102

198

227

5,652

39,119

Form **990** (2019)

6,400

0

0

Form 990 (2019)

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28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Beginning of year

153,701

1

2 0 3

4

7

8

9

10c

11

12 0 13

14

16

17 0 18

20 0 21

22 0 23

24

26

27

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0 6 0

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0 25

119,843

33,858

153,701

153,701

153,701

Page **11** 

67,405

2.000

1.175

70,580

26,413

44,167

70,580

70.580

Form 990 (2019)

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

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	_

Savings and temporary cash investments
Pledges and grants receivable, net
Accounts receivable, net
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

10a

10b

entity or family member of any of these persons . . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

or family member of any of these persons . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Inventories for sale or use .

**b** Less accumulated depreciation

Intangible assets . . . .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

_	_	_	_	_

Assets

Form	990 (2019)				Page <b>12</b>
Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			350,500
2	Total expenses (must equal Part IX, column (A), line 25)	2			433,621
3	Revenue less expenses Subtract line 2 from line 1	3			-83,121
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			153,701
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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			70,580
Pa	tXII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

**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

lo\_\_

Form **990** (2019)

3b

## **Additional Data**

**Software Version:** v1.00 **EIN:** 81-4611816

Form 990 (2019) Form 990, Part III, Line 4a:

Hawaii Investment Ready Cohort Program Capacity building, 4 workshops, coaching

**Software ID:** 19009572

Name: HAWAII INVESTMENT READY

Hawaii Investment Ready Leveraging Hawaii Capital Program Capacity building services for funders to learn how to better leverage capital for the benefit of social and

Form 990, Part III, Line 4b:

environmental mission driven organizations

efil	e GR	APHIC prii	1t - DO NO	Γ PROCESS	As Filed Data -		DLN: 93	DLN: 93493198009390				
SCI		ULE A		Public (	Charity Statu			ort	OMB No 1545-0047			
990I	EZ)					<b>4017</b>						
•		f the Treasury	<b>▶</b> G	io to <u>www.irs</u>	► Attach to Form <u>a.gov/Form990</u> for i			ormation.	Open to Public Inspection			
Nam	e of tl	<b>he organiza</b> STMENT READ						Employer identific	ation number			
			•					81-4611816				
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			See instructions.				
<b>1</b>	n ganiz		•		•	•		(A)(;)				
_		•		•	sociation of churches							
2	Ш	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ) )										
3		·	·	•	vice organization desc			•				
4		A medical r name, city,		nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	oed in <b>section 170</b>			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	\)(v).				
7	<b>✓</b>	section 17	O(b)(1)(A)(	<b>vi).</b> (Complete	Part II)			init or from the genera	al public described in			
8		A communi	ty trust descri	bed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)					
9		non-land gi	ant college of	agriculture S	ee instructions Enter	the name, city, a	and state of the	,				
10		An organization that normally receives (1) more than 331/3% 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 331/3% 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 organiza	ation organize	d and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations d	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b>	ction 509(a)(2	s of, or to carry out th <b>).</b> See <b>section 509(a</b> s 12e. 12f. and 12g	e purposes of one or )(3). Check the box			
a		<b>Type I.</b> A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga				
b		Type II. A manageme	supporting or nt of the supp	ganization sup orting organiza	ervised or controlled i ation vested in the sar			organization(s), by hav ge the supported orga				
С		Type III f	unctionally in					nd functionally integra	ted with, its			
d		Type III n functionally	on-functional	ally integrated the organization	<b>d.</b> A supporting organ	Ization operated fy a distribution	in connection wi	th its supported orgar I an attentiveness requ	` '			
e		Check this	box if the orga	anızatıon receiv	•	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter			organizations	- 3							
g	Provi	ide the follow	ing informatio	n about the su	ipported organization(	s)						
					(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
						Yes	No					
Tota					nstructions for	Cat No 11285		 Schedule A (Form 9				

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
Р	Support Schedule for ( (Complete only if you cho	ecked the box o	on line 5, 7, or 8	of Part I or if the	e organization fa	alled to qualify u	
_	If the organization failed	to qualify unde	r the tests listed	below, please c	omplete Part III	.)	
	Section A. Public Support  Calendar year		Т	Т	Т		
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")			305,000	268,425	330,500	903,925
2	Tax revenues levied for the organization's benefit and either paid			0	0		0
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to			0	0		0
	the organization without charge	0		305.000	260.425	220 500	002.025
4 5	Total. Add lines 1 through 3 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)	0	0	305,000	268,425	330,500	903,925
6	<b>Public support.</b> Subtract line 5 from line 4						903,925
S	ection B. Total Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	0		305,000	268,425	330,500	903,925
8	Gross income from interest,			303,000	200,423	330,300	303,323
Ĭ	dividends, payments received on securities loans, rents, royalties and income from similar sources			0	0		0
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0		0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )			0	0		0
11	10						903,925
12	Gross receipts from related activities, e	etc (see instruction	ons)			12	20,000
13	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here					▶ ☑	
S	ection C. Computation of Public						
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	
15	Public support percentage for 2018 Sch	nedule A, Part II, l	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the	organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	юх
b	and <b>stop here.</b> The organization qualif	fies as a publicly s	supported organiza	tion			ightharpoons
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets	— <b>2019.</b> If the org	ganization did not o -and-circumstance	check a box on line s" test, check this	box and stop her	e. Explain	<b>▶</b> □ _
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	ation meets the "f	facts-and-circumsta	ances" test, check	this box and stop	here.	▶□
18	supported organization  Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	▶ □
	instructions						▶□

