

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 06-01-2020, and ending 05-31-2021

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

C Name of organization
FRIENDS OF HAWAII CHARITIES INC

Doing business as

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

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

D Employer identification number
99-0334032

E Telephone number
(808) 523-7888

G Gross receipts \$ 5,293,925

F Name and address of principal officer:
CORBETT AK KALAMA
735 BISHOP ST SUITE 330
HONOLULU, HI 96813

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FRIENDSOFHAWAII.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998

M State of legal domicile: HI

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2020 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,019,246	2,654,038
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-801,962	-514,367
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,217,284	2,139,671
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,200,001	1,304,643
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,571	120,187
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,248,572	1,424,830
19 Revenue less expenses. Subtract line 18 from line 12	-31,288	714,841
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,406,889	3,166,731
21 Total liabilities (Part X, line 26)	729,720	774,721
22 Net assets or fund balances. Subtract line 21 from line 20	1,677,169	2,392,010

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 2022-03-03

HOWARD IKEDA TREASURER/DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00235894
Firm's name ▶ ACCUITY LLP			Firm's EIN ▶ 20-5325889	
Firm's address ▶ 999 BISHOP STREET STE 1900 HONOLULU, HI 96813			Phone no. (808) 531-3400	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FRIENDS OF HAWAII CHARITIES ACTIVATES FINANCIAL RESOURCES FROM THE PRIVATE SECTOR AND SPIRITED VOLUNTEERISM FROM THE COMMUNITY, IN CONCERT WITH THE EXTRAORDINARY NATURAL RESOURCES OF THE STATE, TO PRODUCE SPORTS AND CULTURAL EVENTS THAT GENERATE FUNDS FOR QUALIFYING NOT-FOR-PROFIT ENDEAVORS IN HAWAII BENEFITING ITS WOMEN, CHILDREN, YOUTH, AND NEEDY, PRIMARILY IN THE AREAS OF INTERVENTION, HEALTH, AND EDUCATION.

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 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 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 \$ 1,304,643 including grants of \$ 1,304,643) (Revenue \$ 2,654,038)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,304,643

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a <input type="text" value="0"/></p>		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p>2b</p>		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p>4a</p>		<p>No</p>
<p>b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>			
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>		<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>		<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	<p>6a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	<p>7a</p>		<p>Yes</p>
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>		<p>Yes</p>
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>		<p>No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d <input type="text"/></p>		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>		<p>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>		<p>No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p>8</p>		<p>No</p>
<p>9 Sponsoring organizations maintaining donor advised funds.</p>			
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>		<p>No</p>
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>		<p>No</p>
<p>10 Section 501(c)(7) organizations. Enter:</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a <input type="text"/></p>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b <input type="text"/></p>		
<p>11 Section 501(c)(12) organizations. Enter:</p>			
<p>a Gross income from members or shareholders</p>	<p>11a <input type="text"/></p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b <input type="text"/></p>		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b <input type="text"/></p>		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	<p>13a</p>		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b <input type="text"/></p>		
<p>c Enter the amount of reserves on hand</p>	<p>13c <input type="text"/></p>		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>	<p>15</p>		<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>	<p>16</p>		<p>No</p>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (29), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEVE NAKAGAWA 735 BISHOP STREET SUITE 330 HONOLULU, HI 96813 (808) 792-9307

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...
List all of the organization's current key employees...
List the organization's five current highest compensated employees...
List all of the organization's former officers, key employees...
List all of the organization's former directors or trustees...

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.

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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 dotted 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			
See Additional Data Table										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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 735 BISHOP ST STE 330 HONOLULU, HI 96813	MANAGEMENT FEE	1,147,523

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**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,620,798				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,240				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			2,654,038			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 2,620,798 of contributions reported on line 1c). See Part IV, line 18		8a	2,639,887			
		b Less: direct expenses	8b	3,154,254			
c Net income or (loss) from fundraising events				-514,367		-514,367	
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue	Business Code						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,139,671	0	0	-514,367	

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	1,304,643	1,304,643		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	38,081		38,081	
c Accounting	38,168		38,168	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER GENERAL AND ADMIN	43,938		43,938	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,424,830	1,304,643	120,187	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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	733,201	1	1,269,283
	2 Savings and temporary cash investments		2	1,362,611
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	179,864	4	174,975
	5 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		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	370,378	9	292,752
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	109,623		
	b Less: accumulated depreciation	42,513	89,035	10c 67,110
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,034,411	12	0
	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)	2,406,889	16	3,166,731	
Liabilities	17 Accounts payable and accrued expenses	138,163	17	23,104
	18 Grants payable		18	
	19 Deferred revenue	582,199	19	620,714
	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	9,358	25	130,903
	26 Total liabilities. Add lines 17 through 25	729,720	26	774,721
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	1,677,169	27	2,358,770
	28 Net assets with donor restrictions	0	28	33,240
	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	1,677,169	32	2,392,010	
33 Total liabilities and net assets/fund balances	2,406,889	33	3,166,731	

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	2,139,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,424,830
3	Revenue less expenses. Subtract line 2 from line 1	3	714,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,677,169
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,392,010

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 99-0334032

Name: FRIENDS OF HAWAII CHARITIES INC

Form 990 (2020)

Form 990, Part III, Line 4a:

PROVIDED FUNDS FOR QUALIFYING NOT-FOR-PROFIT ENDEAVORS IN HAWAII BENEFITING WOMEN, CHILDREN, YOUTH, AND NEEDY.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CORBETT AK KALAMA PRESIDENT/EXEC COMMITTEE/D	0.50	X		X				0	0	0
BERT T KOBAYASHI JR VICE PRESIDENT/EXEC COMMIT	0.50	X		X				0	0	0
HOWARD IKEDA TREASURER/EXEC COMMITTEE/D	0.50	X		X				0	0	0
DICKSON LEE SECRETARY/EXEC COMMITTEE/D	0.50	X		X				0	0	0
SIMON MORI EXECUTIVE COMMITTEE	0.50	X						0	0	0
GEORGE ARIYOSHI EMERITUS (NON VOTING)	0.50	X						0	0	0
CALEB CHAN DIRECTOR	0.50	X						0	0	0
MIKE DYER EXECUTIVE COMMITTEE	0.50	X						0	0	0
ADMIRAL THOMAS B FARGO USN RET DIRECTOR	0.50	X						0	0	0
HOWARD HAMAMOTO DIRECTOR	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MICHAEL HARTLEY DIRECTOR	0.50	X						0	0	0
JUNE JONES DIRECTOR	0.50	X						0	0	0
DON KIM EXECUTIVE COMMITTEE	0.50	X						0	0	0
JAMES KOMETANI EXECUTIVE COMMITTEE	0.50	X						0	0	0
MICHAEL W PERRY DIRECTOR	0.50	X						0	0	0
RYOZO SAKAI DIRECTOR	0.50	X						0	0	0
SHOJI NEMOTO DIRECTOR	0.50	X						0	0	0
AL SOUZA EXECUTIVE COMMITTEE/DIRECT	0.50	X						0	0	0
KEITH VIEIRA DIRECTOR	0.50	X						0	0	0
JIM WALTERS DIRECTOR	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ALFRED WONG EXECUTIVE COMMITTEE	0.50	X						0	0	0
REGGIE MALDONADO DIRECTOR	0.50	X						0	0	0
CHAD KARASAKI EXECUTIVE COMMITTEE / DIRE	0.50	X						0	0	0
MITCHELL M KAAIALII DIRECTOR	0.50	X						0	0	0
MICAH KANE EXECUTIVE COMMITTEE/DIRECT	0.50	X						0	0	0
ERIC YEAMAN EXECUTIVE COMMITTEE/DIRECT	0.50	X						0	0	0
CHERYL WILLIAMS DIRECTOR	0.50	X						0	0	0
MISTY TUFONO DIRECTOR	0.50	X						0	0	0
KEVIN CHEE DIRECTOR	0.50	X						0	0	0
HIROSHI KAWANO DIRECTOR	0.50	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FRIENDS OF HAWAII CHARITIES INC

Employer identification number
99-0334032

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	2,107,025	1,958,899	2,184,812	2,019,246	2,654,038	10,924,020
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	2,107,025	1,958,899	2,184,812	2,019,246	2,654,038	10,924,020
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)						2,566,190
6 Public support. Subtract line 5 from line 4.						8,357,830

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	2,107,025	1,958,899	2,184,812	2,019,246	2,654,038	10,924,020
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						10,924,020
12 Gross receipts from related activities, etc. (see instructions)					12	19,919,196

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	76.510 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	68.820 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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>		
b	Did the activities described in line 2a 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>		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
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>		

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):	1	
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ 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.

Name of the organization
FRIENDS OF HAWAII CHARITIES INC

Employer identification number
99-0334032

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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.

b 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:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		109,623	42,513	67,110
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				67,110

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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)	
(10)	
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	130,903
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	130,903

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,139,671
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	2,139,671
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	2,139,671

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	1,424,830
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	1,424,830
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	1,424,830

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 99-0334032

Name: FRIENDS OF HAWAII CHARITIES INC

Supplemental Information

Return Reference	Explanation
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, 2021, MANAGEMENT BELIEVES THERE WERE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS. THE 2018 TO 2020 TAX YEARS REMAIN OPEN FOR FEDERAL AND STATE TAX PURPOSES AT MAY 31, 2021

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization FRIENDS OF HAWAII CHARITIES INC

Employer identification number 99-0334032

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	GOLF TOURNAMENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	5,260,685			5,260,685
2 Less: Contributions	2,620,798			2,620,798
3 Gross income (line 1 minus line 2)	2,639,887			2,639,887
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs	488,765		488,765
	7 Food and beverages	70,006		70,006
	8 Entertainment			
	9 Other direct expenses	2,595,483		
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,154,254
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-514,367

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.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	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	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law 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.

