

EXTENDED TO APRIL 15, 2021

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019
Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning **JUN 1, 2019** and ending **MAY 31, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRIENDS OF HAWAII CHARITIES, INC.		D Employer identification number 99-0334032	
	Doing business as		E Telephone number 8085237888	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 735 BISHOP ST., SUITE 330		G Gross receipts \$ 6,604,574.	
	City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96813		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	F Name and address of principal officer: CORBETT A.K. KALAMA SAME AS C ABOVE		H(c) Group exemption number	

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

J Website: **WWW.FRIENDSOFHAWAII.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1998** **M** State of legal domicile: **HI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. PRODUCE SPORTS & CULTURAL EVENTS THAT GENERATE FUNDS TO BENEFIT NONPROFIT ENDEAVORS IN HAWAII.		
	2 Check this box <input type="checkbox"/> 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	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	1200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,184,812.	2,019,246.
	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)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-683,273.	-801,962.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,501,539.	1,217,284.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,200,062.	1,200,001.
	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.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,008.	48,571.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,247,070.	1,248,572.	
19 Revenue less expenses. Subtract line 18 from line 12	254,469.	-31,288.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,480,989.	2,406,889.
	22 Net assets or fund balances. Subtract line 21 from line 20	772,532.	729,720.
		1,708,457.	1,677,169.

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
	HOWARD IKEDA, TREASURER/DIRECTOR	3/19/2021

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOAN FUJITA	<i>[Signature]</i>	03/19/21		P00235894
	Firm's name	Firm's EIN	Phone no.		
	ACCUITY LLP	20-5325889	808-531-3400		
	Firm's address				
	999 BISHOP STREET, STE. 1900	HONOLULU, HI 96813			

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

ANNEXED MAR 22 2022

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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 \$ 1,200,001. including grants of \$ 1,200,001.) (Revenue \$ 2,019,246.)
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 on Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,200,001.

ABDGT

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, controlled entities, and business transactions.

Note: All Form 990 filers are required to complete Schedule O

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	29		
b	Enter the number of voting members included on line 1a, above, who are independent		
	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 Upon request Other (explain on Schedule O)
- 19** Describe on 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CORBETT A.K. KALAMA PRESIDENT/EXEC COMMITTEE/D	0.50	X		X				0.	0.	0.
(2) BERT T. KOBAYASHI, JR. VICE PRESIDENT/EXEC COMMITTEE	0.50	X		X				0.	0.	0.
(3) HOWARD IKEDA TREASURER/EXEC COMMITTEE/D	0.50	X		X				0.	0.	0.
(4) DICKSON LEE SECRETARY/EXEC COMMITTEE/D	0.50	X		X				0.	0.	0.
(5) SIMON MORI EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(6) GEORGE ARIYOSHI EMERITUS (NON VOTING)	0.50	X						0.	0.	0.
(7) MOMI CAZIMERO DIRECTOR	0.50	X						0.	0.	0.
(8) CALEB CHAN DIRECTOR	0.50	X						0.	0.	0.
(9) MIKE DYER EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(10) ADMIRAL THOMAS B. FARGO USN (RE) DIRECTOR	0.50	X						0.	0.	0.
(11) HOWARD HAMAMOTO DIRECTOR	0.50	X						0.	0.	0.
(12) MICHAEL HARTLEY DIRECTOR	0.50	X						0.	0.	0.
(13) JUNE JONES DIRECTOR	0.50	X						0.	0.	0.
(14) DON KIM EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(15) JAMES KOMETANI EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(16) MICHAEL W. PERRY DIRECTOR	0.50	X						0.	0.	0.
(17) RYOZO SAKAI DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHOJI NEMOTO DIRECTOR	0.50	X						0.	0.	0.
(19) AL SOUZA EXECUTIVE COMMITTEE/DIRECT	0.50	X						0.	0.	0.
(20) KEITH VIEIRA DIRECTOR	0.50	X						0.	0.	0.
(21) JIM WALTERS DIRECTOR	0.50	X						0.	0.	0.
(22) ALFRED WONG EXECUTIVE COMMITTEE	0.50	X						0.	0.	0.
(23) ANTHONY R. GUERRERO, JR. EMERITUS (NON VOTING)	0.50	X						0.	0.	0.
(24) REGGIE MALDONADO DIRECTOR	0.50	X						0.	0.	0.
(25) CHAD KARASAKI EXECUTIVE COMMITTEE / DIRE	0.50	X						0.	0.	0.
(26) GUY AKASAKI DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
141 HAWAII, LLC DBA 141 PREMIERE SPORTS & E 735 BISHOP ST, STE 330, HONOLULU, HI 96813	MANAGEMENT FEE	1,265,123.

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	2,019,246.				
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above					
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 g	Total. Add lines 1a-1f		2,019,246.			
Program Service Revenue			Business Code				
	2 a						
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less cost or other basis and sales expenses					
	7 c	Gain or (loss)					
	7 d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 2,019,246. of contributions reported on line 1c) See Part IV, line 18						
		8 a	4,585,328.				
		8 b	5,387,290.				
8 c	Net income or (loss) from fundraising events		-801,962.		-801,962.		
9 a	Gross income from gaming activities See Part IV, line 19						
		9 a					
		9 b					
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
		10 b					
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a						
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d					
12	Total revenue See instructions		1,217,284.	0.	0.	-801,962.	

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	1,200,001.	1,200,001.		
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 (nonemployees)				
a Management				
b Legal				
c Accounting	48,571.		48,571.	
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 on 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	1,248,572.	1,200,001.	48,571.	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	1,792,458.	1	733,201.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	359,474.	4	179,864.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	276,562.	9	370,378.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 109,623.		
	10b Less accumulated depreciation	10b 20,588.	10c 52,495.	89,035.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	0.	12	1,034,411.
	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 33)	2,480,989.	16	2,406,889.	
Liabilities	17 Accounts payable and accrued expenses	131,923.	17	138,163.
	18 Grants payable		18	
	19 Deferred revenue	558,465.	19	582,199.
	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 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		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	82,144.	25	9,358.
	26 Total liabilities. Add lines 17 through 25	772,532.	26	729,720.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,708,457.	27	1,677,169.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,708,457.	32	1,677,169.
33 Total liabilities and net assets/fund balances	2,480,989.	33	2,406,889.	

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	1,217,284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,248,572.
3	Revenue less expenses Subtract line 2 from line 1	3	-31,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,708,457.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,677,169.

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O	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?		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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2175190.	2107025.	1958899.	2184812.	2019246.	10445172.
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	2175190.	2107025.	1958899.	2184812.	2019246.	10445172.
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)						3257194.
b Public support. Subtract line 5 from line 4						7187978.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2175190.	2107025.	1958899.	2184812.	2019246.	10445172.
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						10445172.
12 Gross receipts from related activities, etc (see instructions)					12	20,893,814.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	68.82 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	70.37 %
16a 33 1/3% support test - 2019. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. 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 ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>	Yes	No
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? <i>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.</i>	Yes	No
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? <i>Provide details in Part VI.</i>	Yes	No
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	Yes	No

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		(A) Prior Year	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 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			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
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			
5 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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?, 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)?, 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

Form with sections: 1a If the organization elected, as permitted under FASB 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; 1b If the organization elected, as permitted under FASB 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; 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 FASB ASC 958 relating to these items.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

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 make 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 program
 - 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 Term 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 | | |
| (ii) Related organizations | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		109,623.	20,588.	89,035.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,035.

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) CERTIFICATE OF DEPOSIT	1,034,411.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,034,411.	

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	9,358.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,358.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,217,284.
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		1,217,284.
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		1,217,284.

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	1,248,572.
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		1,248,572.
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		1,248,572.

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, 2020, MANAGEMENT BELIEVES THERE WERE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS. THE 2017 TO 2019 TAX YEARS REMAIN OPEN FOR FEDERAL AND STATE TAX PURPOSES AT MAY 31, 2020

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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	6,604,574.		6,604,574.
	2	Less Contributions	2,019,246.		2,019,246.
	3	Gross income (line 1 minus line 2)	4,585,328.		4,585,328.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	852,037.		852,037.
	7	Food and beverages	192,594.		192,594.
	8	Entertainment			
	9	Other direct expenses	4,342,659.		4,342,659.
	10	Direct expense summary Add lines 4 through 9 in column (d)			5,387,290.
	11	Net income summary Subtract line 10 from line 3, column (d)			-801,962.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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	%
b	An outside facility	%
- 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.

**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

2019

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? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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.

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 non-cash assistance	(h) Purpose of grant or assistance
ADULT FRIENDS FOR YOUTH 3375 KOAHPAKA STREET, SUITE B290 HONOLULU, HI 96819	99-0254581	501(C)(3)	5,000.	0.	N/A	N/A	THE AFY COUNSELING PROGRAM PROVIDES REGULAR GROUP COUNSELING SESSIONS (INDIVIDUAL AS NEEDED)
AFTER SCHOOL ALL STARS HAWAII 1523 KALAKAUA AVE SUITE 204 HONOLULU, HI 96813	27-4604870	501(C)(3)	5,000.	0.	N/A	N/A	AFTER-SCHOOL ALL-STARS HAWAII MAKES THE MOST OF THE EXTENDED LEARNING TIME AVAILABLE AFTER THE MANA OLELO AIMS TO PROVIDE A LANGUAGE SPACE ON THE BASIS OF CULTURAL PRACTICES AND TO THE KEAWANUI MALA AI
AHA KANE - FOUNDATION FOR THE ADVANCEMENT OF NATIVE HAWAIIAN MALES - 677 ALA MOANA BLVD SUITE 1015 - HONOLULU, HI 96813	27-0502942	501(C)(3)	5,000.	0.	N/A	N/A	(FOOD GARDEN) PROGRAM WILL GROW FOOD CROPS THAT WILL BE DISTRIBUTED TO ALEA BRIDGE WILL HOST TWO COMMUNITY RESOURCE FAIRS, ONE IN HALEIWA & ONE IN WAHIAWA. THE FUNDS WILL ALOHA HARVEST IS THE ONLY LARGE-SCALE FOOD RESCUE ORGANIZATION IN THE HAWAII. WE RESCUE
AINA MOMONA P. O. BOX 1687 KAUNAKAKAI, HI 96748	82-1366588	501(C)(3)	7,500.	0.	N/A	N/A	
ALEA BRIDGE PO BOX 893573 WAHIAWA, HI 96786	81-1201416	501(C)(3)	7,000.	0.	N/A	N/A	
ALOHA HARVEST 3599 WAIALAE AVE STE 23 HONOLULU, HI 96816	99-0344209	501(C)(3)	20,050.	0.	N/A	N/A	

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

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

101.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALOHA INDEPENDENT LIVING HAWAII P.O. BOX 283 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 (10 IN TOTAL) BY ALLOWING US TO FUNDS WILL BE USED TO SUPPORT LABORATORY FEES FOR THE WELCOME SMILE PROGRAM, WHICH PROVIDES
ALOHA MEDICAL MISSION 810 NORTH VINEYARD BLVD. HONOLULU, HI 96817	99-0234811	501(C)(3)	5,000.	0. N/A		N/A	
ALOHA SECTION PGA 615 PIKROI ST SUITE 1812 HONOLULU, HI 96814	20-1340470	501(C)(3)	10,000.	0. N/A		N/A	TO SUPPORT THE ANNUAL HO'OAULEA AWARDS EVENT. ASSISTANCE DOGS OF HAWAII (ADH) HOSPITAL FACILITY DOG PROGRAM PLACES TRAINED FACILITY OPERATION SCHOOL BELL, ASSISTANCE LEAGUE'S NATIONAL SIGNATURE PROGRAM, BEGAN IN HAWAII
ASSISTANCE DOGS OF HAWAII PO BOX 1803 MAKAWAO, HI 96768	99-0353694	501(C)(3)	7,500.	0. N/A		N/A	FUNDING FROM FRIENDS OF HAWAII CHARITIES, INC WILL BE USED TO PROVIDE PROGRAM SUPPLIES.
ASSISTANCE LEAGUE OF HAWAII 1505 YOUNG STREET HONOLULU, HI 96826	23-7024314	501(C)(3)	7,500.	0. N/A		N/A	WHMC SEEKS FUNDING FOR OUR COMMUNITY MEDIATION PROGRAM, AS THE ONLY ALTERNATIVE DISPUTE
BIG BROTHERS BIG SISTERS HAWAII, INC. - 418 KIWILI STREET, SUITE 106 - HONOLULU, HI 96817	99-0109970	501(C)(3)	5,000.	0. N/A		N/A	BOYS & GIRLS CLUB OF THE BIG ISLAND PROVIDES AFTER SCHOOL YOUTH DEVELOPMENT SUPPORT PROGRAMMING FOR A GRANT WILL ENABLE CENTER FOR TOMORROWS LEADERS (CTL) TO PROVIDE ACCESS FOR LOW-INCOME
BIG ISLAND MEDIATION INC. P O BOX 7020 KAMUELA, HI 96743	99-0343488	501(C)(3)	9,855.	0. N/A		N/A	
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	
CENTER FOR TOMORROWS LEADERS 677 ALA MOANA BOULEVARD, SUITE 1100 HONOLULU, HI 96813	46-3490591	501(C)(3)	5,000.	0. N/A		N/A	

