

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2011**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning Jan. 1, 2011, and ending Dec. 31, 2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Project Hawai'i, Inc.  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
P.O. Box 1844  
 City or town, state or country, and ZIP + 4  
Kea'au, HI 96749+1844

**D** Employer identification number  
32-0308897

**E** Telephone number  
808 987 6018

**G** Gross receipts \$ \$247,233.98

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates 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.HelpTheHomelessKeiki.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ nonprofit **L** Year of formation: 2010 **M** State of legal domicile: HI

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>To enhance the lives of homeless and poverty stricken children living on our islands. To provide life necessities, emergency support, holiday parties and educational programs. To help the youth escape the cycle of poverty through interactive solutions and educational programs. To provide an educational summer camp and teen mentoring program: Adventures Abound &amp; Edu-Camp Sessions</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>-0-</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>-0-</u>
	<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<u>-0-</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>40</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>-0-</u>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>-0-</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>\$117,690.00</u>	<u>\$247,233.98</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>-0-</u>	<u>-0-</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-0-</u>	<u>-0-</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>117,690.00</u>	<u>\$247,233.98</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>-0-</u>	<u>-0-</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>-0-</u>	<u>-0-</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>-0-</u>	<u>-0-</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>-0-</u>	<u>-0-</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>-0-</u>	<u>-0-</u>
<b>17</b>	Other expenses (Part IX, column (A), lines 11f, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z)	<u>-0-</u>	<u>\$231,061.98</u>	
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>\$151,170.00</u>	<u>\$231,061.98</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(33,480.00)</u>	<u>\$16,172.00</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<u>(33,480.00)</u>	<u>\$16,172.00</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>(33,480.00)</u>	<u>\$16,172.00</u>

**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: Magin Patrick Date: May 10, 2012  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

SCANNED JUN 25 2012

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

To enhance the lives of homeless and poverty stricken children on the islands of Hawaii. We provide emergency care, outreach, as well as holiday parties and educational programs to help them escape the cycle of poverty. To create awareness that will help us meet our mission and help end the cycle of homelessness, and conduct outreach to assure we have not left any child behind in our efforts.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 63,670.03 including grants of \$ 63,670.03 ) (Revenue \$ 0 )

Project Hawaii Teen Mentoring Summer Camp. This camp is 3-fold providing a day camp, sleepover camp and mentoring program. The camp is offered free of charge to children meeting our mission between the ages of 3-7, and teens enrolled in high school. All their fundamental camp needs from sleeping bags, swimwear, shoes, food, hygiene, etc. Adventures Aboard Day camp allows children to travel the island learning about the wonders of the ocean, coral reefs, volcano, nature, planting gardens, exploring the sites. Places that would otherwise be out of their financial reach. The Edu-Camp sleepover session allows the children to grow on a different level, building self-esteem, life skills and social behavior that will help them develop and make friendships in school. Educational programs that are sometimes left out of school curriculum due to budget cuts, such as music, Hawaiian culture. Our teen mentors work along side the title one's guiding them through the planned activities. They gain leadership and mentoring skills. The teens will earn 200 community service hrs along with the President's Service Award. This camp is fully run by volunteers and invite the community to share their talents for a day, or be involved as their practicum. The graduation allows for the children to receive their new backpacks filled with school supplies, new outfits and shoes to go back school prepared. Using their new found self-esteem and social skills, these children will succeed in the new year.

4b (Code: ) (Expenses \$ 337,403.00 including grants of \$ 337,403.00 ) (Revenue \$ )

Christmas Party/Christmas Deliveries: Conducted on the island of Hawaii and Oahu. Christmas Party/Deliveries: Our volunteers provide a holiday party on the island of Hawaii for over 350 children living in poverty or in homeless situations. The children attend the party with their parent(s) for an evening of fun. Santa arrives takes his photos with the children and gives them a special holiday gift that was donated by the public generosity. The children and their family are able to enjoy nutritious holiday meal. The children play games that provide prizes that will help in their every day living. They win shoes, hygiene products, books, and other great donations for the community. The children also make cards they use to give their friends, family and even teachers. Decorating their own cookies and other activities help them to feel normal for one evening and build their self-esteem. On the island of Oahu our volunteer elves deliver packages to the children living along the beaches and bushes of Waianai. The elves will deliver on Christmas day with packages all wrapped up for each child. Also providing holiday meals for their family. Most of our children are sponsored by the local companies displaying a "help wish tag" board allowing for the public to sponsor and we conduct collection and toy drives across the islands to assure that no child goes without the wonders of the holidays.