Return Reference	Explanation
PART II LINE 10	MAY 31, 2021 EXPENSES: ADVERTISING: 33,811 BADGES/TICKETS: 10,580 BANK CHARGES: 427 CADDIE FEES: 0 CONSTRUCTION: 40,000 CONTRACT LABOR: 31,548 DEPRECIATION: 21,925 ELECTRICAL GROUND PREPARATION: 70,807 FOUNDERS AWARDS: 0 GENERAL EXCISE TAX: 128,258 INSURANCE: 31,081 LICENSE, FEES AND TAXES: 254 MEDICAL: 63 OFFICE SUPPLIES: 9,820 ON COURSE OPERATIONS: 30,887 OTHER MEETINGS: 331 PARKING: 5,011 PGA PLAYER EXPENSES: 44,414 PGATTA MEETING: 0 PHOTOGRAPHY: 2,440 POSTER: 419 PRESS/MEDIA: 15,643 PRINTING: 6,025 PRO-AM AWARDS BANQUET: 0 PRO-AM DRAW PARTY: 10,000 PRO-AM GIFTS AND APPAREL: 103,079 PRO-AM REGISTRATION: 0 PRO-AM SPONSOR EXPENSE: 4,567 PRO-AM TROPHIES: 3,043 PROGRAM: 13,377 PROMOTIONAL AND VIP GIFTS: 500,067 RENTALS: 305,551 SALES COMMISSIONS 141 PREMIERE: 140,741 SATELLITE PRO-AM: 0 SECURITY: 86,393 SIGNAGE: 34,032 SONY MERCHANDISE PURCHASED FOR RESALE: 7,943 TELEPHONE INSTALLATION AND RENTAL: 21,135 TOURNAMENT DIRECTOR PERFORMANCE BONUS 141 PREMIERE: 77,195 TOURNAMENT MANAGEMENT FEES 141 PREMIERE: 1,055,345 TRAVEL TOURNAMENT STAFF: 13,072 VOLUNTEERS EXPENSE: 59,368 WAIALAE COUNTRY CLUB COURSE RENTAL: 157,068 WAIALAE COUNTRY CLUB LABOR CHARGES: 78,534 TOTAL: \$3,154,254

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 108
- 3 Enter total number of other organizations listed in the line 1 table ▶

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

Software ID:
Software Version:
EIN: 99-0334032
Name: FRIENDS OF HAWAII CHARITIES INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACCESSURF PO BOX 15152 HONOLULU, HI 96830	20-4420646	501(C)(3)	6,300		N/A	N/A	ACCESSURF WILL OFFER NEWLY PILOTED, COMMUNITY TAILORED PROGRAMS, PROMOTING SAFE, INCLUSIVE SOCIAL INTERACTION, AND SHARED EXPERIENCES FOR PEOPLE WITH DISABILITIES AND THEIR OHANA. THIS IS TO PREVENT WORSENING EFFECTS OF COVID-19 RESTRICTIONS DURING THE PANDEMIC SUCH AS COMPOUNDED ISOLATION AND TRAUMA. TO DO SO, ACCESSURF WILL HOST 6 TALK STORY TUESDAY SESSIONS AND 6 POP-UP IN THE PARK SESSION FOR A TOTAL OF 3030 DUPLICATED PARTICIPANTS.
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA STREET SUITE B290 HONOLULU, HI 96819	99-0254581	501(C)(3)	5,150		N/A	N/A	THE AFY RT COUNSELING PROGRAM - GROUP AND INDIVIDUAL LEVEL COUNSELING IS PROVIDED TO HIGH-RISK YOUTH THROUGH IN-SCHOOL COUNSELING GROUPS (ON CAMPUS DURING SCHOOL HOURS) AND NEIGHBORHOOD COUNSELING GROUPS (IN THE COMMUNITY DURING OUT-OF-SCHOOL TIME). THE PROGRAM IS DESIGNED AND CUSTOMIZED TO TARGET AND STOP VIOLENCE, AND INCREASE ACADEMIC PERFORMANCE IN DIFFERENT AGE GROUPS AND AGE LEVELS WHILE ENCOURAGING PROSOCIAL AND ACTIVITY EXPERIENCES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AFTER SCHOOL ALL STARS HAWAII 1523 KALAKAUA AVE SUITE 200-202 HONOLULU, HI 96813	27-4604870	501(C)(3)	5,000		N/A	N/A	AFTER-SCHOOL ALL-STARS HAWAI'I SEEKS TO EXTEND LEARNING OPPORTUNITIES THROUGH AFTER-SCHOOL AND SUMMER PROGRAMS IN SEVEN OAHU SCHOOLS. THOUSANDS OF CHILDREN IN HAWAI'I FACE SIGNIFICANT LEARNING LOSS DUE TO SCHOOL CLOSURES AND THE CHALLENGES OF DISTANCE LEARNING. THESE CHALLENGES ARE STEEPER FOR STUDENTS WHO ARE LOW-INCOME OR ARE CONSIDERED AT-RISK.
AINA MOMONA P O BOX 1687 KAUNAKAKAI, HI 96748	82-1366588	501(C)(3)	6,000		N/A	N/A	THE FUNDS BEING REQUESTED WILL BE USED TO CONTINUE PROVIDING EDUCATIONAL SERVICES TO THE ROOTED SCHOOL PROGRAM IN THE AREAS OF GARDENING AND HEALTHY FOOD PREPARATION. FUNDS WILL ALSO BE USED TO CONTINUE DEVELOPING AND EXPANDING OUR AGRICULTURAL PRODUCTION ON-SITE. ONCE COVID RESTRICTIONS ARE LIFTED WE WILL BE ABLE TO WELCOME A VARIETY OF VOLUNTEERS AND SCHOOL GROUPS TO PARTICIPATE IN THE DEVELOPMENT OF THIS COMMUNITY MALA 'AI (FOOD GARDEN).

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALEA BRIDGE PO BOX 860277 WAHIAWA, HI 96786	81-1201416	501(C)(3)	9,557		N/A	N/A	THE COVID-19 PANDEMIC HAS INCREASED OUR AWARENESS OF THE DISPARITIES THAT INCOME CREATES. AS OUR SOCIETY TAKES A LARGE STEP TOWARDS DIGITAL PLATFORMS FOR BOTH OUR SAFETY AND CONVENIENCE, MANY INDIVIDUALS DO NOT HAVE THE NECESSARY RESOURCES TO ADAPT TO THIS CHANGE. THEREFORE, AB PLANS TO LAUNCH "PROJECT TECH," WHICH WILL SUPPLY DISADVANTAGED PEOPLE IN OUR COMMUNITY WITH CHROMEBOOKS TO COMPLETE JOB APPLICATIONS, SCHOOL, AND MUCH MORE.
ALOHA HARVEST 3599 WAIALAE AVE STE 23 HONOLULU, HI 96816	99-0344209	501(C)(3)	29,340		N/A	N/A	ALOHA HARVEST IS THE LARGEST FOOD RESCUE AND REDISTRIBUTION ORGANIZATION IN THE STATE, WITH A MISSION TO ELIMINATE HUNGER AND FOOD WASTE BY RESCUING QUALITY EXCESS FOOD TO FEED THE HUNGRY IN HAWAII. WE ARE PROPOSING TO EXTEND OUR EMERGENCY RESPONSE BY EXPANDING OUR FOOD RESCUE & DISTRIBUTION EFFORTS WITH OUR NETWORK OF DONORS AND SOCIAL SERVICE AGENCIES AND ESTABLISH A MORE SUSTAINABLE AND COST-EFFICIENT FOOD ASSISTANCE PROGRAM ON OAHU.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MEDICAL MISSION 200 NORTH VINEYARD BLVD B-120 HONOLULU, HI 96817	99-0234811	501(C)(3)	5,000		N/A	N/A	THE WELCOME SMILE PROGRAM PROVIDES FREE TEMPORARY PROSTHETIC TREATMENT FOR WOMEN WHO HAVE BEEN ABUSED OR IN PRISON. BECAUSE OF PHYSICAL ABUSE AND YEARS OF NEGLECT ON THEIR DENTAL HEALTH THEY HAVE MAJOR ISSUES WITH THEIR TEETH AND PHYSICAL APPEARANCE. BY PROVIDING THIS RESTORATIVE CARE, THEY REGAIN THEIR SELF-ESTEEM, IMPROVE THEIR MARKETABILITY DURING JOB SEARCHES, AND EVENTUALLY ATTAIN FINANCIAL STABILITY FOR THEMSELVES AND THEIR CHILDREN.
ALZHEIMER'S ASSOCIATION ALOHA CHAPTER 1130 NORTH NIMITZ HIGHWAY SUITE A 265 HONOLULU, HI 96817	13-3039601	501(C)(3)	5,000		N/A	N/A	THE PROGRAM WILL SUPPORT PEOPLE LIVING WITH ALZHEIMER'S OR OTHER DEMENTIAS, FAMILY MEMBERS, CAREGIVERS AND/OR FRIENDS OF INDIVIDUALS AFFECTED BY DEMENTIA. PROGRAM WILL BE FOCUSED ON INCREASING KNOWLEDGE ABOUT DEMENTIA, COMMUNITY RESOURCES AVAILABLE IN ADDITION TO THE ALZHEIMER'S ASSOCIATION, COPING STRATEGIES TO HANDLE DIFFICULT SITUATIONS WHEN CARING FOR A PERSON WITH DEMENTIA, AND PROVIDE A SAFE, PEER TO PEER SYSTEM OF SUPPORT.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANAINA HOU COMMUNITY PARK 5-2723 KUHIO HWY KILAUEA, HI 96754	90-0819688	501(C)(3)	5,000		N/A	N/A	THE HAVEN AT ANAINA HOU IS A MULTI-DIMENSIONAL PROGRAM THAT MARRIES 2 DISTINCT GOALS TO SUPPORT OLDER YOUTH BY FILLING IN IMPORTANT GAPS LEFT BY DISTANT LEARNING AS WELL AS THE ECONOMIC WASTELAND LEFT BY COVID. WE PROVIDE CREATIVE, CAREER-BUILDING ELECTIVES ON ROTATION, & OFFER EMPLOYMENT PREPARATION & CAREER SERVICES TO INCREASE SUCCESS WHILE BEING IN COMPETITION WITH ADULTS WHO ARE ALSO OUT OF WORK AND NAVIGATING A LIMITED EMPLOYMENT LANDSCAPE.
ASSISTANCE DOGS OF HAWAII PO BOX 1803 MAKAWAO, HI 96768	99-0353694	501(C)(3)	5,100		N/A	N/A	ASSISTANCE DOGS OF HAWAII'S (ADH) HOSPITAL FACILITY DOG PROGRAM PLACES TRAINED FACILITY DOGS, FREE OF CHARGE AT HOSPITAL, CANCER CLINICS, AND REHABILITATION FACILITIES THROUGHOUT THE STATE OF HAWAII. FUNDS WILL BE USED TO HELP PURCHASE NEW PUPPIES IN TRAINING, AS WELL AS FOR VETERINARY EXPENSES, PROGRAM SUPPLIES, AND TRAINING EQUIPMENT NEEDED FOR DIRECT DELIVERY OF THIS PROGRAM.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ASSISTANCE LEAGUE OF HAWAII 1505 YOUNG STREET HONOLULU, HI 96826	23-7024314	501(C)(3)	8,970		N/A	N/A	OPERATION SCHOOL BELL, A NATIONAL SIGNATURE PROGRAM FOR ASSISTANCE LEAGUE, FOCUS PRIMARILY ON PROVIDING NEW SCHOOL CLOTHING TO NEEDY CHILDREN IN TITLE 1 SCHOOLS AS IDENTIFIED BY THE HAWAII STATE DEPARTMENT OF EDUCATION AND SCHOOL PERSONNEL. DURING THE COVID-19 PANDEMIC, THE ASSISTANCE LEAGUE HAWAII RESEARCHED COMMUNITY NEEDS AND EXPANDED THE PROGRAM TO INCLUDE PROVISIONS FOR HUNGER, SUPPLIES, HEALTH AND LITERACY FOR DISADVANTAGED CHILDREN.
ASSISTIVE TECHNOLOGY RESOURCE CENTERS OF HAWAII 200 N VINEYARD BLVD SUITE 430 HONOLULU, HI 96817	94-3267103	501(C)(3)	7,500		N/A	N/A	DUE TO COVID 19, THIS YEAR WE HAVE TO CHANGE THE SETTING FROM FACE TO FACE TO THE VIRTUAL CAMP COOL. THE FRIENDS OF HAWAII CHARITIES FINANCIAL SUPPORT WILL BE EXCLUSIVELY USED TO BUY IPADS, SOFTWARE FOR BASIC CODING, T-SHIRTS TO ENSURE ALL ELIGIBLE CHILDREN AND YOUTH CAN ATTEND, REGARDLESS OF FINANCIAL STANDING. WE SUGGEST A DONATION OF \$20, RATHER THAN A FEE. THIS AMOUNT IS REFUNDABLE TO THE FAMILY IF THEY CHOOSE AT THE END OF THE EVENT.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BIG BROTHERS BIG SISTERS HAWAII INC 2119 N KING ST SUITE 202 HONOLULU, HI 96819	99-0109970	501(C)(3)	5,000		N/A	N/A	COVID-19 HAS HAD A HUGE IMPACT ON OUR ORGANIZATION, AS MENTORING MATCHES ARE UNABLE TO MEET IN-PERSON. FUNDING FROM FRIENDS OF HAWAII CHARITIES WILL BE USED TO PROVIDE ACTIVITIES, SUPPLIES, AND GAMES TO ENHANCE VIRTUAL CONNECTIONS BETWEEN VULNERABLE YOUTH AND COMMUNITY VOLUNTEERS. EVERY CHILD WE SERVE HAS EXPERIENCED SOME FORM OF TRAUMA, AND THE PANDEMIC HAS ONLY INCREASED THE NEED FOR CONNECTION WITH A CARING, CONSISTENT, AND SUPPORTIVE ADULT.
BOBBY BENSON CENTER 56-660 KAMEHAMEHA HWY KAHUKU, HI 96731	99-0243991	501(C)(3)	5,000		N/A	N/A	BOBBY BENSON CENTER HAS BEEN DEDICATED TO HELPING YOUTH IN HAWAII AND THEIR FAMILIES NAVIGATE THE DIFFICULT PATHWAY TO SOBRIETY AND GOOD MENTAL HEALTH FOR OVER 30 YEARS. IT IS THE CENTER'S AIM TO EXPAND THEIR REACH OF SERVICES THROUGH PROVIDING INTENSIVE OUTPATIENT SERVICES THAT ARE ACCESSIBLE TO AGES 13 YEARS AND UP. THE USE OF FUNDS WILL HELP US IN THIS EFFORT TO IMPACT MANY MORE LIVES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF HAWAII - WINDWARD 1000 BISHOP ST SUITE 505 HONOLULU, HI 96813	99-6005407	501(C)(3)	7,345		N/A	N/A	OUR SUMMER BRAIN GAIN PROGRAM IS A FUN, INTERACTIVE, PROJECT-BASED PROGRAM DESIGNED TO MITIGATE SUMMER LEARNING LOSS. FUNDS WILL BE USED TO PROVIDE SCHOLARSHIPS FOR MEMBERS WHO OTHERWISE COULD NOT AFFORD TO ATTEND A SUMMER PROGRAM.
BOYS & GIRLS CLUB OF THE BIG ISLAND 100 KAMAKAHONU ST HILO, HI 96720	81-0575345	501(C)(3)	7,500		N/A	N/A	BOYS & GIRLS CLUB OF THE BIG ISLAND WILL UTILIZE THE FUNDS TO PROVIDE CRITICAL NEEDS SUPPORT AND YOUTH DEVELOPMENT ACTIVITIES SUCH AS DAILY NUTRITIONAL SUPPLEMENTATION, DAILY HOMEWORK STUDY SUPPORT AND SPECIALIZED ACADEMIC TUTORING, CULTURAL LEARNING, SUBSTANCE AND ALCOHOL PREVENTION PROGRAMMING, AND HEALTHY LIFESTYLES TO YOUTH AGES 6-17 ON HAWAII ISLAND.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR TOMORROWS LEADERS 677 ALA MOANA BOULEVARD SUITE 1100 HONOLULU, HI 96813	46-3490591	501(C)(3)	8,000		N/A	N/A	A \$7,500 GRANT WILL STRENGTHEN CTL'S ABILITY TO ENGAGE, EQUIP AND EMPOWER YOUNG LEADERS VIA VIRTUAL PLATFORMS THROUGHOUT THIS INCREDIBLE TIME OF UNCERTAINTY AND BEYOND. GRANT FUNDS WILL ALSO SUPPORT OUR UNFOLD COLLEGE MENTORSHIP PROGRAM THAT BUILDS CAPACITY FOR YOUNG LEADERS TO INVEST IN LOCAL COMMUNITIES AND CREATE A MORE RESILIENT HAWAII THROUGH STRONG SOCIAL NETWORKS AND SOFT SKILLS DEVELOPMENT.
CHILD AND FAMILY SERVICE 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0073483	501(C)(3)	5,000		N/A	N/A	FAMILY CENTERS ARE AN ESSENTIAL RESOURCE, OFFERING AT-RISK INDIVIDUALS/FAMILIES ACCESS TO A ONE-STOP LOCATION FOR A MULTITUDE OF SERVICES (HELP WITH FOOD, CLOTHING, INFORMATION, AND PROGRAMS). LOCATED ON KAUAI, OAHU, MOLOKAI, MAUI, EAST HAWAII AND WEST HAWAII, FUNDING WILL HELP TO PURCHASE LAPTOPS FOR EACH SITE ASSISTING STAFF WITH SERVICE PROVISION AND ALLOW PARTICIPANTS INTERNET ACCESS (E.G. JOB SEARCHES, COMPLETING APPLICATIONS, RESOURCES).