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
CHILD AND FAMILY SERVICE 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0073483	501(C)(3)	7,500.	0. N/A		N/A	FAMILY CENTERS PROVIDES AN ESSENTIAL RESOURCE TO COMMUNITIES, OFFERING A ONE-STOP LOCATION FOR A OUR MISSION IS TO BRING KINDNESS TO LONELY CHILDREN IN HAWAII'S PUBLIC ELEMENTARY SCHOOLS
COMMON GRACE P.O. BOX 31116 HONOLULU, HI 96820	30-0110074	501(C)(3)	35,371.	0. N/A		N/A	HUI PEER TO PEER PARENTING GROUPS BRING FAMILIES W/YOUNG KEIKI (0-5 YRS) TOGETHER TO MOLOKAI TELE-BEHAVIORAL HEALTH PROJECT (II) BRIDGES THE GAP BETWEEN THE SEVERE NEED FOR WITH FRIENDS OF HAWAII CHARITIES FUNDING WE AIM TO INCREASE OUR CAPACITY TO SERVE FAMILIES
FAMILY HUI HAWAII P O BOX 22596 HONOLULU, HI 96823	46-4318561	501(C)(3)	7,300.	0. N/A		N/A	A \$10,000 GRANT WOULD BE USED TOWARD BASIC FURNISHINGS AND EQUIPMENT ESSENTIAL TO REOPEN OUR FUNDS WILL BE USED TO INCREASE THE EDUCATION OF THE DONORS UP-FRONT TO PREVENT ATTRITION WHEN FUNDS WILL SUPPORT HALE KIPA'S KAUAI SCHOOL SUCCESS PROGRAM FOCUSED ON PROVIDING A RANGE OF FUNDS WILL BE USED TO PROVIDE SUBSIDIZED PERSONAL CARE SERVICES (BATHING, TOILETING, SKIN
FAMILY MINISTRIES CENTER 1585 KAPIOLANI BLVD, STE 914 HONOLULU, HI 96814	46-0508745	501(C)(3)	15,500.	0. N/A		N/A	
FAMILY PROMISE OF HAWAII 245 N. KUKUI STREET SUITE 101 HONOLULU, HI 96817	20-2645489	501(C)(3)	15,000.	0. N/A		N/A	
FEEDING HAWAII TOGETHER 2522 ROSE STREET HONOLULU, HI 96819	47-0901806	501(C)(3)	10,000.	0. N/A		N/A	
FRANCISCAN CARE SERVICES 2228 LILIIHA STREET, #105 HONOLULU, HI 96817	27-4348363	501(C)(3)	5,000.	0. N/A		N/A	
HALE KIPA, INC. 615 PIIKOI STREET, SUITE 203 HONOLULU, HI 96814	23-7061499	501(C)(3)	5,000.	0. N/A		N/A	
HALE MAHAOLU 200 HINA AVENUE KAHULUI, HI 96732	99-0143109	501(C)(3)	10,000.	0. N/A		N/A	

Schedule I (Form 990)

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. 2659 UMI STREET LIHUE, HI 96766	99-0155279	501(C)(3)	12,752.	0. N/A			HALE OPIO KAUAI, INC. PROVIDES RESIDENTIAL AND COMMUNITY-BASED PROGRAMS WITH YOUNG PEOPLE
HAWAII AUTISM FOUNDATION PO BOX 2775 HONOLULU, HI 96803	26-1563850	501(C)(3)	5,306.	0. N/A			COMMUNITY SUPPORT AND EDUCATION ON SPECIAL NEEDS ADULT HOUSING FOR ASD. THE PROJECT
HAWAII CHILDREN'S ACTION NETWORK 850 RICHARDS STREET, SUITE 201 HONOLULU, HI 96813	94-3257650	501(C)(3)	5,500.	0. N/A			HAWAII CHILDRENS ACTION NETWORK WORKS TO ENSURE ALL KEIKI ARE HEALTHY, SAFE, AND READY TO LEARN.
HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIIHA ST - HONOLULU, HI 96817	99-0299937	501(C)(3)	7,500.	0. N/A			MOST FAMILIES FACING CHILDHOOD CANCER ALSO SUFFER FROM ACUTE FINANCIAL STRESS.
HAWAII CORD BLOOD BANK 1319 PUNAHOU STREET HONOLULU, HI 96826	99-0349269	501(C)(3)	12,732.	0. N/A			FREIGHT AND DELIVERY IS ONE OF OUR BIGGEST EXPENSE. THE \$8000 REQUEST FOR FUNDING FROM
HAWAII FAMILY LAW CLINIC 677 ALA MOANA BLVD, SUITE 907 HONOLULU, HI 96813	54-2155420	501(C)(3)	8,000.	0. N/A			ALA KUOLA PROVIDES THE NATIONALLY KNOWN EVIDENCE BASE YOUTH VIOLENCE PREVENTION PROGRAM TO
HAWAII FI-DO SERVICE DOGS PO BOX 757 KAHUKU, HI 96731	99-0353345	501(C)(3)	9,865.	0. N/A			THE FUNDS WILL BE USED TO HELP COVER KENNELING AND DOG SUPPLIES. OUR SERVICE DOGS ARE TRAINED TO
HAWAII FOODBANK, INC. 2611 KILIHOU STREET HONOLULU, HI 96819-2021	99-0220699	501(C)(3)	31,573.	0. N/A			THE OHANA PRODUCE PLUS PROGRAM DISTRIBUTES DONATED AND PURCHASED FRESH PRODUCE, DAIRY
HAWAII HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLVD - HONOLULU, HI 96813	99-0284222	501(C)(3)	5,000.	0. N/A			HAWAII HEALTH & HARM REDUCTION CENTER MAINTAINS AN EMERGENCY FOOD PANTRY TO HELP

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 ISLAND ADULT CARE, INC. 34 RAINBOW DRIVE HILO, HI 96720	99-0210974	501(C)(3)	15,000.	0. N/A			THE FUNDS FROM THIS GRANT WILL HELP OFF-SET COSTS OF TUITION FOR ADULT DAY CARE FOR THE LOW-INCOME HAWAII LITERACY'S BOOKMOBILE PROGRAM WILL OFFER WEEKLY VISITS TO 20 HIGH-NEED SITES, ON THE
HAWAII LITERACY, INC. 245 N. KUKUI STREET, STE 202 HONOLULU, HI 96817	23-7198698	501(C)(3)	9,266.	0. N/A			THE MONIES WILL BE USED TO PURCHASE HOT NUTRITIOUS MEALS FOR THE ELDERLY AND THOSE THAT
HAWAII MEALS ON WHEELS, INC. P.O. BOX 61194 HONOLULU, HI 96814	99-0198132	501(C)(3)	10,700.	0. N/A			THE CHECK THE BOX CAMPAIGN IS AN EDUCATION PROGRAM DEVELOPED TO ENCOURAGE ORGAN/TISSUE
HAWAII ORGAN PROCUREMENT ORGANIZATION - 405 N KUAKINI ST, STE 810 - HONOLULU, HI 96817	99-0257883	501(C)(3)	5,000.	0. N/A			THE FUNDS WILL BE USED TO SUPPORT THE DELIVERY OF
HAWAII STATE JUNIOR GOLF ASSOCIATION INC - 4330 KUKUI GROVE STREET - LIHUE, HI 96766	99-0335776	501(C)(3)	10,000.	0. N/A			THE HSJGA'S MISSION - THE HSJGA DEVELOPS LIFE
HAWAIIAN EYE FOUNDATION 95-717 KIPAPA DR. #23 MILILANI, HI 96789	99-0237865	501(C)(3)	7,000.	0. N/A			WE PLAN TO CONTINUE THE SCREENING AND CATARACT SURGERY PROGRAM STARTED IN 2017 TO HELP THOSE
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 245 N KUKUI ST., SUITE 102A - HONOLULU, HI 96817	99-0299264	501(C)(3)	5,000.	0. N/A			HMHB IS PARTNERING WITH AGENCIES THAT WORK DIRECTLY WITH FOSTER FAMILIES TO PROVIDE
HELPING HANDS HAWAII 2100 N. NIMITZ HWY. HONOLULU, HI 96819	23-7365077	501(C)(3)	7,500.	0. N/A			READY TO LEARN IS A SEASONAL PROJECT THAT PROVIDES
HIILEI ALOHA LLC 711 KAPIOLANI BLVD., SUITE 111 HONOLULU, HI 96813	26-1210564	501(C)(3)	10,000.	0. N/A			LOW-INCOME/HOMELESS WE HAVE A FEDERAL YOUTHBUILD GRANT TO HELP AT-RISK YOUTH AGES 16-24 OBTAIN A G.E.D., LEARN

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
HO'OMAU KE OLA, INC. 85-761 FARRINGTON HIGHWAY #103 WAIANAЕ, HAWAII, HI 96792	99-0252827	501(C)(3)	10,000.	0. N/A		N/A	HOOMAU KE OLA, INC. SUBSTANCE ABUSE TREATMENT PROGRAM IS A FULL SERVICES TREATMENT CENTER
HO'OLA NA PUA P.O. BOX 22551 HONOLULU, HI 96823	46-5139164	501(C)(3)	10,000.	0. N/A		N/A	A GRANT FROM THE FRIENDS OF HAWAII CHARITIES WOULD GO TOWARD OUR STARFISH MENTORING PROGRAM. THIS
HOA AINA O MAKAHA 84-766 LAHAINA STREET WAIANAЕ, HI 96792	99-0292820	501(C)(3)	10,000.	0. N/A		N/A	WE HAVE EXPERIENCED OVERWHELMING SUCCESS IN SHARING HEALTHY VEGETABLES THROUGH OUR
HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE #C1 HONOLULU, HI 96817	99-0261871	501(C)(3)	5,100.	0. N/A		N/A	FUNDS WILL BE USED TO REACH OUT TO LOW-INCOME FAMILIES ON OAHU TO EDUCATE THEM ABOUT
HOPE SERVICES HAWAII, INC. 296 KILAUEA AVENUE HILO, HI 96720	27-3412984	501(C)(3)	10,000.	0. N/A		N/A	THE HAWAII ISLAND SHELTERS PROGRAM SERVES FAMILIES AND INDIVIDUALS EXPERIENCING HOMELESSNESS
HOSPICE HAWAII, INC. 860 IWILEI RD. HONOLULU, HI 96817	99-0203930	501(C)(3)	10,000.	0. N/A		N/A	WE ARE SEEKING SUPPORT FOR OUR PEDIATRIC CARE PROGRAM TO STRENGTHEN OUR EFFORTS TO PROVIDE THE
HOSPICE OF HILO 1011 WAIANUENUE AVE HILO, HI 96720	99-0218512	501(C)(3)	5,000.	0. N/A		N/A	THIS GRANT HELPS PROVIDE SUPPLEMENTAL FAMILY AND COMMUNITY BEREAVEMENT SERVICES INCLUDING FAMILY
HUGS FOR HAWAII'S SERIOUSLY ILL CHILDREN AND THEIR FAMILIES - 3636 KILAUEA AVENUE - HONOLULU, HI 96816	99-0213594	501(C)(3)	12,120.	0. N/A		N/A	SIBLINGS OF SERIOUSLY ILL CHILDREN OFTEN FEEL ISOLATED AND UNIMPORTANT AS ATTENTION BY PARENTS
HUI MAKUA PUNANA LEO O MOLOKAI PO BOX 102 KUALAPUU, HI 96748	99-0322764	501(C)(3)	7,000.	0. N/A		N/A	DUE TO EXTREMELY NEEDY FAMILIES OVER THE LAST TWO YEARS, WE HAVE SERIOUSLY DEPLETED OUR

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HUI O MANA KA PUUWAI 6590-A PUUPILO RD KAPAA, HI 96746	99-0285770	501(C)(3)	17,276.	0. N/A			PURCHASE OUTRIGGER CANOE PADDLES AND TEAM SHIRTS FOR YOUTH PROGRAMS, EQUIPMENT MAINTENANCE, PRIVATE PARK THAT SERVES THE SURROUNDING COMMUNITIES AS AN ACTIVITIES CENTER FOR THE CHILDREN'S AFTER SCHOOL AND SCHOOL HOLIDAY PROGRAMS ARE DESIGNED TO ENGAGE CHILDREN LIVING AT
HUNAKAI PARK ASSOCIATION 641 ULUMAIIKA STREET HONOLULU, HI 96816	99-0289545	501(C)(3)	10,000.	0. N/A			FUNDS WILL BE USED TO PROVIDE BASIC NEEDS SUCH AS RENTAL ASSISTANCE, FOOD, UTILITIES, COMPLEX CARE CLINIC AT KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN WAS CREATED TO SUSTAIN
IHS THE INSTITUTE FOR HUMAN SERVICES INC - 546 KAAHI STREET - HONOLULU, HI 96817	99-0199107	501(C)(3)	15,435.	0. N/A			THE PURPOSE OF KEIKI CAF IS TO PROVIDE HEALTHY AFTER SCHOOL SNACKS AND ENSURE THAT EVERY SCHOOL KIDS PROVIDES QUALITY CARE AND DEVELOPMENTAL EXPERIENCES FOR 3-4 YEAR OLD'S YEAR-ROUND FROM
JEWISH COMMUNITY SERVICES POB 235805 HONOLULU, HI 96823	99-0334439	501(C)(3)	5,000.	0. N/A			KNSFP RUNS FOUR PROGRAMS TO TARGET HUNGER IN OUR COMMUNITY, AND PROVIDE ACCESS TO BASIC
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT STREET, SUITE 2600 HONOLULU, HI 96813	99-0246364	501(C)(3)	13,500.	0. N/A			THE OBJECTIVE OF THE K.E.L.I.I. FOUNDATIONS BRIDGE THE GAP TRANSITIONAL PROGRAM IS
KAWAI FOOD BANK, INC. 3285 WAAPA RD., STE. A LIHUE, HI 96766	99-0317431	501(C)(3)	12,000.	0. N/A			
KAWAI INDEPENDENT DAYCARE SERVICES INC (KIDS) - 1346 INIA ST - KAPAA, HI 96746	99-0272583	501(C)(3)	10,000.	0. N/A			
KAWAI NORTH SHORE FOOD PANTRY INC. P.O. BOX 1172 KILAUEA, HI 96754	81-4748610	501(C)(3)	14,000.	0. N/A			
KEIKI EDUCATION LIVING INDEPENDENT INSTITUTE - 91-215 HILUHILU PLACE - KAPOLEI, HI 96707	45-5524466	501(C)(3)	11,500.	0. N/A			