P		upport Schedule for							
		Complete only if you cl						der Part II. If	
	the organization fails to qualify under the tests listed below, please complete Part II.)  Section A. Public Support								
56		ndar year						T	
		r beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1		contributions, and							
		ees received (Do not							
_		nusual grants ")							
2		from admissions, sold or services							
		facilities furnished in							
		at is related to the							
	organization's	tax-exempt purpose							
3		from activities that are							
		ed trade or business							
4	under section Tax revenues	F							
-		benefit and either paid							
		d on its behalf							
5		ervices or facilities							
		governmental unit to							
		on without charge							
6	Total. Add line	-							
/a		ded on lines 1, 2, and m disqualified persons							
b		ded on lines 2 and 3							
_		other than disqualified							
		exceed the greater of							
		of the amount on line							
_	13 for the yea Add lines 7a a								
8		rt. (Subtract line 7c							
0	from line 6)	it. (Subtract line / c							
Se	ection B. Tota	al Support				•			
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal	
		r beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts fron	n line 6							
L0a		from interest,							
		yments received on							
		ns, rents, royalties and similar sources							
b		siness taxable income							
_		511 taxes) from							
		equired after June 30,							
	1975								
_	Add lines 10a								
11		rom unrelated business							
		included in line 10b, ot the business is							
	regularly carr								
12		Do not include gain or							
		sale of capital assets							
	(Explain in Pa							+	
13	11, and 12 )	rt. (Add lines 9, 10c,							
14	First five yea	a <b>rs.</b> If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,	
•		and <b>stop here</b>		, ,	, ,	•	( )( )	▶ □	
Se		nputation of Public S	Support Perce	ntage					
15		percentage for 2019 (lin			column (f))		15		
16	• •	: percentage from 2018 S		•	( //		16		
		nputation of Investr					1 -0		
17		come percentage for 201			line 13. column (f	f))	17		
		come percentage from 20	,		25, 201411111 (1	• / /			
18				·	on line 14	aa 1 E ja waana 41	18   22 1/20/ and l	na 17 ia	
		ort tests—2019. If the						_	
		/3%, check this box and s	-					▶□	
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_	
	not more than	n 33 1/3%, check this box	and <b>stop here.</b>	The organization (	qualifies as a publ	licly supported org	anızatıon	▶□	
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons	

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

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
•	the organization's supported organizations listed by name in the organization's governing documents?  Scribe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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 <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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 <b>Part VI</b> how the organization determined that the supported organization was described		
	ın 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 <b>Part VI</b> when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	pelow			
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 <b>Part VI</b> when and how the organization made the			
	determination			
c	the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	hecked 12a or 12b in Part I, answer (b) and (c) below			

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
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			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations			
С	organization support any foreign supported organization that does not have an IRS determination under sections 3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> , 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)			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c		
	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	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?			
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(		instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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 <b>Part VI identify those supported organizations and explain</b> 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		
ŀ	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI.  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	3h		

3b

Page **6** 

Schedule A (Form 990 or 990-F7) 2019

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)	1					
a	Average monthly value of securities	1a					
b	Average monthly cash balances	<b>1</b> b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	<b>Discount</b> 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					

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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

_		1.0		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 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	(iii) Distributable

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions				
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2019			
_	From 2014		(	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017 <b>.</b>			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4

instructions)

8 Breakdown of line 7

d Excess from 2018. e Excess from 2019.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . .