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMON GRACE PO BOX 31116 HONOLULU, HI 96820	30-0110074	501(C)(3)	38,276		N/A	N/A	THE FUNDS WILL BE USED TO PARTIALLY IMPLEMENT THE MENTORING PROGRAM WITHIN ONE SCHOOL PARTNERSHIP. TYPICALLY, ONE SCHOOL PARTNERSHIP TRAINS AND PAIRS 8-12 HIGH SCHOOL MENTORS WITH ONE MENTEE EACH AT A NEARBY ELEMENTARY SCHOOL. SCHOOL PARTNERSHIPS REQUIRE FUNDS FOR TRAINING, MENTORING SESSIONS, PROGRAM IMPLEMENTATION, AND EVENTS.
DOMESTIC VIOLENCE ACTION CENTER (DVAC) P O BOX 3198 HONOLULU, HI 96801	99-0290389	501(C)(3)	5,000		N/A	N/A	THE GOAL OF THIS GRANT ACTIVITY IS TO SECURE THE SAFETY OF INDIVIDUALS ON O'AHU WHO ARE SUFFERING THE HARM, RISK, AND UNCERTAINTY OF INTIMATE PARTNER VIOLENCE. THE AWARDED FUNDING WILL BE USED TO SUPPORT DVAC'S UNIQUE APPROACH TO PROVIDING LEGAL AND ADVOCACY SERVICES TO SURVIVORS OF DOMESTIC VIOLENCE AND THEIR FAMILIES. THE AGENCY SERVES APPROXIMATELY 5,000 CLIENTS EACH YEAR. 95% OF THEM ARE WOMEN WITH CHILDREN WITH INCOMES BELOW \$30,999.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY HUI HAWAII P O BOX 22596 HONOLULU, HI 96823	46-4318561	501(C)(3)	12,162		N/A	N/A	FUNDS WILL BE USED TO PURCHASE PARTICIPANT MATERIALS NEEDED TO IMPLEMENT THE VIRUTAL DELIVERY OF THE WORDS MATTER/LENA CURRICULUM WITH HUI PEER PARENTING SUPPORT GROUPS. FAMILIES DISCUSS EARLY CHILDHOOD DEVELOPMENT, COMMON PARENTING CHALLENGES, AND AGE APPROPRIATE PARENTING STRATEGIES COMBINED WITH EARLY LITERACY SKILL BUILDING SUPPORTS OVER 8 WEEKS. INDIVIDUALIZED WEEKLY FEEDBACK IS GIVEN AROUND PARENTING CHALLENGES & EARLY LITERACY.
FAMILY MINISTRIES CENTER 1585 KAPIOLANI BLVD STE 914 HONOLULU, HI 96814	46-0508745	501(C)(3)	12,240		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY PROMISE OF HAWAII 245 N KUKUI STREET SUITE 101 HONOLULU, HI 96817	20-2645489	501(C)(3)	15,000		N/A	N/A	OUR DIVERSION PROGRAM ASSISTS FAMILIES WHO ARE STRUGGLING TO MAKE ENDS MEET BY PROVIDING ACCESS TO CASE MANAGEMENT, FINANCIAL LITERACY, FINANCIAL ASSISTANCE, AND HOUSING SUPPORT.
FOOD BASKET INC THE 40 HOLOMUA STREET HILO, HI 96720	26-0349475	501(C)(3)	15,000		N/A	N/A	TFB IS SEEKING SUPPORT FOR OUR COVID-19 EMERGENCY FOOD PROGRAM, WHICH PROVIDES FOOD RELIEF TO 80,000 INDIVIDUALS/MONTH WHO ARE CURRENTLY IN CRISIS DUE TO THE CORONAVIRUS. THE GLOBAL PANDEMIC HAS CHALLENGED OUR ORGANIZATION BEYOND ANYTHING WE HAVE PREVIOUSLY ENCOUNTERED; WE ARE SEEKING COMMUNITY SUPPORT IN ORDER TO MEET THE ENORMOUS INCREASE IN FAMILIES WHO UNEXPECTEDLY FIND THEMSELVES FOOD INSECURE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRANCISCAN CARE SERVICES 2228 LILIHA STREET 105 HONOLULU, HI 96817	27-4348363	501(C)(3)	5,000		N/A	N/A	FUNDS WILL BE USED ON MARKETING AND EDUCATIONAL MATERIALS FOR DONOR REGISTRATION AND RETENTION EFFORTS. ONCE A DONOR IS REGISTERED, OUR RETENTION RATE CONTINUES TO STRUGGLE. WE NEED TO CONTINUE TO REMIND THE DONORS THROUGH SOCIAL MEDIA AND MARKETING MATERIALS, THE IMPORTANCE OF FOLLOWING THROUGH ON THEIR COMMITMENT. ONE STRATEGY WILL BE TO DO MORE EDUCATION IN THE SCHOOLS THROUGH THEIR HOSA (HEALTH OCCUPATIONS STUDENTS OF AMERICA) PROGRAMS.
H U G S FOR HAWAII'S SERIOUSLY ILL CHILDREN AND THEIR FAMILIES 3636 KILAUEA AVENUE HONOLULU, HI 96816	99-0213594	501(C)(3)	7,000		N/A	N/A	THE PURPOSE OF THIS PROGRAM IS TO PROVIDE A HAND UP, EMOTIONALLY AND FINANCIALLY, TO MOTHERS OF HAWAII'S SERIOUSLY ILL CHILDREN BY PROVIDING 5 MOMS NIGHT PEER SUPPORT ACTIVITIES AND DISTRIBUTION OF 100 EMERGENCY FOOD BASKETS. THESE PROGRAMS ARE ESSENTIAL TO RELIEVE MOTHERS' ANXIETY AND STRESS LEVELS OF CARING FOR THEIR ILL CHILDREN, SECURE NEEDED RESOURCES TOWARD ECONOMIC STABILITY AND TO IMPROVE HEALTH OUTCOMES FOR THE CHILDREN THEMSELVES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY HAWAII ISLAND PO BOX 4619 KAILUAKONA, HI 96745	99-0355149	501(C)(3)	5,000		N/A	N/A	OUR ORGANIZATION PARTNERS WITH LOW-INCOME FAMILIES TO HELP THEM ACHIEVE HOMEOWNERSHIP THROUGH A SELF-HELP PROGRAM. QUALIFYING FAMILIES EARN BETWEEN 30-80% AMI AND RESIDE IN SUBSTANDARD HOUSING. HABITAT MORTGAGES ARE DESIGNED SO THAT NO FAMILY EVER PAYS MORE THAN 30% OF THEIR HOUSEHOLD INCOME TO HOUSING COSTS. FUNDS REQUESTED FROM FRIENDS WILL BE USED FOR CONSTRUCTION MATERIALS TO BUILD SINGLE-FAMILY HOMES ON HAWAI'I ISLAND FOR LOW INCOME FAMILIES
HALE MAHAOLU 200 HINA AVENUE KAHULUI, HI 96732	99-0143109	501(C)(3)	10,000		N/A	N/A	FUNDS WILL BE USED TO PROVIDE SUBSIDIZED PERSONAL CARE SERVICES (BATHING, TOILETING, SKIN CARE, GROOMING, HYGIENE, FEEDING) 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.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HALE 'OPIO KAUAI INC 2659 UMI STREET LIHUE, HI 96766	99-0155279	501(C)(3)	9,165		N/A	N/A	SUPPORT KAUAI ISLAND RUNAWAY AND HOMELESS, ESPECIALLY UNACCOMPANIED YOUTH WHO ARE DISCONNECTED FROM THE FAMILY BY: 1) PROVIDING STREET- AND DROP-IN CENTER-BASED SERVICES TO RUNAWAY, HOMELESS, AND STREET YOUTH. 2) COORDINATING AND SUSTAINING PARTNERSHIPS THAT STRENGTHEN THE INTEGRATION OF COMPREHENSIVE SERVICES TO ADDRESS THE NEEDS AND INCREASE PROTECTIVE FACTORS AND REDUCE RISK FACTORS THAT IMPACT THE TRANSITION TO ADULTHOOD.
HALOALAUNUIAKEA EARLY LEARNING CENTER PO BOX 1166 KALAHEO, HI 96741	30-0754234	501(C)(3)	5,000		N/A	N/A	FUNDS WILL BE UTILIZED TO RENOVATE A STORAGE ROOM AND CONVERT IT INTO A CLASSROOM. BECAUSE OF NEW COVID REGULATIONS, MORE SPACE IS NEEDED FOR EACH OF OUR GROUPS IN ORDER TO MAINTAIN 6 FEET SOCIAL DISTANCING . WE WILL PURCHASE FLOORING AND PAINT AND MATERIALS NEEDED TO PREP THE AREA. WE WILL ALSO UTILIZE A PROFESSIONAL CLEANING SERVICE TO CLEAR OUT AND CLEAR THE ROOM TO GET IT READY FOR RENOVATIONS. FUNDS WILL PAY FOR LABOR AND FURNITURE AS WELL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CHILDREN'S ACTION NETWORK 850 RICHARDS STREET SUITE 201 HONOLULU, HI 96813	94-3257650	501(C)(3)	5,000		N/A	N/A	HAWAII CHILDREN'S 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 STATE'S 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.
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	100,000		N/A	N/A	GENERAL SUPPORT