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KEIKI TO KUPUNA FOUNDATION 94-252 PUPUOLE STREET, SUITE A WAIPAHAU, HI 96797	46-1925372	501(C)(3)	20,000.	0.	N/A		THE REQUESTED FUND OF \$20,000.00 WILL BE USED TOWARDS THE PURCHASE OF RAW FOOD PRODUCTS OR FOOD
KHM INTERNATIONAL P O BOX 482188 KAUNAKAKAI, HI 96748	20-0987319	501(C)(3)	10,000.	0.	N/A		KA HONUA MOMONA INTERNATIONAL (KHM) IS A 501(C)3 NONPROFIT BASED ON THE ISLAND OF MOLOKAI.
KUKUI CHILDRENS FOUNDATION 245 NORTH KUKUI ST. HONOLULU, HI 96817	20-1247747	501(C)(3)	5,000.	0.	N/A		THE COMMUNITY PARTNERS PROGRAM OF THE HARRY AND JEANETTE WEINBERG KUKUI CENTER RECRUITS AND
LANAI COMMUNITY HEALTH CENTER P. O. BOX 630142 LANAI CITY, HI 96763	20-2509287	501(C)(3)	8,548.	0.	N/A		LCHC PROVIDES LOW COST, HIGH QUALITY DENTAL CARE AND PREVENTIVE SERVICES. THIS GOAL IS ACCOMPLISHED ASSISTANCE WITH PURCHASING A HEARING SCREENING DEVICE NEEDED TO IDENTIFY AND DETECT
LUNALILO HOME 501 KEKAULUOHI STREET HONOLULU, HI 96825	99-0119223	501(C)(3)	5,000.	0.	N/A		TO PROVIDE NOURISHMENT AND DIETARY NEEDS FOR DISADVANTAGED SENIORS, ESPECIALLY THE
MAKE-A-WISH HAWAII 223 S. KING STREET SUITE 100 HONOLULU, HI 96813	99-0075244	501(C)(3)	10,000.	0.	N/A		THE MISSION OF MAKE-A-WISH HAWAII IS THAT, TOGETHER, WE GRANT LIFE-CHANGING WISHES FOR
MALAMA NA MAKUA A KEIKI PO BOX 791749 PAIYA, HI 96779	99-0220777	501(C)(3)	5,000.	0.	N/A		MALAMA'S TLP, SLP AND OP PROGRAMS PROVIDE A SAFE, HEALTHY AND NON-JUDGEMENTAL
MALAMA PONO HEALTH SERVICES 4366 KUKUI GROVE, SUITE 207 LIHUE, HI 96766	99-0293044	501(C)(3)	10,000.	0.	N/A		THESE FUNDS WILL BE UTILIZED FOR THE MOBILE HEALTH UNIT PROGRAM. THE MOBILE HEALTH UNIT IS A

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MARCH OF DIMES, INC. 1580 MAKALOA STREET, SUITE 1200 HONOLULU, HI 96814	13-1846366	501(C)(3)	5,000.	0.	N/A	N/A	THE NICU FAMILY SUPPORT PROGRAM (NFSP) REACHES OUT TO ALL FAMILY MEMBERS OF BABIES WHO ARE IN THE
MAUI FAMILY SUPPORT SERVICES, INC. 1844 WILI PA LOOP WAILUKU, HI 96793	99-0208152	501(C)(3)	8,080.	0.	N/A	N/A	EHS AIMS TO PROMOTE SCHOOL READINESS OF CHILDREN BY ENHANCING THEIR COGNITIVE, SOCIAL,
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD STE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)	5,000.	0.	N/A	N/A	PUNAWAI REST STOP SERVES MORE THAN 200 PEOPLE/DAY, OR 68,000 HOMELESS ADULTS PER YEAR (DUPLICATED SIX MONTHS OF
MOLOKAI ARTS CENTER, THE P O BOX 116 KUALAPUU, HI 96757	27-3170573	501(C)(3)	14,140.	0.	N/A	N/A	COMPLIMENTARY CERAMIC AND OTHER ART CLASSES FOR CHILDREN, YOUTH, ADULTS
NA HOALOHA-MAUI INTERFAITH VOLUNTEER CAREGIVERS - P.O. BOX 3208 - WAILUKU, HI 96793	99-0326282	501(C)(3)	7,000.	0.	N/A	N/A	NA HOALOHA WILL CONTINUE TO EXPAND OUR PROGRAMS AND SERVICES IN THE RURAL AREAS OF MAUI COUNTY, TO CHILDREN WITH
NA LIMA KAHIAU PO BOX 4741 KANEHOE, HI 96744	47-3099022	501(C)(3)	10,071.	0.	N/A	N/A	DISABILITIES WILL BE PROVIDED WITH TOOTHBRUSHES, FLOSS, AND
PACIFIC REGION BASEBALL, INC. P.O. BOX 17865 HONOLULU, HI 96817	99-0246631	501(C)(3)	5,000.	0.	N/A	N/A	THE FUNDS WILL BE USED TO OPERATE THE HIMB PROGRAM, WHICH RUNS FROM JUNE TO AUGUST IN HONOLULU. HOME
PARENTS AND CHILDREN TOGETHER 1485 LINAPUNI STREET, SUITE 105 HONOLULU, HI 96819-3575	99-0119678	501(C)(3)	5,000.	0.	N/A	N/A	HEART & SOUL (HEALING EMOTIONS WITH ART & RECREATION TOGETHER) OF PACT'S FAMILY PEACE
PATCH (PEOPLE ATTENTIVE TO CHILDREN) - 560 NORTH NIMITZ HIGHWAY SUITE 218 - HONOLULU, HI 96817	99-0167464	501(C)(3)	5,000.	0.	N/A	N/A	A GRANT FROM FRIENDS OF HAWAII CHARITIES WOULD HELP COVER THE ONE-TIME FEES ASSOCIATED WITH

FRIENDS OF HAWAII CHARITIES, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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PEANUT BUTTER MINISTRY 374 WAIANUENUE AVE HILO, HI 96720	99-0110098	501(C)(3)	5,488.	0.	N/A	N/A	PROVIDE FREE, NUTRITIOUS DINNERS TWICE WEEKLY IN HILO TO PEOPLE WHO SHOW UP IN NEED OF A MEAL.
POLYNESIAN FOOTBALL HALL OF FAME 4348 WAIALAE AVE 705 HONOLULU, HI 96816	46-3158865	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT.
PROJECT VISION HAWAII P.O. BOX 23212 HONOLULU, HI 96823	27-2831637	501(C)(3)	19,445.	0.	N/A	N/A	THE HIEHIE HOSPITALITY PROJECT USES MOBILE HYGIENE TRAILERS TO BRING HOT SHOWERS AND RESOURCES
PURPLE MAIA FOUNDATION 98-820 MOANALUA ROAD, #15-547 AIEA, HI 96701	46-4326249	501(C)(3)	12,105.	0.	N/A	N/A	FUNDS WILL BE USED TO SUPPORT THE IMPLEMENTATION OF THE FUTURE ANCESTORS SUMMER
READ TO ME INTERNATIONAL FOUNDATION - 126 QUEEN ST STE 303, SUITE 303 - HONOLULU, HI 96813	99-0327529	501(C)(3)	15,300.	0.	N/A	N/A	THE FUNDS WILL BE USED FOR THE RTM10 PARENT COACHING PROGRAM ON THE WAIANAE COAST. IT IS OUR MISSION IS TO
READING IS FUNDAMENTAL, HONOLULU, INC. - P.O. BOX 61826 - HONOLULU, HI 96839	99-0187009	501(C)(3)	5,000.	0.	N/A	N/A	MOTIVATE CHILDREN TO READ BY PROVIDING A SELECTION OF NEW FREE BOOKS TO PREK
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 NORTH KUAKINI STREET - HONOLULU, HI 96817	99-0241634	501(C)(3)	15,600.	0.	N/A	N/A	A GRANT FROM FRIENDS OF HAWAII CHARITIES WOULD BE USED TO COMPLETE FUNDING TOWARD PURCHASE OF A
RESPONSIVE CAREGIVERS OF HAWAII 91-1241 SARATOGA AVENUE, BLDG. 1924 KAPOLEI, HI 96707	99-0166146	501(C)(3)	7,590.	0.	N/A	N/A	NOW IN ITS SECOND SUCCESSFUL YEAR, OUR ADULT DAY HEALTH PROGRAMS INTERACTIVE LEARNING
RIVER OF LIFE MISSION P O BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	20,000.	0.	N/A	N/A	THE CULINARY ARTS TRAINING PROGRAM PROVIDES HOMELESS INDIVIDUALS AS WELL AS AT-RISK YOUTH JOB

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

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SAMARITAN COUNSELING CENTER HAWAII 1020 S. BERETANIA ST. HONOLULU, HI 96814	99-0250073	501(C)(3)	11,540.	0. N/A		N/A	THE CLIENT ASSISTANCE FUND IS A SAFETY NET FOR INDIVIDUALS, YOUTH, AND FAMILIES IN NEED OF CLUBFOOT, A COMMON BIRTH DEFECT, IS GENERALLY PAINLESS AND VERY TREATABLE IN INFANTS.
SHRINERS HOSPITALS FOR CHILDREN 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C)(3)	5,000.	0. N/A		N/A	THE SPECIAL EDUCATION CENTER OF HAWAII (SECOH) WILL UTILIZE FUNDING TO PURCHASE MUCH NEEDED ULU PONO IS SURFING THE NATION'S NO-COST AT-RISK YOUTH PROGRAM, FOR CHILDREN AGES 5-18. ULU WE ARE REQUESTING A TOTAL OF \$20,000 FROM FOHC FOR THIS PROJECT: \$10,000 TO GO TOWARDS THE PURCHASE BUILDING ON THE SUCCESSFUL INTRODUCTION OF A DEDICATED SPACE FOR PLAY THERAPY AT KAHI BAKERS HEART BAKED GOODS & TOUCH A HEART CATERING HAS SERVED AS MECHANISMS TO TRAIN OUR INTERNS SUICIDE ATTEMPTS ARE THE HIGHEST PER CAPITA AMONG HAWAII STUDENTS AND 67.5% OF HAWAII YOUTH U.S.VETS IS A NONPROFIT 501C3 ORGANIZATION WITH A MISSION TO SUCCESSFULLY TRANSITION VETERANS AND
SPECIAL EDUCATION CENTER OF HAWAII 708 PALEKAUA STREET HONOLULU, HI 96816	99-0141008	501(C)(3)	5,000.	0. N/A		N/A	
SURFING THE NATIONS 64 OHAI STREET WAILAWA, HI 96786	20-0245026	501(C)(3)	11,641.	0. N/A		N/A	
SUSTAINABLE MOLOKAI PO BOX 250 KAUNAKAKAI, HI 96748	27-3261673	501(C)(3)	38,038.	0. N/A		N/A	
SUTTER HEALTH PACIFIC KAHI MOHALA 91-2301 OLD FORT WEAVER ROAD EWA BEACH, HI 96706	99-0298651	501(C)(3)	13,710.	0. N/A		N/A	
TOUCH A HEART, INC 98-820 MOANALUA RD., UNIT 15-1, PMB AIEA, HI 96701	20-8310130	501(C)(3)	11,505.	0. N/A		N/A	
UNITED SELF HELP C/O WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE - HONOLULU, HI 96815	99-0257124	501(C)(3)	15,000.	0. N/A		N/A	
UNITED STATES VETERANS INITIATIVE PO BOX 75329 KAPOLEI, HI 96707	95-4382752	501(C)(3)	5,000.	0. N/A		N/A	

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

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WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE HONOLULU, HI 96815	99-0179392	501(C)(3)	24,814.	0.	N/A	N/A	MCC PRESCHOOL CLOSES THE ACHIEVEMENT GAP BETWEEN CHILDREN FROM LOWER AND HIGHER INCOME FAMILIES.
WAIKIKI HEALTH 277 OHUA AVENUE HONOLULU, HI 96815	99-0159253	501(C)(3)	7,500.	0.	N/A	N/A	GRANT FUNDS WILL GO TO PURCHASE SUPPLIES FOR USE DIRECTLY BY HOMELESS YOUTH AND ADULTS. YOUTH
WAIMANALO HEALTH CENTER 41-1347 KALANIANA'OLE HIGHWAY WAIMANALO, HI 96795	99-0273205	501(C)(3)	13,860.	0.	N/A	N/A	THE WAIMANALO HEALTH CENTER IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER LOCATED IN
WORLD GOLF FOUNDATION WORLD GOLF VILLAGE ST AUGUSTINE, FL 32092	59-2998925	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT. THE PROPOSED GRANT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU - 1040 RICHARDS ST - HONOLULU, HI 96813	99-0073534	501(C)(3)	10,000.	0.	N/A	N/A	ACTIVITY IS TO SUPPORT JUSTICE-INVOLVED AND ECONOMICALLY

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: THE AFY COUNSELING PROGRAM PROVIDES REGULAR GROUP COUNSELING SESSIONS (INDIVIDUAL AS NEEDED) THAT ARE BASED UPON A 32 LESSON CURRICULUM THAT HELP YOUTH IDENTIFY AND DEFINE ATTITUDES, VALUES, AND BELIEFS THAT SUPPORT DESTRUCTIVE BEHAVIORS THAT INCLUDE VIOLENCE AND TRUANCY. THE MEC OUTREACHES TO TRUANT YOUTH BETWEEN WAIKIKI AND MAKAHA COAST AND RE/CONNECTS THEM TO EDUCATIONAL, PREVENTATIVE, OR JOB RELATED PROGRAMS TO BUILD FUTURE SUCCESS.