\$

5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
7	Excess distributions carryover to 2020. Add lines 3j and 4c		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Fo	orm 990 or 990-EZ) 2	Page	8		
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)					
_			-1		
	Facts And Circumstances Test				
990 Schedu	ıle A, Supplemen	tal Information	_		
Retur	rn Reference	Explanation			
Schedule A, F	Part I, Line 12	Schedule A, Part II, Line12 - Program service fees			

efile GRAPHIC	print - DO	NOT PROCES	S As F	iled Data -					DL	N: 93	4931	980	09390
Schedule L (Form 990 or 990-EZ)  Transactions with Interested Persons  Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.					OI	OMB No 1545-0047							
					5,	2019							
		27, 28a,		Bc, or Form 99 ch to Form 99			40ь.				<b>4</b> U	<b>7</b>	<u>フ</u>
Department of the Trea-	I	▶Go to <u>www.ii</u>	rs.gov/For	<del>m990</del> for inst	ructions and	the latest in	forma	tion.		(	)pen (		
Internal Revenue Service Name of the orga							Fr	nnlo	yer ide	ntifica	Insp tion n		
HAWAII INVESTMEN								•	-			umb	Ci
Part I Exces	se Ronofit T	ransactions (	section 501	(c)(3) section	501(c)(4) and	d section 501/a			1816	ıc only'			
		nization answere						-			•		
1 (a)	Name of disq	ualified person	(b)	(b) Relationship between disqualified person and					escript			_	rected?
					organization		+	tr	ansactı	on	Y	es	No
							+						
3 Futurities								4		_			
		curred by the org					year u	ınder •	_	າ \$			
3 Enter the an	nount of tax, i	f any, on line 2, a	above, reim	bursed by the o	rganızatıon .					\$ 			
Part II Loa	ns to and/	or From Inter	ested Pe	rsons.									
Com	plete if the or	ganızatıon answe	ered "Yes" o	n Form 990-EZ	Part V, line 3	38a, or Form 99	90, Pai	rt IV,	line 26	, or if	the org	anıza	tion
repo		hip (c) Purpose			(e) Original	(f) Balance	(a)	In	(1	h )		1 W/rr	tten
interested person	with organiza	tion of loan		inization?	principal	1 ' '		(g) In (h) default? Approved by board or committee?		ved by			
					amount						,		
			То	From	1		Yes	No	Yes	No	Yes		No
Total		•	•	j	\$			•	•	•			
		tance Benefit	_										
(a) Name of interes		organization an  (b) Relationship		es" on Form 9		1	of 2001	c+> > c		(a) Du		£ 200	atanaa
(a) Name of intere	ested person	interested perso		(c) Amount	or assistance	(d) Type	DI 4551	Stant	.	(e) Pu	rpose o	11 a551	stance
organization													
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For Paperwork Redi	uction Act Note	ce, see the Instru	ctions for Fo	rm 990 or 990-l	<b>Z.</b> Ca	at No 50056A		Sci	nedule i	(Form	990 or	990-	EZ) 2019

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	of organization's revenues?	
				Yes	No	
(1) Neil Hannahs	Officer	27,500	Consulting Services		No	
(2) Keoni Lee	CEO/Director	109,350	CEO		No	

(3) Margaret Peebles 41,547 Program Manager Family Nο

**Explanation** 

Schedule I (Form 990 or 990-F7) 2019

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Supplemental Information

Part V

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	D	LN: 93493198009390		
SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  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.  P Go to www.irs.qov/Form990 for the latest information.  OMB No 15  20  Open to Inspec					
Name & Sether of gamization HAWAII INVESTMENT READY  81-46118  990 Schedule O, Supplemental Information			lentification number		
Return Reference	Explanation				
Form 990, Part VI, Section B, Line 11b	Form 990, Part VI, Section B, Line 11b - Draft of tax return is provided at a special ming of the board of directors electronically. Board of Directors reviews and votes to apove the document according to the organization's bylaws as documented by approval. All board must approve.	ppr			

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Form 990, Part VI, Section B, Line 12c - A board member may feel that he, she or another b oard member may have actual or perceived conflict of interest regarding any one or more to pics of discussion (via email, conference call, or in person) and/or decision discussion a nd/or decision making. Otherwise, a decision will be reached by all the other board member s, prior to the agenda item(s) deemed to be of actual or perceived conflict with board mem ber(s) under question, as to making. In such case, any board member(s) with actual or perceived conflict of interest shall disclose this, and recuse themselves from whether or not such a board member(s) should be excused from discussion and/o decision making for this (these) agenda item(s)

Return Explanation

990 Schedule O, Supplemental Information

Form 990,	Form 990, Part VI, Section B, Line 15 - Secretary/Treasurer Neil Hannahs paid a total of \$
Part VI,	27,500 for consulting 10 hours per week Amount was determined based on average local cons
Section B,	ulting rates determined through market research CEO/Director Keoni Lee was compensated \$10
Line 15	9,350 in wages in 2019 Amount was based on average non profit CEO compensation determined
	through market research

990 Schedule O, Supplemental Information

Explanation

Line 19

Reference	Explanation
Form 990,	For 990, Part VI, Section C, Line 19 - All governing documents, conflict of interest polic
Part VI,	y, and financial statements are available to the public upon request. Contact information
Section C,	for the organization is public on the organization's website

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part IX, Line
11g

This amount represents the fees paid to 11 coaches and contractors who provided coaching a nd curriculum services to capacity build entrepreneurs and funders in our two programs