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HAWAII CORD BLOOD BANK 1319 PUNAHOU STREET HONOLULU, HI 96826	99-0349269	501(C)(3)	13,140		N/A	N/A	SHIPPING OUR CORD BLOOD UNITS TO SEATTLE FOR PROCESSING IS ONE OF OUR BIGGEST EXPENSE. THE \$8000 REQUEST FOR FUNDING WILL HELP US WITH THE COST OF SHIPPING.
HAWAII FI-DO SERVICE DOGS PO BOX 757 KAHUKU, HI 96731	99-0353345	501(C)(3)	17,121		N/A	N/A	FUNDS WILL BE USED TO COVER SOME OF KENNELING EXPENSES WHICH PLAY A CRITICAL ROLE IN ALL EDUCATIONAL, COMPASSIONATE AND SERVICE PROGRAMS. WE HAVE EXCLUSIVE USE OF A SMALL KENNEL. THIS ASSURES SAFETY OF DOGS IN THEIR FIRST MONTHS, WHERE PUPS ARE WHELPED AND PARTICIPATE IN OUR "SUPER PUPPY PROGRAM." THE KENNELS ARE ALSO AVAILABLE TO BOARD ALL OUR SERVICE DOGS WHEN PUPPY RAISERS NEED RESPITE, FOR RECERTIFICATION AND WEEKLY VOLUNTEER ACTIVITIES.

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HAWAII FOODBANK INC 2611 KILIHOU STREET HONOLULU, HI 968192021	99-0220699	501(C)(3)	32,330		N/A	N/A	HAWAII FOODBANK'S 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 OAHU. TO CONTINUE TO SERVE THOSE IN NEED, HAWAII FOODBANK RESPECTFULLY REQUESTS \$15,000 FROM THE FRIENDS OF HAWAII CHARITIES TO SUPPORT DIRECT DELIVERY OF THE OHANA PRODUCE PLUS PROGRAM ON OAHU.
HAWAII FOODBANK INC - KAUAI 4241-A HANAHAO PLACE LIHUE, HI 96766	99-0220699	501(C)(3)	10,000		N/A	N/A	HAWAII FOODBANK'S 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 \$10,000 FROM THE FRIENDS OF HAWAII CHARITIES TO SUPPORT DIRECT DELIVERY OF THE OHANA PRODUCE PLUS PROGRAM ON KAUAI.

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HAWAII HEALTH & HARM REDUCTION CENTER 677 ALA MOANA BLVD STE 226 HONOLULU, HI 96813	99-0284222	501(C)(3)	5,235		N/A	N/A	FUNDS WILL HELP PEOPLE LIVING WITH HIV ON OAHU WHO ARE NOT MEDQUEST ELIGIBLE BUT IN NEED OF ASSISTANCE WITH CO-PAYMENTS FOR ANTIRETROVIRAL MEDICATIONS TO HELP ACHIEVE AND MAINTAIN VIRAL SUPPRESSION NECESSARY TO SUPPORT THEIR HEALTH AND PREVENT TO TRANSMISSION TO OTHERS.
HAWAII HOMEOWNERSHIP CENTER 1259 AALA ST 201 HONOLULU, HI 96817	68-0544935	501(C)(3)	9,730		N/A	N/A	GENERAL SUPPORT

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HAWAII ISLAND ADULT CARE INC 561 KAPUNA PLACE HILO, HI 96720	99-0210974	501(C)(3)	10,000		N/A	N/A	THESE FUNDS WOULD BE USED TO HELP THOSE KUPUNA IN FINANCIAL NEED VIA OFFERING OF TUITION (PROGRAM) ASSISTANCE IN ORDER FOR THEM TO ATTEND OUR ADULT DAY CARE PROGRAM.
HAWAII JAPANESE SCHOOL THE P O BOX 11329 HONOLULU, HI 96828	99-0223896	501(C)(3)	20,000		N/A	N/A	THE HAWAII JAPANESE SCHOOL HAS BEEN EDUCATING CHILDREN IN HAWAII WITH A MISSION TO FOSTER INTERNATIONALLY MINDED STUDENTS WHO CAN SERVE THE CRITICAL ROLE OF BRIDGING THE UNITED STATES AND JAPAN.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAWAII LIONS FOUNDATION 405 N KUAKINI 801 HONOLULU, HI 96817	99-6010563	501(C)(3)	19,565		N/A	N/A	GENERAL SUPPORT
HAWAII LITERACY INC 245 N KUKUI STREET STE 202 HONOLULU, HI 96817	23-7198698	501(C)(3)	8,580		N/A	N/A	THE BOOKMOBILE PROGRAM'S PRIMARY GOAL IS TO INCREASE REGULAR ACCESS TO BOOKS AND QUALITY EDUCATIONAL RESOURCES FOR HIGH NEED FAMILIES. BY IMPROVING FOUNDATIONAL READING SKILLS AND LITERACY LEVELS FOR STRUGGLING YOUTH, WE HOPE TO WORK TOWARD REDUCING EDUCATIONAL ACHIEVEMENT GAPS AND POOR ACADEMIC OUTCOMES.

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HAWAII MEALS ON WHEELS INC PO BOX 61194 HONOLULU, HI 96814	99-0198132	501(C)(3)	11,725		N/A	N/A	YOUR FUNDS WILL ALLOW HAWAII MEALS ON WHEELS (HMOW) TO SERVE VULNERABLE KUPUNA DURING THIS PANDEMIC. YOUR FUNDING WILL HELP US MAINTAIN FULL OPERATIONS, AS WELL AS OUR ONGOING EMERGENCY EXPANDED MEAL SERVICE. HMOW IS PLAYING AND WILL CONTINUE TO PLAY A CRUCIAL ROLE DURING THE COVID-19 PANDEMIC.
HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE 1164 BISHOP STREET SUITE 1609 HONOLULU, HI 96813	99-0235218	501(C)(3)	5,000		N/A	N/A	THE FLY TO FREEDOM PROGRAM PROVIDES AIR TRAVEL TO VICTIMS OF DOMESTIC VIOLENCE, THEIR CHILDREN, AND ANY SERVICE ANIMALS WHO ARE FLEEING LETHAL ABUSERS. IN COORDINATION WITH DOMESTIC VIOLENCE ADVOCATES, THIS PROGRAM ALLOWS VICTIMS TO INCREASE THEIR SAFETY BY BECOMING GEOGRAPHICALLY DISTANT FROM THEIR ABUSER, SEEK SHELTER IN AN EMERGENCY DOMESTIC VIOLENCE SHELTER OR WITH FRIENDS AND FAMILY WHILE ALSO ACCESSING CRITICAL SERVICES.

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HAWAII VA FOUNDATION 111 HEKILI ST STE 102 KAILUA, HI 96734	47-1288647	501(C)(3)	7,500		N/A	N/A	WE SERVE KUPUNA THROUGHOUT HAWAII BY PROVIDING VOLUNTEERS TO KUPUNA TO SHOP AND DELIVER BASIC NEEDS AND PROVIDE SOCIAL INTERACTION. OUR KUPUNA WITH VOLUNTEER ENGAGEMENT, WOULD LIKE TO CONTINUE PROVIDING FOOD ASSISTANCE, EMOTIONAL SUPPORT AND WELLNESS FOR HAWAII'S KUPUNA DURING THE COVID-19 PANDEMIC AND BEYOND. THE FRIENDS OF HAWAII GRANT WILL SERVE TO AUGMENT COMMUNITY WELLNESS ON THE ISLANDS OF OAHU, MAUI, MOLOKAI, HAWAII AND KAUAI.
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII 245 N KUKUI ST SUITE 102A HONOLULU, HI 96817	99-0299264	501(C)(3)	5,000		N/A	N/A	FUNDS WILL BE USED TO SUPPORT HMHB UNIQUE COMMUNITY BASED DOULA PROGRAM (CBDP). CBDP OFFERS SUPPORT FOR PREGNANT WOMEN AND THEIR FAMILIES BEFORE, DURING AND AFTER BIRTH WITH DIRECT HANDS ON DOULA SUPPORT. CBDP ALSO OFFERS WRAP AROUND SOCIAL SERVICES THAT ENSURE FAMILIES FEEL SAFE AND SUPPORTED DURING THE PANDEMIC. SOCIAL SERVICES INCLUDE SAFE SLEEP EDUCATION, CHILDBIRTH AND LACTATION SUPPORT AS WELL AS CASE MANAGEMENT SERVICES.