NAME OF ORGANIZATION OR GOVERNMENT: AFTER SCHOOL ALL STARS HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER-SCHOOL ALL-STARS HAWAII MAKES THE MOST OF THE EXTENDED LEARNING TIME AVAILABLE AFTER THE SCHOOL BELL RINGS. WE PARTNER WITH SEVEN SCHOOLS ON OAHU AND THREE SCHOOLS ON HAWAII ISLAND, SERVING 2,331 STUDENTS LAST YEAR. THIS GRANT WILL BE USED FOR ATHLETIC ACTIVITIES TO HELP MIDDLE SCHOOLS STUDENTS GAIN A DEEPER APPRECIATION FOR DISCIPLINE, TEAMWORK, AND LEADERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT:

AHA KANE - FOUNDATION FOR THE ADVANCEMENT OF NATIVE HAWAIIAN MALES

(H) PURPOSE OF GRANT OR ASSISTANCE: MANA OLELO AIMS TO PROVIDE A LANGUAGE SPACE ON THE BASIS OF CULTURAL PRACTICES AND TO TRANSFORM ITS STUDENTS PERSPECTIVES INTO A MORE INDIGENOUS ONE. TO DO THIS, IT REQUIRES CULTURAL PRACTITIONERS, VENUES, AND SUPPLIES FOR ITS SUCCESSFUL IMPLEMENTATION. MOST FUNDS FOR TRAVEL EXPENSES (FOR KEALII REICHEL, THE KOKO PUUPUU INSTRUCTOR LOCATED ON MAUI, TO AND FROM OAHU), SPECIAL GUEST INSTRUCTOR APPRECIATION, VENUES, AND SUPPLIES ARE BEING REQUESTED.

NAME OF ORGANIZATION OR GOVERNMENT: AINA MOMONA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE KEAWANUI MALA AI (FOOD GARDEN)

Part IV Supplemental Information

PROGRAM WILL GROW FOOD CROPS THAT WILL BE DISTRIBUTED TO IN-NEED MOLOKAI COMMUNITY MEMBERS, PROVIDE EDUCATIONAL OPPORTUNITIES TO CHILDREN, YOUTH, AND OTHER COMMUNITY MEMBERS AND REDUCE DEPENDENCE ON COSTLY FOOD IMPORTS WITH EMPHASIS ON INDIGENOUS CROPS AND AGRICULTURAL PRACTICES. FUNDS WILL BE USED TO PURCHASE SUPPLIES NEEDED TO BUILD A FUNCTIONAL FARM AND CREATE COMMUNITY ENGAGEMENT OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ALEA BRIDGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ALEA BRIDGE WILL HOST TWO COMMUNITY RESOURCE FAIRS, ONE IN HALEIWA & ONE IN WAHIAWA. THE FUNDS WILL BE USED TO PAY FOR TENT, VENDOR TABLES & CHAIRS, U-HAUL RENTAL, TO BUY CLIENT FOOD/ UTENSILS, FUNDS WILL COVER REQUIRED EVENT SECURITY, INSURANCE & PERMIT. PROVIDE INCENTIVES FOR ELDERLY CLIENTS, HEALTHY SNACKS AND FUN BAGS FOR KIDS AND FAMILIES. WE WOULD LIKE TO HOST AT MINIMAL 100 PEOPLE AND 20 COMMUNITY & SOCIAL SERVICE PROVIDERS AT EACH EVENT.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: ALOHA HARVEST IS THE ONLY LARGE-SCALE FOOD RESCUE ORGANIZATION IN THE HAWAII. WE RESCUE APPROXIMATELY 1.8 MILLION LBS OF QUALITY EXCESS FOOD ANNUALLY, DIVERTING IT FROM THE WASTE STREAM AND REDISTRIBUTE IT, FREE OF CHARGE, THROUGHOUT THE COMMUNITY TO SERVE THE NEEDS OF THE POOR, HUNGRY, AND HOMELESS. THIS REQUEST IS TO BUILD ORGANIZATION/OPERATIONAL CAPACITY, INCREASE IMPACT, EXPAND OUR REACH, AND BUILD A MORE RESILIENT & SUSTAINABLE COMMUNITY.

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 (10 IN TOTAL) BY ALLOWING US TO OFFER A

Part IV Supplemental Information

VARIETY OF RECREATIONAL ACTIVITIES FOR OUR YOUTH AND FOR OUR WOMEN AND 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 ABOUT LIVING WITH A DISABILITY

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA MEDICAL MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT LABORATORY FEES FOR THE WELCOME SMILE PROGRAM, WHICH PROVIDES TEMPORARY RESTORATIVE TREATMENT FOR WOMEN AT RISK FOR DOMESTIC VIOLENCE OR ARE TRANSITIONING OUT OF PRISON WITH THE GOAL OF FINDING GAINFUL EMPLOYMENT AND FINANCIAL STABILITY FOR THEIR FAMILIES. WHEN WOMEN HAVE MAJOR ISSUES WITH THEIR TEETH, IT AFFECTS THEIR SELF-ESTEEM AND BEING ABLE TO SMILE, WHICH CAN SIGNIFICANTLY IMPACT THEIR MARKETABILITY.

NAME OF ORGANIZATION OR GOVERNMENT: ASSISTANCE DOGS OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE DOGS OF HAWAII (ADH) HOSPITAL FACILITY DOG PROGRAM PLACES TRAINED FACILITY DOGS, FREE OF CHARGE, AT HOSPITALS, CANCER CLINICS, AND REHABILITATION FACILITIES THROUGHOUT THE STATE OF HAWAII. FUNDS WILL BE USED TO PURCHASE PROGRAM SUPPLIES THAT SUPPORT FACILITY DOGS THROUGH THEIR TRAINING, AS WELL AS EQUIPMENT NEEDED TO ACCOMMODATE CLIENTS WITH LIMITED MOBILITY, SPEECH IMPAIRMENTS, ETC. ADH WILL ALSO TRAIN 5 NEW SECONDARY HANDLERS.

NAME OF ORGANIZATION OR GOVERNMENT: ASSISTANCE LEAGUE OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATION SCHOOL BELL, ASSISTANCE LEAGUE'S NATIONAL SIGNATURE PROGRAM, BEGAN IN HAWAII TO PROVIDE NEW SCHOOL CLOTHING AND SHOES TO LOW INCOME CHILDREN, AGES 5-14, WHO ARE

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ATTENDING TITLE 1 SCHOOLS AS IDENTIFIED BY THE HAWAII DEPT. OF EDUCATION.

ANNUALLY, STUDENTS AND PARENTS ARE INVITED TO AN "IN-STORE SHOPPING EVENT" AND GIVEN A SPECIFIC BUDGET TO SHOP; \$60 FOR ELEMENTARY AND \$75 FOR MIDDLE SCHOOL STUDENTS. THE GRANT WILL SERVE MORE KIDS.

NAME OF ORGANIZATION OR GOVERNMENT: BIG BROTHERS BIG SISTERS HAWAII, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FROM FRIENDS OF HAWAII CHARITIES, INC WILL BE USED TO PROVIDE PROGRAM SUPPLIES, MENTORING MATERIALS, AND TRAINING AND RECOGNITION THAT ARE ESSENTIAL TO PROVIDING ONE-TO-ONE MENTORING PROGRAMS ACROSS THE STATE.

NAME OF ORGANIZATION OR GOVERNMENT: BIG ISLAND MEDIATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WHMC SEEKS FUNDING FOR OUR COMMUNITY MEDIATION PROGRAM. AS THE ONLY ALTERNATIVE DISPUTE RESOLUTION CENTER IN WEST HAWAII, WE PROVIDE CRUCIAL SERVICES FOR LOW-INCOME RESIDENTS WHO WOULDN'T OTHERWISE BE ABLE TO ACCESS THEIR JUSTICE NEEDS. OUR COMMUNITY MEDIATION PROGRAM PROVIDES A NEUTRAL SETTING FOR PARTIES IN CONFLICT TO WORK TOWARD AN AGREEMENT BY WELL TRAINED VOLUNTEER MEDIATORS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: BOYS & GIRLS CLUB OF THE BIG ISLAND PROVIDES AFTER SCHOOL YOUTH DEVELOPMENT SUPPORT PROGRAMMING FOR AT-RISK YOUTH AND LOW-INCOME FAMILIES AT SEVEN RURAL-AREA SITES IN HILO, KEAAU, PAHOA, PAHALA, OCEAN VIEW, ULU WINI-KONA, AND KEALAKEHE-KONA. THE REQUESTED FUNDS WILL PROVIDE DAILY HOMEWORK SUPPORT AND SPECIALIZED ACADEMIC TUTORING AND CRITICAL NUTRITIONAL SUPPLEMENTATION IN THE FORM OF A FULL EVENING MEAL OR HEALTHY SNACKS TO ALL BGCBI CLUB YOUTH.

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NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR TOMORROWS LEADERS

(H) PURPOSE OF GRANT OR ASSISTANCE: A GRANT WILL ENABLE CENTER FOR TOMORROWS LEADERS (CTL) TO PROVIDE ACCESS FOR LOW-INCOME JUNIORS AND SENIORS FROM PUBLIC SCHOOLS TO PARTICIPATE IN OUR YEAR-LONG FELLOWS LEADERSHIP DEVELOPMENT PROGRAM. FUNDS WOULD ALSO BE USED TO SUPPORT SUCCESS BEYOND HIGH SCHOOL GRADUATION AND EXPAND LEADERSHIP DEVELOPMENT THROUGH SUMMER COLLEGE INTERNSHIPS TO RETAIN A CORE OF YOUNG LEADERS WHO ARE COMMITTED TO WORKING AND INVESTING IN HAWAII COMMUNITIES .

NAME OF ORGANIZATION OR GOVERNMENT: CHILD AND FAMILY SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY CENTERS PROVIDES AN ESSENTIAL RESOURCE TO COMMUNITIES, OFFERING A ONE-STOP LOCATION FOR A MULTITUDE OF SERVICES (HELP WITH FOOD, CLOTHING, INFORMATION, AND PROGRAMS) DESIGNED TO STRENGTHEN AT-RISK INDIVIDUALS AND FAMILIES. FUNDING WILL HELP REFRESH EACH LOCATION WITH NEW TOYS AND THERAPEUTIC ITEMS FOR CHILDREN AND FAMILIES TO FEEL SAFE WHILE SEEKING SERVICES; AND REPLACE BROKEN/WORN FURNITURE/RUGS TO PROVIDE A WELCOMING ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: COMMON GRACE

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR MISSION IS TO BRING KINDNESS TO LONELY CHILDREN IN HAWAII'S PUBLIC ELEMENTARY SCHOOLS BY CONNECTING THEM WITH CARING ADULTS, TEENAGERS AND KUPUNA. MALAMA MENTORS CONNECTS HIGH SCHOOL STUDENTS WITH LONELY AND ISOLATED ELEMENTARY SCHOOL STUDENTS. WE CURRENTLY HAVE IMPLEMENTED MALAMA MENTORS IN 9 HIGH SCHOOLS AND 12 ELEMENTARY SCHOOLS. THE FUNDS WILL BE USED FOR TWO LARGE EVENTS, WHERE MENTORS AND MENTEES CAN DEEPEN THEIR TRUST AND FRIENDSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HUI HAWAII

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(H) PURPOSE OF GRANT OR ASSISTANCE: HUI PEER TO PEER PARENTING GROUPS BRING FAMILIES W/YOUNG KEIKI (0-5 YRS) TOGETHER TO DISCUSS EARLY CHILDHOOD DEVELOPMENT KNOWLEDGE, PARENTING STRATEGIES, & COMMUNITY RESOURCES AND BUILD LONG LASTING SOCIAL CONNECTIONS BETWEEN PARTICIPANT FAMILIES SO THAT CHILDREN THRIVE. LED BY TRAINED VOLUNTEER PARENTS, HUI STRENGTHENS COMMUNITIES AND IS PROVEN TO REDUCE VIOLENCE IN THE HOME. IT TAKES A VILLAGE TO RAISE A CHILD & A HUI TO RAISE A PARENT.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY MINISTRIES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MOLOKAI TELE-BEHAVIORAL HEALTH PROJECT (II) BRIDGES THE GAP BETWEEN THE SEVERE NEED FOR BEHAVIORAL HEALTH SERVICES AND LACK OF CONFIDENTIAL AND READILY ACCESSIBLE BEHAVIORAL HEALTH CARE. THIS WILL BE DONE BY OFFERING ONLINE VIDEO-COUNSELING AND BY PROVIDING IN-PERSON COUNSELING AT INCONSPICUOUS AND CONFIDENTIAL LOCATIONS. FUNDS WILL BE USED TO OFFSET THE COST OF TRANSPORTATION, COUNSELING, WORKSHOPS AND OFFICE EXPENSES. THE HEALTHY KUPUNA FAMILY OUTREACH PROGRAM SEEKS TO EQUIP OLDER/ELDERLY PARENTS AND PARENT FIGURES DEVELOP AND STRENGTHEN THEIR ABILITY TO HEALTHILY PARENT THE CHILDREN UNDER THEIR CARE. GRANT WILL BE USED TO HELP OFFSET COST OF PROFESSIONAL COUNSELING SERVICES SO AS TO SPECIFICALLY DEVELOP AND TARGET SKILL SETS TO EACH PARENT FOR THEIR CHILDREN VERSUS A NON-CULTURALLY-SENSITIVE, BROAD-BRUSH, HIT-MISS STANDARD PARENTING DISCIPLINE APPROACH.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: WITH FRIENDS OF HAWAII CHARITIES FUNDING WE AIM TO INCREASE OUR CAPACITY TO SERVE FAMILIES EXPERIENCING A HOUSING CRISIS BY 30% THROUGH OUR PREVENTION/DIVERSION PROGRAM. THE

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PROGRAM ASSISTS FAMILIES WHO ARE STRUGGLING TO MAKE ENDS MEET BY PROVIDING ACCESS TO CASE MANAGEMENT, FINANCIAL LITERACY, FINANCIAL ASSISTANCE, AND HOUSING SUPPORT. TOGETHER, WE CAN PROVIDE EQUITABLE ACCESS TO HOUSING FOR OAHUS VULNERABLE FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING HAWAII TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: A \$10,000 GRANT WOULD BE USED TOWARD BASIC FURNISHINGS AND EQUIPMENT ESSENTIAL TO REOPEN OUR FACILITY TO THE PUBLIC IN SPRING-SUMMER 2020. FUNDING WOULD BE USED TO PURCHASE SAMSUNG GALAXY TABLETS FOR DATA COLLECTION, POP UP CANOPIES TO PROVIDE SHADE FOR CLIENTS, FLUORESCENT SECURITY VESTS, VOLUNTEER VESTS/T-SHIRTS AND PARKING STRIPING TO MAXIMIZE SAFETY, AND FOLDING TABLES FOR INTAKE, WRAPAROUND SERVICES AND GROCERY SET UP.

NAME OF ORGANIZATION OR GOVERNMENT: FRANCISCAN CARE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO INCREASE THE EDUCATION OF THE DONORS UP-FRONT TO PREVENT ATTRITION WHEN DONORS COME UP AS A MATCH FOR A PATIENT. LACK OF COMMITMENT FROM DONORS JOINING GIVE PATIENTS FALSE HOPE IN THINKING A MATCHING DONOR HAS BEEN FOUND, WHEN CURRENTLY OVER 50% DROP OUT DUE TO VARIOUS REASONS. MARKETING MATERIALS WILL BE USED TO INCREASE EDUCATION AND COMMITMENT FROM OUR TARGET AUDIENCE (BETWEEN AGES 18-44).

NAME OF ORGANIZATION OR GOVERNMENT: HALE KIPA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL SUPPORT HALE KIPA'S KAUAI SCHOOL SUCCESS PROGRAM FOCUSED ON PROVIDING A RANGE OF SERVICES FOCUSED ON ACHIEVING EDUCATIONAL GOALS INCLUDING YOUTH AND FAMILY SUPPORT, CREDIT RECOVERY, GED PREPARATION AND VOCATIONAL OPPORTUNITIES TARGETED FOR YOUTH

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WHO HAVE BEEN SUSPENDED, DROPPED OUT OF SCHOOL OR NEED CREDITS TO STAY ON TRACK.

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: HALE OPIO KAUAI, INC. PROVIDES RESIDENTIAL AND COMMUNITY-BASED PROGRAMS WITH YOUNG PEOPLE AFFECTED BY FOSTER CARE, OTHER "SYSTEM" YOUTH, AND THE GENERAL YOUTH AND YOUNG ADULT POPULATION LARGELY THROUGH GOVERNMENT MANDATED AND FUNDED TREATMENT AND YOUTH DEVELOPMENT PROGRAM. FUNDS PROVIDE GOODS AND SERVICES FOR YOUNG PEOPLE NOT COVERED BY STATE FUNDING, YET ESSENTIAL TO POSITIVE OUTCOMES, SUCH AS PURCHASING CLOTHING FOR JOB INTERVIEWS, SUPPLIES FOR BABIES AND TODDLERS, ESSENTIALS FOR MOVING INTO A ROOM OR APARTMENT, BUS PASSES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII AUTISM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SUPPORT AND EDUCATION ON SPECIAL NEEDS ADULT HOUSING FOR ASD. THE PROJECT REQUIRES DESIGNING AN ONLINE INFORMATION CENTER FOR FAMILIES OF SPECIAL NEEDS TO LEARN ABOUT HAWAII'S OPTIONS FOR SPECIAL NEEDS HOUSING AND LEVELS OF SUPPORT. IT

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WILL IMPLEMENT A COMMUNICATION ONLINE CONNECTION HUB.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII CHILDREN'S ACTION NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: HAWAII CHILDRENS ACTION NETWORK

WORKS TO ENSURE ALL KEIKI ARE HEALTHY, SAFE, AND READY TO LEARN. 53% OF CHILDREN IN HAWAII DO NOT RECEIVE THE BENEFITS OF PRESCHOOL, AND THE STATES EARLY EDUCATION SYSTEM IS INADEQUATE TO SERVE EVERY CHILD. HCAN WILL WORK TO INCREASE THE QUALITY AND ACCESS TO PRESCHOOL AND CARE THROUGH COMMUNITY OUTREACH AND EDUCATION AMONG PARENTS, BUSINESS/GOVERNMENT LEADERS, AND THE GENERAL PUBLIC.

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

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

CANCER ALSO SUFFER FROM ACUTE FINANCIAL STRESS. TYPICALLY, ONE PARENT WILL LEAVE THEIR JOB TO PROVIDE FULL-TIME CARE AND SUPPORT TO THE CHILD. THE RESULTING LOSS OF INCOME, COUPLED WITH THE LARGE OUT-OF-POCKET MEDICAL EXPENSES, CAN RESULT IN A DEVASTATING FINANCIAL HARDSHIP. THE FINANCIAL ASSISTANCE PROGRAM WAS CREATED TO ADDRESS AND MITIGATE THE 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 IS ONE OF OUR BIGGEST EXPENSE. THE \$8000 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: ALA KUOLA PROVIDES THE NATIONALLY

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KNOW EVIDENCE BASE YOUTH VIOLENCE PREVENTION PROGRAM TO MANY HIGH SCHOOLS STATEWIDE CALLED COACHING BOYS INTO MEN(CBIM). TO PREVENT DATING VIOLENCE AND SEXUAL ASSAULT. ALONG WITH COACHING BOYS INTO MEN, ALA KUOLA WILL ALSO BE OFFERING TO HIGH SCHOOLS STATEWIDE THE COMPANION FOR FEMALE ATHLETES CALLED ATHLETES AS LEADERS. FUNDS WILL BE USED FOR TRAINING MATERIALS, TRAVEL AND SUPPLIES FOR COACHES.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED TO HELP COVER KENNELING AND DOG SUPPLIES. OUR SERVICE DOGS ARE TRAINED TO PERFORM TASKS THAT WILL PROVIDE MEANINGFUL ASSISTANCE TO THEIR PARTNERS WITH DISABILITIES. ALL OF OUR GRADUATES ARE AT RISK DUE TO SERIOUS MUSCLE CONTROL AND OR BALANCE ISSUES. SOME TASK EXAMPLES INCLUDE: OPENING DOORS, PICKING UP DROPPED ITEMS, TURNING ON LIGHTS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII FOODBANK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OHANA PRODUCE PLUS PROGRAM DISTRIBUTES DONATED AND PURCHASED FRESH PRODUCE, DAIRY PRODUCTS AND BAKED GOODS TO LOW-INCOME FAMILIES, THE ELDERLY, THE DISABLED AND VETERANS, THE HOMELESS AND THE WORKING POOR ON KAUAI. TO CONTINUE TO SERVE THOSE IN NEED, HAWAII FOODBANK KAUAI RESPECTFULLY REQUESTS FUNDING FROM THE FRIENDS OF HAWAII CHARITIES TO SUPPORT PROGRAM EXPENSES SUCH AS THE COST OF TRANSPORTING FOOD, STORING FOOD, AND PROGRAM PERSONNEL.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII HEALTH & HARM REDUCTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: HAWAII HEALTH & HARM REDUCTION CENTER MAINTAINS AN EMERGENCY FOOD PANTRY TO HELP ENSURE THAT ITS CLIENTS HAVE ADEQUATE NUTRITIONAL SUPPORT, INCLUDING THOSE LIVING WITH HIV OR

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HEPATITIS, THOSE SERVED BY OUR OTHER PROGRAMS (WOUND CARE, HOUSING OUTREACH, SYRINGE EXCHANGE, TRANSGENDER SERVICES), AND REFERRALS FROM LAW ENFORCEMENT ASSISTED DIVERSION (LEAD). WE ALSO INTEND TO PROVIDE HYGIENE KITS TO THESE CLIENTS ON AN AS NEEDED BASIS.

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 INCOME LEVEL AND ARE INELIGIBLE FOR NEEDED SERVICES THROUGH MEDICAID, YET THEY DO NOT HAVE ENOUGH FUNDS TO ATTEND/PAY FOR DAY CARE. THE GRANT FUNDS ARE USED AS A COST SHARE AND ALLOWS US TO PROVIDE SERVICES SPECIFICALLY FOR WOMEN IN NEED REGARDLESS OF THEIR ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII LITERACY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HAWAII LITERACY'S BOOKMOBILE PROGRAM WILL OFFER WEEKLY VISITS TO 20 HIGH-NEED SITES, ON THE WAI'ANAE COAST AND ACROSS O'AHU. WE WILL BRING FREE BOOKS AND LITERACY ACTIVITIES TO 2,800 LOW-INCOME KEIKI AND PARENTS. THE SUPPORT OF 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, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MONIES WILL BE USED TO PURCHASE HOT NUTRITIOUS MEALS FOR THE ELDERLY AND THOSE THAT ARE DISABLED.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII ORGAN PROCUREMENT ORGANIZATION

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(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHECK THE BOX CAMPAIGN IS AN EDUCATION PROGRAM DEVELOPED TO ENCOURAGE ORGAN/TISSUE DONATION IN HAWAII. TARGETING NEW/RENEWING LICENSED DRIVERS & STATE ID APPLICANTS, THE CAMPAIGN FEATURES POSTERS OF COMMUNITY LEADERS & ENTERTAINERS WHO HAVE REGISTERED AS ORGAN/TISSUE DONORS. AN LLH REPRESENTATIVE IS AVAILABLE AT SELECT DMVS TO ANSWER QUESTIONS ABOUT ORGAN DONATION. LLH LOGO PENS ARE DISTRIBUTED TO DMVS FOR USE BY PATRONS COMPLETING FORMS.

NAME OF ORGANIZATION OR GOVERNMENT:

HAWAII STATE JUNIOR GOLF ASSOCIATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED TO SUPPORT THE DELIVERY OF THE HSJGA'S MISSION - THE HSJGA DEVELOPS LIFE SKILLS THROUGH FUN, AFFORDABLE AND COMPETITIVE PROGRAMS THAT EDUCATE, MOTIVATE AND INSPIRE. THE ASSOCIATIONS GOALS ARE TO PROVIDE THE FOLLOWING: OPPORTUNITIES THAT TEACH RESPONSIBILITY, DEVELOP QUALITIES OF LEADERSHIP AND INTEGRITY, AND ASSIST JUNIORS IN BECOMING PRODUCTIVE MEMBERS OF THE ADULT COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAIIAN EYE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WE PLAN TO CONTINUE THE SCREENING AND CATARACT SURGERY PROGRAM STARTED IN 2017 TO HELP THOSE THAT CANNOT AFFORD QUALITY EYE CARE. WE SCREEN, PROVIDE GLASSES AND DO FREE CATARACT SURGERY FOR THOSE PATIENTS IDENTIFIED IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: HMHB IS PARTNERING WITH AGENCIES THAT WORK DIRECTLY WITH FOSTER FAMILIES TO PROVIDE TRAININGS SPECIFIC TO

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THEIR NEEDS, SUCH AS SAFE SLEEP AND PREVENT CHILD ABUSE. OUR FIRST COLLABORATION PROJECT IS WITH PROJECT FIRST CARE. FUNDING FOR THIS PROGRAM WILL DIRECTLY IMPACT BOTH THE RESOURCE CARE GIVERS & THE CHILDREN THEY ARE CARING FOR. PROVIDING EDUCATION & TRAINING BETTER EQUIPS FOSTER PARENTS WITH CONFIDENCE & KNOWLEDGE.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: READY TO LEARN IS A SEASONAL PROJECT THAT PROVIDES LOW-INCOME/HOMELESS STUDENTS (GRADES K-12) WITH FREE SCHOOL SUPPLIES. FUNDS WILL BE USED TO BULK-ORDER SCHOOL SUPPLIES THAT WILL BE ASSEMBLED INTO AGE-APPROPRIATE SCHOOL SUPPLY KITS AND DISTRIBUTED TO STUDENTS BEFORE THEIR FIRST DAY OF SCHOOL. ANY EXCESS INVENTORY AND SUPPLIES COLLECTED THROUGH COMMUNITY DRIVES ARE DISTRIBUTED YEAR ROUND.