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HELPING HANDS HAWAII 2100 N NIMITZ HWY HONOLULU, HI 96819	23-7365077	501(C)(3)	7,500		N/A	N/A	READY TO LEARN PROVIDES K-12TH GRADE STUDENTS WITH FREE SCHOOL SUPPLIES WHEN THEIR FAMILIES CANNOT AFFORD TO BUY THEM. FRIENDS OF HAWAII CHARITIES FUNDS WILL SUBSIDIZE THE COST TO BULK-ORDER THE SCHOOL SUPPLIES, WHICH ARE ASSEMBLED INTO AGE-APPROPRIATE KITS AND DISTRIBUTED BEFORE THE SCHOOL YEAR. EXCESS SUPPLIES ARE AVAILABLE YEAR ROUND FOR STUDENTS TO REPLENISH ITEMS AS NEEDED.
HIILEI ALOHA LLC 58-864 KAMEHAMEHA HALEIWA, HI 96812	26-1210564	501(C)(3)	10,000		N/A	N/A	WE WILL TEACH GED CLASSES AND CONSTRUCTION SKILLS TO AT-RISK YOUTH AGES 16-24 AND HOMELESS PEOPLE. THIS INCLUDES SINGLE MOTHERS, WHOSE CHILDREN NEED CHILD CARE WHILE THEY ARE LEARNING. THE FUNDS WILL COVER COSTS THAT OUR YOUTHBUILD GRANT DOES NOT COVER, SUCH AS (1) LUNCH SUBSIDIES AND TOOLS FOR INDIGENT STUDENTS, (2) TEACHING MATERIALS AND GED REGISTRATION, BOOK, AND EXAM FEES, & (3) VAN TO TRANSPORT STUDENTS TO TRAINING AND JOB SITES.

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HOA AINA O MAKAHA 84-766 LAHAINA STREET WAIANAE, HI 96792	99-0292820	501(C)(3)	10,000		N/A	N/A	THERE IS A BIG NEED TO CONTINUE TO SUPPORT FAMILIES WITH FOOD IN OUR COMMUNITY. THESE PAST MONTHS WE HAVE PARTNERED WITH WAIANAE COAST COMPREHENSIVE HEALTH CENTER TO DISTRIBUTED OVER 7,000 LBS OF VEGETABLES AND FRUITS TO 1400 FAMILIES FOR AN ESTIMATE OF 8,400 PEOPLE. OUR SMALL FARM CREW HAS BEEN TAKING CARE OF EVERYTHING FROM PLANTING, MAINTAINING THE FIELDS, HARVESTING, AND DISTRIBUTING OUR FRESH PRODUCE TO THE COMMUNITY FROM OUR SITE.
HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE C1 HONOLULU, HI 96817	99-0261871	501(C)(3)	5,000		N/A	N/A	HONOLULU HABITAT FOR HUMANITY IS APPLYING FOR FUNDING FOR OUR VOLUNTEER PROGRAM, WHICH PROVIDES ESSENTIAL SUPPORT FOR OUR HOME BUILDS. APPROXIMATELY 1,200 VOLUNTEERS CONTRIBUTE MORE THAN 14,500 HOURS TOWARDS BUILDING OUR HOMES EACH YEAR. WITHOUT THEIR SUPPORT, THE HOMES WE BUILD FOR LOW-INCOME FAMILIES WOULD NOT BE POSSIBLE.

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HO'OLA NA PUA PO BOX 22551 HONOLULU, HI 96823	46-5139164	501(C)(3)	9,124		N/A	N/A	A \$10,000 GRANT WILL ENABLE HO'OLA NA PUA TO SUPPORT ITS STARFISH MENTORING PROGRAM BY ADDRESSING THE UNIQUE NEEDS OF SURVIVORS OF SEX TRAFFICKING AND THOSE AT RISK. OVER 12-MONTHS, WE WILL RECRUIT, TRAIN AND MATCH 16 MENTORS WITH MENTEES AGES 11-21. WITH THE GOAL OF PROVIDING VICTIMS WITH A PATHWAY TOWARD HEALING AND SUCCESSFUL SOCIAL REINTEGRATION, MENTORS WILL MEET 1:1 WITH MENTEES ONCE A WEEK FOR TWO HOURS A MINIMUM OF ONE YEAR.
HO'OMAU KE OLA INC 85-761 FARRINGTON HIGHWAY 103 WAIANAE HAWAII, HI 96792	99-0252827	501(C)(3)	7,500		N/A	N/A	HOOMAU KE OLA, INC. SUBSTANCE USE DISORDER 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 SERVICES TO INDIVIDUAL (OUR HAUMANA) BATTLING FROM ADDICTION AND INABILITY TO HOLD GAINFUL EMPLOYMENT.

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HOPE SERVICES HAWAII INC 357 WAIANUENUE AVE HILO, HI 96720	27-3412984	501(C)(3)	7,500		N/A	N/A	THE PHOA AFFORDABLE HOUSING PROJECT INCREASES THE AFFORDABLE HOUSING INVENTORY BY 12 UNITS IN THE RURAL DISTRICT OF PUNA, PROVIDING A HOME TO AGE-IN-PLACE IN DIGNITY AND IN COMMUNITY TO LOW-INCOME KPUNA OVERCOMING HOMELESSNESS. A UNIQUE GOVERNMENT-NONPROFIT, PRIVATE-PUBLIC PARTNERSHIP ON HAWAII ISLAND, FUNDING FROM FRIENDS OF HAWAII CHARITIES WILL SUPPORT THE CONSTRUCTION OF SENIOR HOUSING UNITS, AND AN URGENTLY NEEDED RESOURCE CENTER.
HOSPICE HAWAII INC 860 IWILEI RD HONOLULU, HI 96817	99-0203930	501(C)(3)	10,000		N/A	N/A	WE ARE SEEKING SUPPORT TO ENHANCE OUR EFFORTS TO PROVIDE THE HIGHEST QUALITY CARE POSSIBLE TO CHILDREN WITH A LIFE-LIMITING ILLNESS AND THEIR FAMILIES. FUNDS WILL BE USED FOR PATIENT RESOURCES, UNCOMPENSATED PATIENT CARE NEEDS, INCLUDING COMPLEMENTARY THERAPIES NOT COVERED THROUGH MEDICAID OR OTHER INSURANCE PLANS, RESOURCES FOR CHILD PLAY, ANTICIPATORY GRIEF SUPPORT, BEREAVEMENT SUPPORT, CONTINUING EDUCATION, AND OTHER NEEDS DUE TO COVID.

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HOSPICE OF HILO 1011 WAIANUENUE AVE HILO, HI 96720	99-0218512	501(C)(3)	5,000		N/A	N/A	COMPASSION, GUIDANCE, COMFORT, AND PEACE ARE AT THE HEART OF OUR BEREAVEMENT PROGRAM. IT IS VITAL THAT THOSE IN GRIEF ARE SUPPORTED WHEN THEY NEED IT MOST. INDIVIDUAL COUNSELING SESSIONS AND TWO BEREAVEMENT CAMPS ARE OFFERED MULTIPLE TIMES THROUGHOUT THE YEAR AS WELL AS AN ANNUAL KEIKI CHRISTMAS EVENT, CELEBRATION OF LIFE MEMORIAL SERVICES, FAMILY COUNSELING, GRIEF SUPPORT GROUPS, WORKSHOPS, AND TRAININGS.
HOUSING PROVIDERS OF HAWAII INC PO BOX 11811 HONOLULU, HI 96828	33-0673009	501(C)(3)	10,000		N/A	N/A	FUNDS WILL SUPPORT OUR COMPLETION OF KAMA'OKU, A 36 UNIT TINY HOME VILLAGE WITH A COMMUNITY CENTER. KAMA'OKU PROVIDES PERMANENT HOMES FOR VETERANS AND NON-VETERANS EXPERIENCING HOMELESSNESS.

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HRA EDUCATIONAL FOUNDATION 2909 WAIALAE AVE 44 HONOLULU, HI 96826	81-3445347	501(C)(3)	16,238		N/A	N/A	HAWAII PROSTART OFFERS LOCAL HIGH SCHOOL STUDENTS THE OPPORTUNITY TO LEARN ABOUT CULINARY ARTS AND HOSPITALITY MANAGEMENT IN A HANDS-ON ENVIRONMENT AND TRAIN WITH PROFESSIONAL CHEFS, PARTICIPATE IN PAID INTERNSHIPS AND RECEIVE REAL INDUSTRY-DRIVEN CLASSROOM INSTRUCTION THROUGHOUT A TWO-YEAR CERTIFICATE PROGRAM. UPON COMPLETION, STUDENTS GRADUATE FROM HIGH SCHOOL WITH COLLEGE CREDIT & A NATIONALLY RECOGNIZED CERTIFICATE OF ACHIEVEMENT.
HUGS FOR HAWAII'S SERIOUSLY ILL CHILDREN AND THEIR FAMILIES 3636 KILAUEA AVENUE HONOLULU, HI 96816	99-0213594	501(C)(3)	8,645		N/A	N/A	GENERAL SUPPORT

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HUNAKAI PARK ASSOCIATION 641 ULUMAIIKA STREET HONOLULU, HI 96816	99-0289545	501(C)(3)	10,000		N/A	N/A	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.
IHS THE INSTITUTE FOR HUMAN SERVICES INC 546 KAAAHII STREET HONOLULU, HI 96817	99-0199107	501(C)(3)	20,306		N/A	N/A	IHS' MEAL PROGRAM PROVIDES TASTY AND NUTRITIOUS MEALS TO THE HOMELESS MEN, WOMEN, AND CHILDREN SERVED AT IHS' EMERGENCY SHELTERS AND SPECIALTY SHELTERS ACROSS 8 SITES. FOOD INSECURITY HAS NEVER BEEN A GREATER THREAT TO THE HEALTH AND WELL BEING OF THE MOST VULNERABLE HOMELESS PERSONS WE SERVE. YEAR AFTER YEAR, MEAL PROGRAM FUNDING REMAINS SCARCE. GRANT FUNDS WILL SUPPORT THE PURCHASE OF FOOD AND SUPPLIES NEEDED FOR PRODUCING AND SERVING MEALS.