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 EMPLOYMENT. WE ARE SEEKING FUNDS FOR ITEMS THAT THE FEDERAL GRANT DOES NOT COVER: (1) LUNCH SUBSIDIES AND WORK JEANS FOR HOMELESS AND INDIGENT STUDENTS, (2) TEACHING MATERIALS FOR STUDENTS WITH LEARNING DISABILITIES, AND (3) A VAN TO ASSIST WITH TRANSPORTING STUDENTS TO AND FROM THE TRAINING SITE AND THE VARIOUS JOB SITES.

NAME OF ORGANIZATION OR GOVERNMENT: HO'OMAU KE OLA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOOMAU KE OLA, INC. SUBSTANCE ABUSE TREATMENT PROGRAM IS A FULL SERVICES TREATMENT CENTER WHICH CONSISTS OF FOUR (4) STEP DOWN LEVELS OF CARE THAT PROVIDE EDUCATIONAL AWARENESS, EMOTIONAL, COGNITIVE, BEHAVIORAL, AND SPIRITUAL PROCESSING AND COUNSELING

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SERVICES TO INDIVIDUAL (OUR HAUMANA) SUFFERING FROM ADDICTION.

NAME OF ORGANIZATION OR GOVERNMENT: HO'OLA NA PUA

(H) PURPOSE OF GRANT OR ASSISTANCE: A GRANT FROM THE FRIENDS OF HAWAII CHARITIES WOULD GO TOWARD OUR STARFISH MENTORING PROGRAM. THIS PROGRAM PROVIDES A MENTOR TO YOUTH WHO ARE AT RISK OF OR HAVE BEEN EXPLOITED. MENTORS PROVIDE CONSISTENT SUPPORT FOR YOUTH ON THEIR JOURNEY OF HEALING MOVING TOWARDS SELF-EFFICACY AND SAFE HEALTHY RELATIONSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: HOA AINA O MAKAHA

(H) PURPOSE OF GRANT OR ASSISTANCE: WE HAVE EXPERIENCED OVERWHELMING SUCCESS IN SHARING HEALTHY VEGETABLES THROUGH OUR FARM PROGRAMS TO FAMILIES. TO CONTINUE TO PROVIDE ADEQUATE PRODUCE WE ARE UPGRADING THE EQUIPMENT NEEDED TO PROCESS AND STORE VEGETABLES BEFORE DISTRIBUTION. WE HAVE RECEIVED FUNDING TO REPLACE OUR OLD AND INADEQUATE REFRIGERATORS AND PURCHASE AN ICE MACHINE. WE ARE REQUESTING FUNDING FOR 8 ADDITIONAL SOLAR PANELS TO SUPPLY ADEQUATE POWER TO THE NEW APPLIANCES.

NAME OF ORGANIZATION OR GOVERNMENT: HONOLULU HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO REACH OUT TO LOW-INCOME FAMILIES ON OAHU TO EDUCATE THEM ABOUT HABITAT'S PROGRAMS. THROUGH THIS OUTREACH PROGRAM, HHH WILL DEVELOP STRONGER TIES WITHIN LOW-INCOME COMMUNITIES ON OAHU AND EDUCATE THEM ABOUT THE REALITIES AND OPPORTUNITIES OF HOMEOWNERSHIP. THIS PROGRAM WILL ALSO HELP QUALIFIED FAMILIES NAVIGATE THROUGH THE HABITAT APPLICATION PROCESS AND PROGRESS TOWARDS OWNING THEIR OWN HOME.

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

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(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.

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE HAWAII, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WE ARE SEEKING SUPPORT FOR OUR PEDIATRIC CARE PROGRAM TO STRENGTHEN OUR EFFORTS TO PROVIDE THE HIGHEST QUALITY OF CARE POSSIBLE TO CHILDREN FACING A LIFE-LIMITING ILLNESS AND THEIR FAMILIES. FUNDS WILL BE USED FOR PATIENT RESOURCES AND OTHER PATIENT CARE NEEDS NOT COVERED THROUGH MEDICAID OR OTHER INSURANCE PLANS AS WELL AS EQUIP THE PROGRAM WITH ENHANCED SUPPORT FOR CHILD THERAPEUTIC PLAY, ART THERAPY, AND BEREAVEMENT CARE FOR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF HILO

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT HELPS PROVIDE SUPPLEMENTAL FAMILY AND COMMUNITY BEREAVEMENT SERVICES INCLUDING FAMILY GRIEF COUNSELING, INDIVIDUAL GRIEF COUNSELING FOR ADULTS, CHILDREN, AND YOUTH, MEMORIAL SERVICES FOR THE COMMUNITY, ADULT GRIEF SUPPORT GROUPS, KEIKI/TEEN/FAMILY BEREAVEMENT CAMPS, GRIEF EDUCATION WORKSHOPS, EDUCATIONAL PRESENTATIONS AND TRAINING IN THE WORKPLACE/SCHOOLS/AGENCIES, AND GRIEF/BEREAVEMENT RESOURCE AND REFERRAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

HUGS FOR HAWAII'S SERIOUSLY ILL CHILDREN AND THEIR FAMILIES

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(H) PURPOSE OF GRANT OR ASSISTANCE: SIBLINGS OF SERIOUSLY ILL CHILDREN OFTEN FEEL ISOLATED AND UNIMPORTANT AS ATTENTION BY PARENTS AND OTHERS FOCUS ON THE ILL CHILD. FUNDS WILL BE USED TO PROVIDE A 3-DAY CAMP FOR 30 SIBLINGS OF HAWAII'S SERIOUSLY ILL CHILDREN. THE CAMP WILL ENABLE SIBLINGS TO REDUCE THEIR SENSE OF SOCIAL ISOLATION, INCREASE SELF-ESTEEM AND FOSTER FAMILY COHESION THRU FUN THERAPEUTIC-BASED ACTIVITIES, SMALL GROUP DISCUSSIONS AND SAFE EXPRESSION OF THEIR FEELINGS.

NAME OF ORGANIZATION OR GOVERNMENT: HUI MAKUA PUNANA LEO O MOLOKAI

(H) PURPOSE OF GRANT OR ASSISTANCE: DUE TO EXTREMELY NEEDY FAMILIES OVER THE LAST TWO YEARS, WE HAVE SERIOUSLY DEPLETED OUR TUITION ASSISTANCE ACCOUNT AND ARE RESPECTFULLY REQUESTING YOUR KOKUA AGAIN IN HELPING US TO REPLENISH THIS VITAL RESOURCE THAT HELPS US KEEP OUR KEIKI IN SCHOOL REGARDLESS OF THEIR OHANA'S ECONOMIC HARDSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: HUI O MANA KA PUUWAI

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OUTRIGGER CANOE PADDLES AND TEAM SHIRTS FOR YOUTH PROGRAMS, EQUIPMENT MAINTENANCE, REPAIRS AND REPLACEMENTS, FIRST AID AND GENERAL SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: HUNAKAI PARK ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIVATE PARK THAT SERVES THE SURROUNDING COMMUNITIES AS AN ACTIVITIES CENTER FOR YOUTH SPORTS, ADULT AND ELDERLY EXERCISE AND LEISURE, OTHER RECREATIONAL ACTIVITIES, SOCIAL AND CULTURAL ACTIVITIES, AND A DOG FRIENDLY ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

IHS THE INSTITUTE FOR HUMAN SERVICES INC

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(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHILDREN'S AFTER SCHOOL AND SCHOOL HOLIDAY PROGRAMS ARE DESIGNED TO ENGAGE CHILDREN LIVING AT IHS' HOMELESS SHELTER OR KAHAIKI VILLAGE IN PROGRAMMING THAT WILL HELP EXPAND THEIR WORLDVIEW BEYOND THE WALLS OF THE SHELTER OR THE VILLAGE. PROGRAMMING INCLUDES ONSITE TUTORING AND AFTER SCHOOL SPORTING AND EDUCATIONAL PROGRAMS, AS WELL AS FIELD TRIPS AND CULTURAL EXPERIENCES ACROSS THE ISLAND DURING SCHOOL HOLIDAYS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE BASIC NEEDS SUCH AS RENTAL ASSISTANCE, FOOD, UTILITIES, TRANSPORTATION, MEDICAL COSTS AND CASE MANAGEMENT TO LOW INCOME, ELDERLY, DISABLED AND FAMILIES IN NEED OF SUPPORT. JCS IS THE ONLY HAWAII BASED ORGANIZATION PROVIDING STATEWIDE HELP TO THIS POPULATION IN THE HAWAII JEWISH COMMUNITY. WE ALSO PROVIDE ASSISTANCE TO OTHERS SEEKING HELP THROUGH INFORMATION AND REFERRAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: KAPIOLANI HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPLEX CARE CLINIC AT KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN WAS CREATED TO SUSTAIN MEDICAL HOMES THAT PROMOTE SYSTEM WIDE QUALITY CARE WITH OPTIMAL HEALTH OUTCOMES, FAMILY SATISFACTION AND COST EFFICIENCY. THIS PROGRAM SEEKS TO IMPROVE THE EFFICIENCY OF CARE FOR MEDICALLY COMPLEX CHILDREN AND REDUCE PREVENTABLE EMERGENCY DEPARTMENT VISITS.

NAME OF ORGANIZATION OR GOVERNMENT: KAUAI FOOD BANK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF KEIKI CAF IS TO PROVIDE HEALTHY AFTER SCHOOL SNACKS AND ENSURE THAT EVERY SCHOOL DAY OUR

Part IV Supplemental Information

ISLAND'S KEIKI RECEIVE THE NUTRITION THEY NEED TO ACHIEVE THEIR BEST. THE KEIKI CAF PROGRAM SUPPORTS STUDENTS ACADEMIC ENRICHMENT AFTER SCHOOL, DURING A TIME PERIOD WHEN MANY CHILDREN GO HUNGRY. CURRENTLY, WE PROVIDE HEALTHY SNACKS TO NEARLY 800 KEIKI. OUR PROGRAM REACHES 8 COMMUNITIES AND SPANS THE ISLAND OF KAUAI.

NAME OF ORGANIZATION OR GOVERNMENT:

KAUAI INDEPENDENT DAYCARE SERVICES INC (KIDS)

(H) PURPOSE OF GRANT OR ASSISTANCE: KIDS PROVIDES QUALITY CARE AND DEVELOPMENTAL EXPERIENCES FOR 3-4 YEAR OLD'S YEAR-ROUND FROM 7:00 AM-5:00 PM TO ACCOMMODATE WORKING PARENTS. KIDS, IS ADDRESSING THE NEED OF AFFORDABLE, HIGH-QUALITY EARLY CHILDHOOD EDUCATION (ECE) FOR KAUAI FAMILIES. KIDS IS REQUESTING \$10,000 TO PURCHASE NEW SUPPLIES AND EQUIPMENT FOR THE CORE CURRICULUM MODULES; ART CENTER, CREATIVE PLAY, PROBLEM SOLVING, CIRCLE TIME, AND THE LEARNING CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: KAUAI NORTH SHORE FOOD PANTRY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: KNSFP RUNS FOUR PROGRAMS TO TARGET HUNGER IN OUR COMMUNITY, AND PROVIDE ACCESS TO BASIC NECESSITIES. THE FOOD PANTRY PROVIDES HEALTHY AND NUTRITIOUS FOOD. DRUGSTORE DAYS PROVIDE PERSONAL CARE PRODUCTS. FAMILY DAYS PROVIDE ESSENTIAL HOUSEHOLD/FAMILY NECESSITIES. PET FOOD DAYS PREVENT OUR SHOPPERS FROM SACRIFICING THEIR OWN NUTRITIONAL NEEDS FOR THEIR PETS. FUNDS WILL BE DIVIDED EVENLY AMONG THE PROGRAMS TO PURCHASE SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT:

KEIKI EDUCATION LIVING INDEPENDENT INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OBJECTIVE OF THE K.E.L.I.I.

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FOUNDATIONS BRIDGE THE GAP TRANSITIONAL PROGRAM IS TO SEAMLESSLY TRANSITION YOUNG ADULTS WITH SPECIAL NEEDS FROM THE DEPARTMENT OF EDUCATION IN TO INDEPENDENT LIVING. THE BRIDGE THE GAP TRANSITIONAL PROGRAM WILL PROVIDE PROGRAM PARTICIPANTS WITH REAL-LIFE SCENARIOS TO PROMOTE APPROPRIATE SOCIAL, EMOTIONAL, AND BEHAVIORAL INTERACTIONS IN THE HOME AND COMMUNITY SETTINGS.