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<p>JAPAN-AMERICA SOCIETY OF HAWAII 1600 KAPIOLANI BLVD SUITE 204 HONOLULU, HI 96814</p>	99-0359990	501(C)(3)	5,100		N/A	N/A	<p>FUNDS REQUESTED FROM FRIENDS OF HAWAII CHARITIES WILL PRIMARILY BE USED TO SUPPORT THE ASIAN-PACIFIC CHILDREN'S CONVENTION (APCC). JASH SELECTS UP TO SIX 11-YEAR-OLDS EACH YEAR TO PARTICIPATE IN A GLOBAL YOUTH CAMP IN FUKUOKA, JAPAN WITH 200 OTHER CHILDREN FROM ACROSS THE ASIA-PACIFIC REGION. JASH PROVIDES SEVERAL TRAINING SESSIONS THROUGHOUT THE MONTHS PRIOR TO PREPARE THESE STUDENTS TO SERVE AS "JUNIOR AMBASSADORS" OF HAWAII.</p>
<p>JEWISH COMMUNITY SERVICES POB 235805 HONOLULU, HI 96823</p>	99-0334439	501(C)(3)	5,000		N/A	N/A	<p>TO PROVIDE DIRECT SOCIAL SERVICES AND FINANCIAL ASSISTANCE TO NEEDY, POOR, DISABLED, AND ELDERLY JEWS IN HAWAII. OUR GOAL IS TO ENSURE A STABLE AND SUPPORTED ENVIRONMENT BY MEETING THE BASIC NEEDS OF OUR CLIENTS FOR HOUSING, FOOD, MEDICAL CARE, AND SUPPORT. THE FOHC GRANT WILL ENABLE US TO MEET AND BETTER PROVIDE FOR THE INCREASING REQUESTS FOR HELP, ESPECIALLY NOW AS WE DEAL WITH THE IMPACT OF COVID 19 ON THE NEEDY AND ELDERLY.</p>

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KELII FOUNDATION 91-215 HILUHILU ST KAPOLEI, HI 96707	45-5524466	501(C)(3)	9,267		N/A	N/A	THIS SONY GRANT WILL SINGLE-HANDEDLY ALLOW THE K.E.L.I.I. FOUNDATION TO COMPLETE THE RENOVATIONS THAT STARTED BACK IN NOVEMBER 2020, TO OPEN THE FIRST-EVER, TRANSITIONAL HOME FOR SPECIAL NEEDS IN THE STATE OF HAWAII. THIS FACILITY WILL BE USED AS A TRANSITIONAL CENTER DURING THE DAY, AND AN IN-HOME RESIDENTIAL FACILITY AT NIGHT, WITH ONE ROOM RESERVED FOR CRISIS SITUATIONS.
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT STREET SUITE 2600 HONOLULU, HI 96813	99-0246364	501(C)(3)	9,500		N/A	N/A	KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN DEVELOPED AND PILOTED A 6-WEEK INTENSIVE PEDIATRIC FEEDING DAY PROGRAM TO SUPPORT CHILDREN WITH FEEDING DISORDERS. KAPI'OLANI'S MULTIDISCIPLINARY GROUP OF SPECIALISTS SUPPORT CHILDREN WITH A VARIETY OF MEDICAL AND DEVELOPMENT ISSUES THAT IMPACT FEEDING AND CHILDREN WHO ARE ON SUPPLEMENTAL TUBE FEEDING. FUNDING WILL SUPPORT OUTPATIENT TREATMENT TO IMPROVE FEEDING/EATING FOR CRITERIA MET CHILDREN.

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(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
KAUAI FOOD BANK INC 3285 WAAPA RD STE A LIHUE, HI 96766	99-0317431	501(C)(3)	12,515		N/A	N/A	THE PURPOSE OF KEIKI CAF SUPPORTS STUDENTS' ACADEMIC ENRICHMENT AFTER SCHOOL BY PREVENTING HUNGER DURING A TIME PERIOD THAT MANY CHILDREN GO HUNGRY. AT FULL CAPACITY, OUR PROGRAM PROVIDES HEALTHY AFTER SCHOOL SNACKS FOR APPROXIMATELY 800 KEIKI EACH SCHOOL DAY. OUR PROGRAM OPERATIONS REACH EIGHT COMMUNITIES AND OUR SERVICES SPAN THE ISLAND OF KAUAI.
KUKUI CHILDREN'S FOUNDATION 3245 NO KUKUI ST HONOLULU, HI 96817	20-1247747	501(C)(3)	5,000		N/A	N/A	THE COMMUNITY PARTNERS PROGRAM OF THE JEANETTE AND HARRY WEINBERG KUKUI CENTER RECRUITS AND UTILIZES SUPPORT FROM BUSINESSES, SERVICE GROUPS AND INDIVIDUALS TO HELP THE KUKUI CENTER'S 7 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.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LANAI COMMUNITY HEALTH CENTER P O BOX 630142 LANAI CITY, HI 96763	20-2509287	501(C)(3)	8,816		N/A	N/A	REQUESTING FOR 2 PROGRAMS: PATIENT COMMUNICATION: LCHC NEEDS TO STAY IN TOUCH WITH ALL PATIENTS. WE PLAN TO PURCHASE 10 PREPAID CELL PHONES FOR NEEDY PATIENTS TO ENSURE OUR ABILITY TO REMAIN IN TOUCH WITH THEM. ORAL HEALTH EDUCATION: A NUMBER OF COMMUNITIES ON LANAI HAVE POOR ORAL HEALTH; COVID HAS MADE THE SITUATION WORSE AS PATIENTS POSTPONE THEIR PREVENTIVE VISITS. LCHC IS PLANNING TO LAUNCH A ORAL HEALTH EDUCATION/LITERACY PROGRAM.
LEADERSHIP IN DISABILITIES & ACHIEVEMENT OF HAWAII 245 N KUKUI STREET SUITE 205 HONOLULU, HI 96817	99-0119223	501(C)(3)	5,000		N/A	N/A	RESPONSE TO COVID-19, LDAH WILL PROVIDE "PARENTS AS TEACHERS TOOL KITS" FOR PARENTS OF CHILDREN WITH SEVERE PHYSICAL AND INTELLECTUAL DISABILITIES. THE TOOL KITS WILL GUIDE PARENTS THROUGH SUPPLEMENTAL EDUCATIONAL AND ENRICHMENT ACTIVITIES FOR THEIR CHILDREN SINCE OPTIONS FOR IN-SCHOOL INSTRUCTION AND FACE TO FACE LEARNING FOR THIS VULNERABLE POPULATION IS LIMITED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LIFE'S BRIDGES HAWAII INC PO BOX 1965 LIHUE, HI 96766	20-8958857	501(C)(3)	5,000		N/A	N/A	THE FUNDING RECEIVED FOR THE KLAS PROGRAM WILL PROVIDE PEER-TO-PEER TRAINING ON THE WARNING SIGNS OF SUICIDE IN THEMSELVES OR THEIR PEERS AND WHERE THEY CAN GO FOR HELP. ADDITIONALLY, KLAS WILL TRAIN TRUSTED ADULTS, HOW TO BEST SUPPORT THEIR STUDENTS.
LUNALILO HOME 501 KEKAULUOHI STREET HONOLULU, HI 96825	99-0075244	501(C)(3)	7,500		N/A	N/A	LUNALILO HOME HAS EXPONENTIALLY GROWN THE MEAL DELIVERY COMPONENT OF OUR OPERATIONS DURING THE PANDEMIC. MORE KPUNA IN THEIR HOMES REQUIRES MORE PACKAGED MEALS. WITH THE PROPER FOOD SAVING EQUIPMENT, WE COULD PURCHASE MORE FOOD IN BULK FOR WHEN THE FOOD SUPPLY CHAIN IS INTERRUPTED AS IT HAS BEEN DURING THE PANDEMIC. WE ALSO WANT TO KEEP FOOD SAFE AND PURCHASE SEASONAL FOODS IN BULK FOR NEEDY KUPUNA.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MALAMA NA MAKUA A KEIKI PO BOX 791749 PAIA, HI 96779	99-0293044	501(C)(3)	5,000		N/A	N/A	MALAMA'S SOBER LIVING PROGRAMS PROVIDE A SAFE, HEALTHY, NON-JUDGEMENTAL ENVIRONMENT FOR PREGNANT AND PARENTING WOMEN TO GET COMPREHENSIVE SUBSTANCE ABUSE 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 WHILE IN TREATMENT.
MALAMA PONO HEALTH SERVICES 4366 KUKUI GROVE SUITE 207 LIHUE, HI 96766	99-0260914	501(C)(3)	5,000		N/A	N/A	THESE FUNDS WILL BE UTILIZED FOR MALAMA PONO HEALTH SERVICES (MPHS) MOBILE HEALTH UNIT (MHU) PROGRAM. THIS PROGRAM PROVIDES MANY OF OUR ORGANIZATION'S SERVICES IN AN OUTREACH SETTING, AND ADDRESSES TRANSPORTATION AND HEALTH INSURANCE BARRIERS THAT AFFECT UNDERPRIVILEGED COMMUNITIES ON KAUAI. THE SERVICES OFFERED THROUGH THE MHU INCLUDE HIV/STD TESTING AND TREATMENT, TOBACCO CESSATION SERVICES, FAMILY PLANNING SERVICES, AND MED-QUEST ENROLLMENT.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MAUI FAMILY SUPPORT SERVICES INC 1844 WILI PA LOOP WAILUKU, HI 96793	99-0208152	501(C)(3)	9,340		N/A	N/A	FUNDS WILL BE USED FOR OPERATIONS COSTS OF HALE HI`IPOI HANA INFANT/TODDLER CENTER, THE FIRST AND ONLY LICENSED CENTER IN EAST MAUI. THE CENTER HAS A LICENSED CAPACITY OF 12 INFANTS AND TODDLERS SIX WEEKS TO UNDER FOUR YEARS OLD. THE CENTER HAS NOT ONLY PROVIDED CHILDREN A SAFE AND DEVELOPMENTALLY-APPROPRIATE PLACE TO LEARN AND GROW, BUT HAS PROVIDED THE OPPORTUNITY FOR THEIR PARENTS TO WORK OR ATTEND SCHOOL, AND HAS CREATED JOBS IN HANA.
THE MAUI FARM INC PO BOX 1776 MAKAWAO, HI 96768	99-0240355	501(C)(3)	6,220		N/A	N/A	THE FAMILY STRENGTHENING PROGRAM OFFERS SAFE TRANSITIONAL HOUSING, LIFE SKILLS TRAINING AND COMPREHENSIVE CARE COORDINATION FOR FAMILIES THAT ARE WORKING TO OVERCOME SIGNIFICANT LIFE CHALLENGES AND BECOME SELF-SUFFICIENT. FUNDS WILL BE USED TO DIRECTLY SUPPORT PROGRAM EXPENSES IN RESPONSE TO COVID (I.E. MEDICAL SUPPLIES, TELEWORKING COST) AND ONGOING NEEDS FOR PARTICIPANTS SUCH AS EMERGENCY FOOD SUPPLIES AND FURNISHINGS IN THE TRANSITIONAL HOMES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD STE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)	5,000		N/A	N/A	OUTREACH WORKERS ARE TRAINED TO MAKE CONNECTIONS WITH THE HOMELESS CONSUMERS IN NEED, BUT FIND THAT OFTEN THE MOST EFFECTIVE WAY TO DEVELOP A TRUSTING RELATIONSHIP IS TO PROVIDE SOME BASIC MATERIALS THAT THE CONSUMER MAY NEED.
MOLOKAI ARTS CENTER THE P O BOX 116 KUALAPUU, HI 96757	27-3170573	501(C)(3)	7,357		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NA HOALOHA-MAUI INTERFAITH VOLUNTEER CAREGIVERS PO BOX 3208 WAILUKU, HI 96793	99-0326282	501(C)(3)	7,000		N/A	N/A	NA HOALOHA WILL CONTINUE TO EXPAND OUR SUPPORTIVE PROGRAMS AND SERVICES IN THE RURAL AREAS OF MAUI COUNTY, TO REDUCE ISOLATION AND PROMOTE QUALITY OF LIFE FOR OUR AGING SENIORS AND PERSONS WITH DISABILITIES. 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 LOCAL VOLUNTEERS AND FOCUS ON BUILDING ORGANIZATIONAL CAPACITY IN RURAL AREAS.
NOURISH KAUA'I PO BOX 1062 KAPAA, HI 96746	99-0310902	501(C)(3)	17,500		N/A	N/A	THIS AMOUNT HELPS EXTEND, BY 4 WEEKS, OUR FRESH, (90%) LOCAL-INGREDIENT MEAL KITS PROGRAM FOR THOSE LIVING ON EXTREMELY LOW INCOMES (0-30% AMI). ON AVERAGE PROVIDING 3,000 INDIVIDUAL MEALS WITH RECIPES THAT ENCOURAGE THE FULL USE OF ALL THE FOOD TO EMPOWER A RETURN TO LOCAL WHOLE FOOD EATING. OUR PARTNERS WHOM WORK WITH SNAP, WIC, ETC., RECOMMEND RECIPIENTS TO US. SOME FAMILIES & INDIVIDUALS IN NEED REACH OUT DIRECTLY TO US IN EMERGENCIES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PACIFIC REGION BASEBALL INC PO BOX 17865 HONOLULU, HI 96817	99-0246631	501(C)(3)	5,000		N/A	N/A	THE FUNDS WILL BE USED TO OPERATE THE HIMB PROGRAM, WHICH RUNS FROM JUNE TO AUGUST IN HONOLULU. HOME GAMES ARE PLAYED AT UH LES MURAKAMI STADIUM AND 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.
PANTRY BY FEEDING HAWAII TOGETHER (THE PANTRY) THE 2522 ROSE STREET HONOLULU, HI 96819	47-0901806	501(C)(3)	12,150		N/A	N/A	A \$10,000 GRANT WOULD ENABLE THE PANTRY TO MAKE SUPPLEMENTAL FOOD PURCHASES BEYOND NORMAL OPERATIONS TO ACCOMMODATE THE EXTRAORDINARY DEMAND DUE TO COVID-RELATED ECONOMIC IMPACTS ANTICIPATED TO LINGER THROUGHOUT 2021. FUNDS WOULD BE USED TO PROVIDE CHILDREN, FAMILIES, SENIORS AND OTHER VULNERABLE POPULATIONS WITH ACCESS TO FOOD BOTH NOW AND IN THE FUTURE SO THEY NO LONGER NEED TO CHOOSE BETWEEN FOOD AND OTHER ESSENTIALS JUST TO SURVIVE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARENTS AND CHILDREN TOGETHER 1485 LINAPUNI STREET SUITE 105 HONOLULU, HI 968193575	99-0119678	501(C)(3)	5,000		N/A	N/A	A FRIENDS OF HAWAII CHARITIES GRANT WILL BE USED TO SUPPORT COUNSELING SERVICES AND THERAPEUTIC RECREATIONAL, ART, AND SKILL-BUILDING ACTIVITIES FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED SEXUAL ABUSE.
PATCH (PEOPLE ATTENTIVE TO CHILDREN) 560 NORTH NIMITZ HIGHWAY SUITE 218 HONOLULU, HI 96817	99-0167464	501(C)(3)	5,128		N/A	N/A	PROVIDER APPRECIATION TRAINING ON FARM TO TABLE; DISCUSS VALUE OF NUTRITION WITH THE CHILD CARE PROVIDERS AND THE CHILDREN IN THEIR CARE. CREATING AND TAKING CARE OF A VEGETABLE AND HERB GARDEN WHICH THEN CAN BE USED WHILE SERVING HEALTHY MEALS TO THE CHILDREN. THE TRAINING WILL HELP TO MEET DHS HEALTH AND SAFETY REQUIREMENTS AS WELL AS LEARNING ABOUT SUSTAINABILITY DURING THESE UNPRECEDENT TIMES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PEANUT BUTTER MINISTRY 374 WAIANUENUE AVE HILO, HI 96720	99-0110098	501(C)(3)	11,438		N/A	N/A	GENERAL SUPPORT
PEARLSIDE YOUTH OUTREACH COMMUNITY CENTER 98-751 KUAHAO PLACE 2ND FLOOR PEARL CITY, HI 96782	99-0315879	501(C)(3)	5,000		N/A	N/A	WE WILL PROVIDE ACTIVITIES THAT ENGAGE AND ENHANCE AT-RISK-YOUTH AND THEIR FAMILIES. WHILE CREATING A SAFE SPACE, WE WILL ENCOURAGE YOUTH TO MAKE WISE CHOICES, DEVELOP HEALTHY FRIENDSHIPS , AND POSITIVELY INFLUENCE THEIR FRIENDS WHILE HAVING FUN! THROUGH SPORTS AND TUTORING PROGRAMS, WHICH ARE PROVEN FORMS OF INTERVENTION, WE INTEND TO DEVELOP A NEW GENERATION OF LEADERS, WHO CAN DEVELOP CREATIVE APPROACHES AND SOLUTIONS TO COMMUNITY CHALLENGES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROJECT VISION HAWAII PO BOX 23212 HONOLULU, HI 96823	27-2831637	501(C)(3)	10,000		N/A	N/A	HIEHIE IS A MOBILE HYGIENE PROJECT, BRINGING HEALTH, HYGIENE AND HUMAN SERVICE RESOURCES TO PEOPLE EXPERIENCING HOMELESSNESS. COORDINATING WITH PUBLIC AND PRIVATE PARTNERS, WE BRING HOT, PRIVATE SHOWERS; MOBILE COVID-19 TESTING AND VACCINATIONS; ISOLATION FOR POSITIVE PATIENTS; AND FOOD ASSISTANCE FOR PEOPLE IN NEED. ON OAHU, PROJECT VISION HAS MOBILE TEAMS THAT ARE DEPLOYED FOR COVID-19 TESTING AT ENCAMPMENTS, SHELTERS, AND PRIVATE HOMES.
PUUWAI CANOE CLUB 6590-A PUUPILO ROAD KAPPA, HI 96746	99-0285770	501(C)(3)	11,795		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PUA FOUNDATION PO BOX 11025 HONOLULU, HI 968283398	99-0328687	501(C)(3)	9,228		N/A	N/A	FOR THE CULTURAL WELLNESS & TUTORING OF CHILDREN OF INCARCERATED MOTHERS PROJECT, P' FOUNDATION IS REQUESTING A GRANT IN THE AMOUNT OF \$14,000.00 TO SERVE 100 JUSTICE-INVOLVED WOMEN & THEIR FAMILIES. THE FUNDS WILL BE USED TO PRODUCE AN ACTIVITY BOOK, LESSON PLANS & FACILITATORS GUIDE TO BE USED IN THE CULTURAL HEALING & WELLNESS COURSE & KIDS DAY EVENTS AT THE WOMENS PRISON. TUTORING FOR KIDS DAY PARTICIPANTS WILL ALSO BE OFFERED.
PURPLE MAIA FOUNDATION 98-820 MOANALUA ROAD 15-547 AIEA, HI 96701	46-4326249	501(C)(3)	17,017		N/A	N/A	THE KAIKAINA PROJECT PROVIDES PROGRAMS IN CULTURALLY GROUNDED COMPUTER SCIENCE TO UNDERSERVED YOUTH IN GRADES 6-12.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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READ TO ME INTERNATIONAL FOUNDATION 126 QUEEN ST STE 303 SUITE 303 HONOLULU, HI 96813	99-0327529	501(C)(3)	18,060		N/A	N/A	RTM10 IS A PARENT-COACHING PROGRAM THAT BUILDS THE CONFIDENCE OF PARENTS TO READ ALOUD DAILY TO THEIR CHILDREN. PARTICIPANTS ARE PROVIDED WITH TOOLS, SKILLS AND STRATEGIES TO ENGAGE THEIR CHILDREN THROUGH READING WHICH DEVELOPS CHILDREN'S COMPREHENSION, VOCABULARY AND ANALYTICAL SKILLS. SUCCESS IN READING HAS A DIRECT IMPACT ON SUCCESS IN SCHOOL AND IN LIFE. FUNDS WILL BE USED TO EXPAND THE PROGRAM TO SERVE WAHIAWA, KALIHI, AND THE LEEWARD COAST.
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION 226 NORTH KUAKINI STREET HONOLULU, HI 96817	99-0241634	501(C)(3)	8,935		N/A	N/A	A \$10,000 GRANT WOULD BE USED TO SUPPORT REHAB'S NEW ANIMAL ASSISTED THERAPY PROGRAM, OFFERED TO PATIENTS AT NO COST. OVER THE NEXT 12 MONTHS, REHAB'S CHIEF CANINE OFFICER TOBY AND CLINICAL THERAPIST KASEY ALEXANDER WILL OFFER THIS EVIDENCE-BASED PRACTICE TO PATIENTS OF ALL AGES EXPERIENCING DISABILITY TO COMPLEMENT DISCIPLINES OF THE REHABILITATION TEAM WITH THE GOAL OF IMPROVING QUALITY OF LIFE AND ACHIEVING MAXIMUM LEVELS OF INDEPENDENCE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RESPONSIVE CAREGIVERS OF HAWAII 91-1241 SARATOGA AVENUE BLDG 1924 KAPOLEI, HI 96707	99-0166146	501(C)(3)	11,790		N/A	N/A	THE OBJECTIVE IS TO ENGAGE OUR PARTICIPANTS IN BASIC FOOD AND BEVERAGE (SNACK AND DRINK) PREPARATION, AND TEACH SKILLS SUCH AS FOLLOWING A RECIPE, IDENTIFYING AND MEASURING INGREDIENTS, SETTING A TABLE, SAFE USE OF KITCHEN TOOLS, AND THE PROCESS TO CLEAN UP IN THE KITCHEN. WE PLAN TO ENGAGE A PROFESSIONAL NUTRITIONIST CONSULTANT FOR APPROPRIATE MEAL AND SNACK IDEAS.
RIVER OF LIFE MISSION P O BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	10,000		N/A	N/A	HONOLULU HOMELESSNESS HAS ALREADY SURPASSED CRISIS LEVELS. RIVER OF LIFE MISSION EMERGENCY FOOD SERVICES PROGRAM HAS OPERATED CONTINUOUSLY WITHOUT SERVICE INTERRUPTION SINCE 1987 WE ARE ONE OF THE ONLY TWO MASS MEAL PROVIDERS ON OAHU. IN 2019, THE RIVER OF LIFE MISSION SERVED 153,000 MEALS AND DISTRIBUTED 7387 FOOD BOXES ANY FUNDS RECEIVED WILL BE USED TOWARDS THE PURCHASE OF FOODSTUFFS.