NAME OF ORGANIZATION OR GOVERNMENT: KEIKI TO KUPUNA FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE REQUESTED FUND OF \$20,000.00 WILL BE USED TOWARDS THE PURCHASE OF RAW FOOD PRODUCTS OR FOOD ITEMS TO PREPARE 5,263 MEALS. MEALS WILL BE DELIVERED TO THE ISOLATED AND HOMEBOUND SENIORS IN THE PEARL CITY, WAIPAHU, EWA BEACH, KAPOLEI, AND THE WAIANAE DISTRICTS. THESE SENIORS HAVE MOBILITY PROBLEMS AND UNABLE TO COOK NUTRITIOUS MEALS FOR THEMSELVES. THEY ARE ALSO HOMEBOUND AND ISOLATED IN THEIR OWN HOMES.

NAME OF ORGANIZATION OR GOVERNMENT: KHM INTERNATIONAL
(H) PURPOSE OF GRANT OR ASSISTANCE: KA HONUA MOMONA INTERNATIONAL (KHM) IS A 501(C)3 NONPROFIT BASED ON THE ISLAND OF MOLOKAI. OUR MISSION IS TO BE A MODEL OF SUSTAINABILITY MAUKA A MAKAI (FROM THE MOUNTAINS TO THE SEA). KHMS PHILOSOPHY IS TO DEVELOP INDIGENOUS EDUCATION SYSTEMS, REVITALIZE NATURAL AND CULTURAL RESOURCES, PERPETUATE TRADITIONAL KNOWLEDGE AND STEWARDSHIP, WHILE EVOLVING WITH MODERN TECHNOLOGY. WE WOULD USED THIS FUNDING IN DIRECT SUPPORT OF A KHM FINANCIAL REVIEW.

NAME OF ORGANIZATION OR GOVERNMENT: KUKUI CHILDRENS FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE COMMUNITY PARTNERS PROGRAM OF THE HARRY AND JEANETTE WEINBERG KUKUI CENTER RECRUITS AND UTILIZES

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SUPPORT FROM BUSINESSES, SERVICE GROUPS AND INDIVIDUALS TO HELP THE KUKUI CENTER'S 8 NONPROFITS AND THE CLIENTS THEY SERVE. WITH THE HELP OF A PART TIME COORDINATOR, THIS UNIQUE COLLABORATIVE VOLUNTEER PROGRAM PROVIDES THE AGENCIES NEEDED COMMUNITY SUPPORT AND RESOURCES THEY WOULD NOT OTHERWISE HAVE. IT IS A WIN/WIN FOR OUR CARING COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: LANAI COMMUNITY HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: LCHC PROVIDES LOW COST, HIGH QUALITY DENTAL CARE AND PREVENTIVE SERVICES. THIS GOAL IS ACCOMPLISHED DIRECTLY WITH THE SERVICE PROVIDED, ALONG WITH LCHCS OUTREACH PROGRAMS DEVELOPED TO ENHANCE PREVENTIVE SERVICES THROUGH. WE ARE REQUESTING FUNDS TO HELP SUPPORT OUR EDUCATION, OUTREACH AND SCREENING EFFORTS FOR THE PEDIATRIC DENTAL PROGRAM. IN THE WORDS OF FORMER SURGEON GENERAL C. EVERETT KOOP, YOU'RE NOT HEALTHY WITHOUT GOOD ORAL HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT:

LEADERSHIP IN DISABILITIES & ACHIEVEMENT OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE WITH PURCHASING A HEARING SCREENING DEVICE NEEDED TO IDENTIFY AND DETECT HEARING LOSS OF CHILDREN AGES 2-5. LDAH IS THE ONLY PARENT CENTER IN THE STATE OF HAWAII, PROVIDING COMMUNITY-BASED SCREENING AND FOLLOW UP SUPPORT TO FAMILIES OF ALL CHILDREN AT RISK OF, OR WITH DISABILITIES ENTERING KINDERGARTEN.

NAME OF ORGANIZATION OR GOVERNMENT: LUNALILO HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NOURISHMENT AND DIETARY NEEDS FOR DISADVANTAGED SENIORS, ESPECIALLY THE VULNERABLE, FRAIL, DEVELOPMENTALLY DISABLED, AND ISOLATED ELDERLY WHO OTHERWISE WOULD GO HUNGRY OR BECOME MALNOURISHED. LUNALILO HOME PROVIDES OVER 5,000 MEALS A

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MONTH, INCLUDING HOME DELIVERED MEALS. WE RECENTLY UPDATED OUR KITCHEN AND NOW NEED THE EQUIPMENT TO PROPERLY COOK AND FEED THOSE IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT: MAKE-A-WISH HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MISSION OF MAKE-A-WISH HAWAII IS THAT, TOGETHER, WE GRANT LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES. EVERY YEAR, THERE ARE ABOUT 100 KEIKI THROUGHOUT OUR STATE WHO ARE NEWLY DIAGNOSED WITH A QUALIFYING CONDITION. IT IS OUR VISION TO GRANT THE WISH OF EVERY ELIGIBLE CHILD BECAUSE WISHES TRANSFORM LIVES. WISH GRANTING IS AT THE HEART OF OUR MISSION AND IS THE ONE AND ONLY PROGRAM OF MAKE-A-WISH-HAWAII.

NAME OF ORGANIZATION OR GOVERNMENT: MALAMA NA MAKUA A KEIKI

(H) PURPOSE OF GRANT OR ASSISTANCE: MALAMA'S TLP, SLP AND OP PROGRAMS PROVIDE A SAFE, HEALTHY AND NON-JUDGEMENTAL ENVIRONMENT FOR PREGNANT AND PARENTING WOMEN TO GET COMPREHENSIVE SUBSTANCE ABUSE/ADDICTION TREATMENT. THIS REQUEST IS FOR FUNDS TO PURCHASE GIFT CARDS TO GIVE CLIENTS FOR BARE ESSENTIALS (SUCH AS FOOD, TOILETRIES, AND BABY/CHILD NECESSITIES.) OFTEN THEY ENTER THE PROGRAM WITH ABSOLUTELY NOTHING, AND NEED THESE BASIC ITEMS TO CARE FOR THEMSELVES AND THEIR CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MALAMA PONO HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THESE FUNDS WILL BE UTILIZED FOR THE MOBILE HEALTH UNIT PROGRAM. THE MOBILE HEALTH UNIT IS A RETROFITTED VAN THAT CAN PROVIDE STD AND WOMEN'S WELLNESS SERVICES IN AN OUTREACH SETTING. THIS PATIENT-CENTERED APPROACH ALLOWS OUR ORGANIZATION TO REACH POPULATIONS THAT ENCOUNTER BARRIERS IN ACCESSING OUR SERVICES. FURTHERMORE, THIS PROGRAM ENABLES OUR AGENCY TO HELP DISADVANTAGED

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POPULATIONS THAT PRESENT THE GREATEST DISPARITIES IN CARE.

NAME OF ORGANIZATION OR GOVERNMENT: MARCH OF DIMES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE NICU FAMILY SUPPORT PROGRAM (NFSP) REACHES OUT TO ALL FAMILY MEMBERS OF BABIES WHO ARE IN THE NEONATAL INTENSIVE CARE UNIT BY PROVIDING SUPPORT, SOCIAL ACTIVITIES AND EDUCATIONAL MATERIALS THROUGHOUT THE HOSPITALIZATION OF THE INFANT, DURING THEIR TRANSITION HOME, OR IN THE EVENT OF A MATERNAL MORTALITY OR INFANT DEATH. NFSP PROVIDES PROFESSIONAL DEVELOPMENT TO NICU STAFF. THE FUNDS WILL ALSO BE USED FOR EDUCATION HOURS AND SOCIAL EVENTS.

NAME OF ORGANIZATION OR GOVERNMENT: MAUI FAMILY SUPPORT SERVICES, INC.

(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 THROUGH PHYSICAL, DENTAL, AND MENTAL HEALTH, NUTRITIONAL, SOCIAL AND OTHER SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH KOKUA

(H) PURPOSE OF GRANT OR ASSISTANCE: PUNAWAI REST STOP SERVES MORE THAN 200 PEOPLE/DAY, OR 68,000 HOMELESS ADULTS PER YEAR (DUPLICATED VISITS), 5% OF HOMELESS SERVED ARE WORKING PART- OR FULL-TIME. THE HOURS OF OPERATION IS 7 DAYS A WEEK FROM 7 AM TO 7 PM. ALTHOUGH MHK'S PRIMARY SERVICES ARE FOR ADULTS WITH MENTAL ILLNESS, THE HYGIENE CENTER IS OPEN TO ALL HOMELESS INDIVIDUALS. A VEHICLE IS NEEDED TO TRANSPORT CLIENTS TO APPOINTMENTS FOR MEDICAL AND/OR JOB OPPORTUNITIES.

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NAME OF ORGANIZATION OR GOVERNMENT: MOLOKAI ARTS CENTER, THE

(H) PURPOSE OF GRANT OR ASSISTANCE: SIX MONTHS OF COMPLIMENTARY CERAMIC AND OTHER ART CLASSES FOR CHILDREN, YOUTH, ADULTS AND SENIORS TO HELP THE COMMUNITY COPE DURING THE PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT:

NA HOALOHA-MAUI INTERFAITH VOLUNTEER CAREGIVERS

(H) PURPOSE OF GRANT OR ASSISTANCE: NA HOALOHA WILL CONTINUE TO EXPAND OUR PROGRAMS AND SERVICES IN THE RURAL AREAS OF MAUI COUNTY, TO REDUCE ISOLATION AND PROMOTE QUALITY OF LIFE FOR OUR AGING SENIORS. WE SERVE KUPUNA ON MAUI, MOLOKAI, LANAI AND THE HANA COMMUNITY. OUR GOAL IS TO INCREASE CLIENT ENROLLMENT IN RURAL MAUI COUNTY, RECRUIT AND TRAIN ADDITIONAL VOLUNTEERS AND FOCUS ON BUILDING ORGANIZATIONAL CAPACITY IN RURAL AREAS WITH A HEALTH FAIR IN HANA IN FALL 2020

NAME OF ORGANIZATION OR GOVERNMENT: NA LIMA KAHIAU

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN WITH DISABILITIES WILL BE PROVIDED WITH TOOTHBRUSHES, FLOSS, AND ANTISEPTIC RINSE AND TRAINED IN BRUSHING, FLOSSING, AND RINSING TECHNIQUES. THEY WILL PARTICIPATE IN DESENSITIZATION ACTIVITIES AND TWICE-DAILY SUPERVISED AND INCENTIVIZED BRUSHING, FLOSSING AND RINSING. THE PROGRAM INCLUDES OVERSIGHT AND DIRECTION FROM SPECIALIZED CONSULTANTS AND PRE AND POST SURVEYS MEASURING HOME COMPLIANCE.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED TO OPERATE THE HIMB PROGRAM, WHICH RUNS FROM JUNE TO AUGUST IN HONOLULU. HOME GAMES

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ARE PLAYED AT UH LES MURAKAMI STADIUM & ALTERNATIVE FIELDS. HIMB TRAVELS TO ASIA TO COMPETE AGAINST VARIOUS COLLEGIATE PROGRAMS, SOME OF WHICH ARE HIGHLY REGARDED WORLDWIDE. THE PROGRAM CLOSSES WITH THE HAWAII INTERNATIONAL BASEBALL CHAMPIONSHIP TOURNAMENT, WHICH IS AN EXCHANGE OF INTERNATIONAL GOODWILL, SPORTSMANSHIP & CULTURAL AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT: PARENTS AND CHILDREN TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: HEART & SOUL (HEALING EMOTIONS WITH ART & RECREATION TOGETHER) OF PACT'S FAMILY PEACE CENTER SUPPORTS

CHILDREN AND ADOLESCENTS WHO HAVE BEEN SEXUALLY ABUSED. THE AIM IS TO INCREASE SURVIVORS' SELF-ESTEEM, SELF-EFFICACY, AND ABILITY TO EXPRESS THEIR EMOTIONS THROUGH ARTS AND SOCIAL-RECREATIONAL GROUP ACTIVITIES.

FUNDS WILL PARTIALLY SUPPORT STAFFING, SUPPLIES, TRANSPORTATION ON FIELD TRIPS, AND BENEFICIARY COSTS.

NAME OF ORGANIZATION OR GOVERNMENT: PATCH (PEOPLE ATTENTIVE TO CHILDREN)

(H) PURPOSE OF GRANT OR ASSISTANCE: A GRANT FROM FRIENDS OF HAWAII CHARITIES WOULD HELP COVER THE ONE-TIME FEES ASSOCIATED WITH

TRANSITIONING TO CHILD CARE AWARE OF AMERICAS NEW NDS SUITE SYSTEM THAT WILL ENABLE PATCH TO SUPPORT HAWAII'S YOUNGEST KEIKI BY MANAGING EARLY CHILDHOOD TRAINING, REFERRALS, INFORMATION, CHILD CARE RESOURCE AND REFERRAL DATA AND REPORTING FOR THE STATE OF HAWAII THROUGH A WEB-BASED SUITE OF SERVICES.