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RONALD MCDONALD HOUSE CHARITIES HAWAII 1970 JUDD HILLSIDE ROAD HONOLULU, HI 96822	99-0222124	501(C)(3)	5,000		N/A	N/A	RMHC HAWAII HAS INCURRED ADDITIONAL EXPENSES DUE TO THE LOSS OF OUR VOLUNTEER MEAL CHEF PROGRAM. IN THE PAST WE HAVE HAD THE SUPPORT OF VOLUNTEERS THAT PROVIDED, PREPARED AND COOKED 3 MEALS A DAY FOR OUR FAMILIES STAYING AT OUR TWO HOMES IN MANOA. WE ALSO DID NOT ANTICIPATE THE COST OF INDUSTRIAL CLEANING AND SAFETY SUPPLIES REQUIRED BY CDC GUIDELINES TO BE ABLE TO CONTINUE OPERATIONS AS ESSENTIAL BUSINESS THROUGHOUT THE PANDEMIC.
SAMARITAN COUNSELING CENTER HAWAII 1020 S BERETANIA ST HONOLULU, HI 96814	99-0250073	501(C)(3)	7,030		N/A	N/A	THE CLIENT ASSISTANCE FUND SUBSIDIZES MENTAL HEALTH COUNSELING FOR THOSE WITH LITTLE OR NO FINANCIAL RESOURCES, AND ENSURES ACCESS TO QUALITY HEALTH CARE BY PROVIDING COUNSELORS WITH A REASONABLE REIMBURSEMENT FOR THEIR SERVICES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHRINERS HOSPITALS FOR CHILDREN 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C)(3)	6,500		N/A	N/A	PEDIATRIC ORTHOPAEDIC PATIENTS RECOVERING FROM SURGERY, INJURY, OR A CHRONIC CONDITION RECEIVES REHABILITATION TO IMPROVE LEVEL OF FUNCTION TO OPTIMIZE INDEPENDENCE AND IMPROVE QUALITY OF LIFE. HONOLULU SHRINERS HOSPITAL OFFERS: ASSISTIVE AND ADAPTIVE DEVICES AS NEEDED; COMPREHENSIVE WHEELCHAIR ASSESSMENT; AND PATIENT AND FAMILY EDUCATION/INSTRUCTION REGARDLESS OF ABILITY TO PAY. FUNDS WILL HELP ADD TO INVENTORY (ADAPTIVE/ASSIST DEVICES) ISSUED.
SPECIAL EDUCATION CENTER OF HAWAII 1001 KAMOKILA BLVD 259 HONOLULU, HI 96816	99-0141008	501(C)(3)	6,890		N/A	N/A	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.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPECIAL OLYMPICS HAWAII PO BOX 3295 HONOLULU, HI 96801	23-7173957	501(C)(3)	5,000		N/A	N/A	SPECIAL OLYMPICS HAWAII'S COME BACK IN 2021 PROGRAM WILL OFFER FITNESS TRAINING, HEALTH EDUCATION AND FREE MEDICAL EXAMS, SOCIAL ACTIVITIES, SPORTS PRACTICES, AND COMPETITIONS TO ADDRESS THE NEEDS OF PEOPLE WITH INTELLECTUAL DISABILITIES TO STAY SOCIALLY AND PHYSICALLY ACTIVE AND SUPPORT EMOTIONAL HEALTH. FUNDING WILL HELP TO PROVIDE VIRTUAL AND IN PERSON PROGRAMMING TO COMBAT ISOLATION AND INACTIVITY WHILE PROMOTING INCLUSION AND HEALTHY LIVING.
SURFING THE NATIONS PO BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	11,000		N/A	N/A	ULU PONO (UP) IS SURFING THE NATIONS AT-RISK YOUTH PROGRAM THAT IS FOR CHILDREN AGES 5-18. A MAJOR GOAL OF UP IS TO INSPIRE AND MENTOR YOUTH TO THRIVE RIGHTEOUSLY IN PASSIONS, ACADEMICS, ACTIONS SPORTS, AND SELFLESS SERVICE. WE ARE COMMITTED TO HELPING THE NEXT GENERATION REACH THEIR FULL POTENTIAL. THE FUNDS WILL BE COVERING ALL PROGRAM COSTS RANGING FROM ART/TUTORING SUPPLES, DANCE OUTFITS/HARDWARE, SURF/SKATE RESOURCES, AND SAFETY EQUIPMENT.

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(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
SUSTAINABLE MOLOKAI PO BOX 250 KAUNAKAKAI, HI 96748	27-3261673	501(C)(3)	16,035		N/A	N/A	GENERAL SUPPORT
SUTTER HEALTH PACIFIC 91-2301 OLD FORT WEAVER ROAD EWA BEACH, HI 96706	99-0298651	501(C)(3)	8,050		N/A	N/A	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.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TOUCH A HEART INC 98-820 MOANALUA RD UNIT 15-1 PMB 224 AIEA, HI 96701	20-8310130	501(C)(3)	18,260		N/A	N/A	OUR BAKER'S HEART (BH) & TOUCH A HEART CATERING ENTERPRISES SERVED TO TRAIN OUR INTERNS & PROVIDE FUNDS FOR OUR TRAINING PROGRAM. FUNDS WILL BE USED AS A CATALYST TO JUMP-START OUR BAKER'S HEART BRAND TO THE LOCAL AND TOURIST MARKETS AS WE HAD ORIGINALLY PLANNED PRE-COVID-19. THE MAJORITY OF FUNDS WILL GO TOWARD MARKETING & PACKAGING SELECTED BH PRODUCTS AS A "BRIDGE OF FRIENDSHIP" & "GIVING FORWARD" PROGRAM FOR CUSTOMERS PURCHASING OUR GOODS
UNITED STATES VETERANS INITIATIVE 85-638 FARRINGTON HWY WAIANAE, HI 96792	95-4382752	501(C)(3)	5,000		N/A	N/A	U.S.VETS - WAI'ANAE'S TRANSITIONAL HOUSING AND WRAPAROUND SUPPORTIVE SERVICES FOR HOMELESS CHILDREN, YOUTH, AND ADULTS DIRECTLY SERVES HOMELESS FAMILIES ON THE WAI'ANAE COAST. OUR PROGRAMS FOCUS ON HOUSING AS WELL AS MENTAL HEALTH SERVICES, CASE MANAGEMENT, AND EMPLOYMENT ASSISTANCE. EACH DAY, OUR LOCATION SUPPORTS 200 CLIENTS LIVING ON-SITE AS WELL AS OUTREACH TO THE COMMUNITY; MORE THAN 1,400 TOTAL ARE SERVED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVE HONOLULU, HI 96815	99-0179392	501(C)(3)	11,645		N/A	N/A	WCC'S TECH SAVVY SENIORS IS PART OF OUR WHOLE-PERSON KUPUNA CARE PROGRAM TO ENSURE SENIORS HAVE THE RESOURCES THEY NEED. ORIGINALLY IN RESPONSE TO COVID-19, THIS PROGRAM ENSURES KUPUNA ARE CONNECTED TO CRITICAL RESOURCES AND THE WORLD AROUND THEM BY BEING ABLE TO ACCESS AND KNOW HOW TO USE TECHNOLOGY. IT INCLUDES AN IPAD LENDING LIBRARY, TECH TRAINING AND CASE MANAGEMENT.
WAIKIKI HEALTH 277 OHUA AVENUE HONOLULU, HI 96815	99-0159253	501(C)(3)	10,000		N/A	N/A	WAIKIKI HEALTH'S PATH CLINIC IS OAHU'S ONLY OBSTETRICS/GYNECOLOGY CLINIC THAT PROVIDES COMPREHENSIVE SERVICES TO PREGNANT AND PARENTING WOMEN WITH PAST OR PRESENT SUBSTANCE USE DISORDERS. GRANT SUPPORT WILL HELP SAFEGUARD OUR PATIENTS AND STAFF FROM CONTRACTING COVID-19 BY PURCHASING FURNITURE THAT CAN BE SANITIZED. FUNDS ALSO ARE NEEDED FOR ULTRASOUND FEES; AND LARC (LONG-ACTING REVERSIBLE CONTRACEPTION) TO REDUCE UNINTENDED PREGNANCIES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HIGHWAY WAIMANALO, HI 96795	99-0273205	501(C)(3)	7,500		N/A	N/A	PROVIDE ASSISTANCE (E.G. ADMISSION, REGISTRATION, MEMBERSHIP, AND CERTIFICATION FEES AND/OR ROUND-TRIP TRANSPORTATION TO CO-CURRICULAR ACTIVITIES AND HEALTHY MEALS) TO 80 AT-RISK YOUTH ENROLLED IN WHC'S YOUTH AND YOUNG ADULT SERVICES INTERSESSIONS THAT OTHERWISE WOULD NOT BE ABLE TO AFFORD SERVICES. ASSIST 1,920 WHC PATIENTS/CLIENTS WITH ELIGIBILITY ASSISTANCE IN OBTAINING BASIC NEEDS SUCH AS PERSONAL DOCUMENTATION, HEALTHCARE, HOUSING, ETC.
WOMEN IN NEED (WIN KAUAI) 3136 A ELUA STREET LIHUE, HI 96766	94-3266305	501(C)(3)	7,500		N/A	N/A	FUNDS WILL BE TO PROVIDE SUBSTANCE ABUSE TREATMENT AND REFERRAL SERVICES TO LOW-AND MODERATE-INCOME ADULTS THROUGH INTENSIVE OUTPATIENT (IOP) SERVICES. IOP INCLUDES BUT IS NOT LIMITED TO, MOTIVATIONAL ENHANCEMENT SERVICES, INTENSIVE OUTPATIENT TREATMENT, OUTPATIENT TREATMENT, AND RECOVERY SUPPORT SERVICES. IN COMPLIANCE WITH COVID-19 REQUIREMENTS, SERVICES TO BE HELD VIA ZOOM. WE WILL ALSO PURCHASE EQUIPMENT TO PROVIDE TREATMENT SERVICES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WORLD GOLF FOUNDATION WORLD GOLF VILLAGE ST AUGUSTINE, FL 32092	59-2998925	501(C)(3)	50,000		N/A	N/A	GENERAL SUPPORT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF OAHU 1040 RICHARDS ST HONOLULU, HI 96813	99-0073534	501(C)(3)	7,500		N/A	N/A	FERNHURST'S TRANSITIONAL HOUSING PROGRAM, HOMEBASE, SERVES WOMEN WHO HAVE GRADUATED FROM WORK FURLOUGH PROGRAMS AND ARE NEWLY ON PAROLE, AS WELL AS ECONOMICALLY DISADVANTAGED WOMEN. THE LATTER CATEGORY CAN INCLUDE WOMEN TRANSITIONING FROM CHALLENGING LIFE SITUATIONS SUCH AS: DOMESTIC VIOLENCE, SEX TRAFFICKING, ILLNESS, AND DIVORCE. THE PROGRAM ADDRESSES BASIC NECESSITIES, JOB READINESS, AND POSITIVE RELATIONSHIP BUILDING.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

FRIENDS OF HAWAII CHARITIES INC

Employer identification number

99-0334032

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TREASURER REVIEWS AND SIGNS FORM 990 BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.