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

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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: PURPLE MAIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO SUPPORT THE IMPLEMENTATION OF THE FUTURE ANCESTORS SUMMER AND SCHOOL BREAK INTERCESSION LEARNING EXPERIENCES IN 2020. THESE UNIQUE SESSIONS WILL COMBINE HAWAIIAN CULTURE AND TECHNOLOGY EDUCATION THROUGH PROJECT-BASED LEARNING. SPECIFICALLY GRANT FUNDS FROM FRIENDS OF HAWAII CHARITIES WILL GO TOWARD TEACHING STAFF COSTS.

NAME OF ORGANIZATION OR GOVERNMENT: READ TO ME INTERNATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED FOR THE RTM10 PARENT COACHING PROGRAM ON THE WAIANAE COAST. IT IS DESIGNED TO PROVIDE TOOLS, SKILLS AND STRATEGIES TO BUILD THE CONFIDENCE OF PARENTS SO THAT THEY WILL READ DAILY WITH THEIR CHILDREN WITH JOY AND ENTHUSIASM. PARENTS ARE EMPOWERED TO BECOME THEIR CHILD'S FIRST TEACHER AND STRATEGIES LEARNED AT HOME TRANSLATE INTO POSITIVE ACADEMIC INTERACTIONS FOR THE CHILDREN AT SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

READING IS FUNDAMENTAL, HONOLULU, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR MISSION IS TO MOTIVATE CHILDREN TO READ BY PROVIDING A SELECTION OF NEW FREE BOOKS TO PREK THROUGH 3RD GRADE STUDENTS IN 16 MOSTLY NEEDY ELEMENTARY SCHOOLS ON OAHU MOSTLY ON THE WAIANAE COAST. OUR STAFF OF ALL VOLUNTEERS VISIT THE SCHOOLS THREE

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TIMES EACH SCHOOL YEAR AND DISTRIBUTE BOOKS TO OVER 4,500 STUDENTS ANNUALLY. THE FUNDS WILL BE USED TO COVER THE PURCHASE OF THE BOOKS THAT COST OUR ORGANIZATION OVER \$50,000 ANNUALLY.

NAME OF ORGANIZATION OR GOVERNMENT:

REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: A GRANT FROM FRIENDS OF HAWAII CHARITIES WOULD BE USED TO COMPLETE FUNDING TOWARD PURCHASE OF A MOBILITY VAN TO PROVIDE PATIENTS EXPERIENCING DISABILITIES WITH WHEELCHAIR ACCESSIBLE TRANSPORTATION TO AND FROM CRITICAL APPOINTMENTS, AS WELL AS PRE-DISCHARGE HOME SITE VISITS, TRANSPORTATION TRAINING AND DRIVER EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: RESPONSIVE CAREGIVERS OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: NOW IN ITS SECOND SUCCESSFUL YEAR, OUR ADULT DAY HEALTH PROGRAMS INTERACTIVE LEARNING ACTIVITY STATIONS BENEFIT 100 ADULTS WITH DEVELOPMENTAL DISABILITIES, WHO ATTEND OUR PROGRAM. THE GOAL IS TO ENGAGE OUR PARTICIPANTS IN DAILY, STRUCTURED MOVEMENT, TO DISCOVER THEIR TALENTS, AND TO ACTUALIZE JOY AND THE FULLNESS OF THEIR LIVES. THIS GRANT WILL FUND SUPPLIES AND EQUIPMENT THAT ENCOURAGE PHYSICAL EXERCISE, MUSIC, SINGING, DANCING, AND CREATIVITY.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER OF LIFE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CULINARY ARTS TRAINING PROGRAM PROVIDES HOMELESS INDIVIDUALS AS WELL AS AT-RISK YOUTH JOB SKILLS TO SECURE AND MAINTAIN EMPLOYMENT IN THE OAHU HOSPITALITY INDUSTRY. STUDENTS RECEIVE HANDS ON TRAINING ALONG WITH CLASSROOM INSTRUCTION. WEEKLY MEETINGS ARE HELD SO PARTICIPANTS AND CASE MANAGERS MAY JOINTLY REVIEW

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PROGRESS TOWARDS VOCATIONAL AND PERSONAL GOALS. HOUSING, STIPENDS AND BASIC NEEDS ARE PROVIDED. THE PROGRAM IS FREE OF CHARGE.

NAME OF ORGANIZATION OR GOVERNMENT: SAMARITAN COUNSELING CENTER HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CLIENT ASSISTANCE FUND IS A SAFETY NET FOR INDIVIDUALS, YOUTH, AND FAMILIES IN NEED OF MENTAL HEALTH COUNSELING WHO ARE UNINSURED, UNDERINSURED, ELDERLY, OR LOW-INCOME.

SUBSIDIZED COUNSELING IS ALSO AVAILABLE FOR CLIENTS WHO CANNOT AFFORD HIGH DEDUCTIBLES OR COPAYS, DUE TO UNEMPLOYMENT, FIXED INCOME, OR DISABILITY, OR WHO HAVE HEALTH INSURANCE THAT DOES NOT ADEQUATELY COVER THE COST OF TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: SHRINERS HOSPITALS FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: CLUBFOOT, A COMMON BIRTH DEFECT, IS GENERALLY PAINLESS AND VERY TREATABLE IN INFANTS. BUT, IF LEFT UNTREATED, THE CONDITION CAN HAVE SERIOUS LONG-TERM EFFECTS. WE REQUEST SUPPORT FOR OUR CLUBFOOT CLINIC TO OFFER EDUCATIONAL MATERIALS FOR PATIENTS, PARENTS, AND PROVIDERS TO BETTER UNDERSTAND THE CONDITION AND TREATMENT; AND FOR SPECIFIC SUPPLIES TO ACCOMMODATE WHAT IS BEST FOR THE PATIENT AS CARE IS PROVIDED REGARDLESS OF ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL EDUCATION CENTER OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SPECIAL EDUCATION CENTER OF HAWAII (SECOH) WILL UTILIZE FUNDING TO PURCHASE MUCH NEEDED FURNITURE, EQUIPMENT AND SUPPLIES TO BE USED BY ADULTS WITH DISABILITIES IN EDUCATIONAL, RECREATIONAL, AND JOB TRAINING ACTIVITIES. THESE ITEMS WILL SUPPORT SECOH'S MISSION TO PROVIDE PERSONALIZED SERVICES TO PEOPLE WITH DISABILITIES IN THE SPIRIT OF ENRICHING THEIR LIVES.

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NAME OF ORGANIZATION OR GOVERNMENT: SURFING THE NATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: ULU PONO IS SURFING THE NATION'S NO-COST AT-RISK YOUTH PROGRAM, FOR CHILDREN AGES 5-18. ULU PONO'S GOAL IS TO INSPIRE AND MENTOR YOUTH TO THRIVE RIGHTEOUSLY IN PASSIONS, ACADEMICS, AND SERVICE. WE ARE COMMITTED TO HELPING THE NEXT GENERATION 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, GYMNASTICS EQUIPMENT, AND SURF AND SWIM SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: SUSTAINABLE MOLOKAI

(H) PURPOSE OF GRANT OR ASSISTANCE: WE ARE REQUESTING A TOTAL OF \$20,000 FROM FOHC FOR THIS PROJECT: \$10,000 TO GO TOWARDS THE PURCHASE OF A NEW REFRIGERATED TRUCK FOR OUR MOBILE MARKET, AND \$10,000 TOWARDS AN AUDIT. OUR MOBILE MARKET PICKS UP FRESH PRODUCE FROM OUR LOCAL FARMERS AND DELIVERS IT TO RESIDENTS AT NEIGHBORHOOD DROP-OFF LOCATIONS, AS WELL AS TO SCHOOLS, AROUND THE ISLAND. THIS PROGRAM SUPPORTS OUR LOCAL ECONOMY, AND PROMOTES COMMUNITY HEALTH AND NUTRITION EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER HEALTH PACIFIC KAHI MOHALA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING ON THE SUCCESSFUL INTRODUCTION OF A DEDICATED SPACE FOR PLAY THERAPY AT KAHI MOHALA LAST YEAR FOR OUR PATIENTS AGE 4 TO 12, THE PROGRAM HAS BEEN AN INSTANT SUCCESS. THIS GRANT WILL FUND FURNISHINGS AND EQUIPMENT TO COMPLETE THE PLAY SPACE, SUCH AS A CHILD-SIZE SOFA, STOVE AND EQUIPMENT FOR THE PLAY KITCHEN, JEWELRY-MAKING AND ART SUPPLIES, BOOKS, GAMES, LEGO TABLE, BUILDING SETS, DOLLHOUSE, CHARACTER DOLLS, FURNISHINGS, AND STORAGE.

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NAME OF ORGANIZATION OR GOVERNMENT: TOUCH A HEART, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BAKERS HEART BAKED GOODS & TOUCH A HEART CATERING HAS SERVED AS MECHANISMS TO TRAIN OUR INTERNS WHILE PROVIDING FUNDS FOR OUR HO'OLOLI PROGRAM. AS WE SCALE TO EXPAND BAKER'S HEART AT FARMER'S MARKETS, WE ARE REQUESTING FUNDS FOR A POS SYSTEM FOR CREDIT/DEBIT CARD TRANSACTIONS, A COOKIE PACKAGING MACHINE TO AUTOMATE THE PACKING AND SEALING OF COOKIES & THE FINAL DESIGN PACKAGING & PROTOTYPE FOR THE JAPANESE TOURISTS.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED SELF HELP

(H) PURPOSE OF GRANT OR ASSISTANCE: SUICIDE ATTEMPTS ARE THE HIGHEST PER CAPITA AMONG HAWAII STUDENTS AND 67.5% OF HAWAII YOUTH WITH MAJOR DEPRESSION DO NOT GET ANY MENTAL HEALTH TREATMENT. EVERY YEAR UNITED SELF HELP (USH) GIVES ABOUT 150 SPEECHES TO HIGH SCHOOL STUDENTS STATEWIDE ON HOW TO STAY MENTALLY HEALTHY. FUNDS WILL BE USED TO EMPLOY APPROXIMATELY 50 MENTAL HEALTH CONSUMERS TO GIVE SPEECHES AT HIGH SCHOOLS OR ACT AS PEER MENTORS AND FOR TRAVEL EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED STATES VETERANS INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: U.S.VETS IS A NONPROFIT 501C3 ORGANIZATION WITH A MISSION TO SUCCESSFULLY TRANSITION VETERANS AND THEIR FAMILIES THROUGH THE PROVISION OF BASIC NEEDS SUCH AS HOUSING, FOOD, AND HEALTH SERVICES, PLUS COMPREHENSIVE SUPPORTS SUCH AS MENTAL HEALTH, CASE MANAGEMENT, AND EMPLOYMENT SERVICES. ON HAWAII, FOHC FUNDS WOULD BE APPLIED TO COSTS OF PROVIDING SERVICES NOT ONLY TO VETERANS BUT ALSO TO LOW-INCOME AND HOMELESS NON-VETERAN FAMILIES ACROSS OAHU.

NAME OF ORGANIZATION OR GOVERNMENT: WAIKIKI COMMUNITY CENTER

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(H) PURPOSE OF GRANT OR ASSISTANCE: WCC PRESCHOOL CLOSES THE ACHIEVEMENT GAP BETWEEN CHILDREN FROM LOWER AND HIGHER INCOME FAMILIES. THE FUNDS WOULD BE USED TO HELP WCC PRESCHOOL TO PURCHASE CLASSROOM FIXTURES AND MATERIALS NEEDED TO HELP MAINTAIN ITS NATIONAL ACCREDITATION THROUGH NECPA. AS NECPA HAS JUST REVISED THEIR REQUIREMENTS, INVESTMENT IS NEEDED IN THE AREAS OF EDUCATIONAL MATERIAL, TECHNOLOGY AND PROFESSIONAL DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: WAIKIKI HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FUNDS WILL GO TO PURCHASE SUPPLIES FOR USE DIRECTLY BY HOMELESS YOUTH AND ADULTS. YOUTH OUTREACH (YO!) PROVIDES MEDICAL AND SOCIAL SERVICES TO HOMELESS YOUTH, AND WILL USE GRANT FUNDS TO PURCHASE BUS PASSES AND WALMART AND 7-ELEVEN GIFT CARDS. WAIKIKI HEALTHS TWO EMERGENCY SHELTERS, NEXT STEP IN KAKAOKO AND KEAUHOU IN MOILIILI, HOUSE INDIVIDUALS AND COUPLES, AND WILL USE GRANT FUNDS TO PURCHASE PILLOWS, BLANKETS AND AIR MATTRESSES.

NAME OF ORGANIZATION OR GOVERNMENT: WAIMANALO HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WAIMANALO HEALTH CENTER IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER LOCATED IN THE RURAL COMMUNITY OF WAIMANALO ON THE WINDWARD COAST OF THE ISLAND OF O'AHU. WAIMANALO HEALTH CENTER WILL PROVIDE SERVICES TO 1,800 AT-RISK YOUTH AND THE MEDICALLY UNDERSERVED THROUGH ASSISTANCE WITH YOUTH ACTIVITIES, ELIGIBILITY ASSISTANCE WITH HEALTHCARE COVERAGE AND HOUSING, TRANSPORTATION ASSISTANCE TO HEALTHCARE APPOINTMENTS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

\$20,400,000 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.