4c (Code: ) (Expenses \$ 60,210.00 including grants of \$ 40,000.00 ) (Revenue \$ )

Emergency Outreach and Awareness on both Oahu and Big Island. Due to the ever changing crisis and needs of our field. Our dedicated volunteers spend their weekends cooking out the children. Providing them with hygiene products, food, clothing and other needed items for them just to "survive" until we come again. Our volunteers go deep in the bushes, down the long rock and pipe filled roads to get to the children. This year we were able to locate new homeless camps, and find children living in old school buses at the abandoned building and bus ramps. Children living under bridges and in other situations not fit to live in. We were able to provide services to over 1,200 children this year. Our awareness outreach includes participating in various local events, fairs, direct venues, and the like. Recruiting volunteers and supporters to help us continue to the services we provide. Furthermore our goal is to get the community involved in finding other solutions and opportunities to help end this cycle of poverty. This year we have also been able to partner with more school and college groups to conduct outreach and fundraising efforts.

4d Other program services (Describe in Schedule O.) (Expenses \$ 32,600.00 including grants of \$ 32,600.00 ) (Revenue \$ )

4e Total program service expenses > \$229,833.03

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		✓
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-9 (various governance and management questions).

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-16b (policies on chapters, conflict of interest, whistleblower, document retention, compensation, and joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Hawaii
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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, physical address, and telephone number of the person who possesses the books and records of the organization: Magin Patrick, 16-320 Kehaulani St. Kea'au, HI 96749 (808) 962-6128

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Magin Patrick Program Director/Executive Director	40				✓			-0-	-0-	-0-
(2) Cliff Kama Asst. Program Director	40				✓			-0-	-0-	-0-
(3) Ann Strong Key Volunteer for all activities/programs	20				✓			-0-	-0-	-0-
(4) Kassy Patrick Camp Art Instructor/Teen Mentor Supervisor	20	✓						-0-	-0-	-0-
(5) Dr. Whittaker Board Advisor	1			✓				-0-	-0-	-0-
(6) Candice Fukuda-Hantle President/Nutrition Meal Coordinator	2	✓						-0-	-0-	-0-
(7) Danielle Aju 2nd Vice President	1	✓						-0-	-0-	-0-
(8) Lee Menconi-Steiger Secretary	2	✓						-0-	-0-	-0-
(9) Norine Fitzgerald Accountant/Treasure	3	✓						-0-	-0-	-0-
(10) Trudy Farley Holiday Coordinator/Fundraising Chair	5	✓						-0-	-0-	-0-
(11) Gina Moreno Camp Assistant/Fundraising Chair	30				✓			-0-	-0-	-0-
(12) Lissa Dias Dental/Health Coordinator for Summer Camp	20				✓			-0-	-0-	-0-
(13) Rachael Sauerman Camp Assistant	20				✓			-0-	-0-	-0-
(14) John Gonzalves Camp Assistant/Fundraising Chair	30				✓			-0-	-0-	-0-

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) Teri Gwarek Nutritionist/Photographer for Camp	10				✓			-0-	-0-	-0-
(16) Olivia Hagg Camp Assistant	40				✓			-0-	-0-	-0-
(17) Matt Kawaili Camp Assistant	20				✓			-0-	-0-	-0-
(18) Fale Manoeffe Camp Assistant	20				✓			-0-	-0-	-0-
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								-0-	-0-	-0-
<b>c Total from continuation sheets to Part VII, Section A</b>								-0-	-0-	-0-
<b>d Total (add lines 1b and 1c)</b>								-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
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	✓

**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

**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 **0**



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	-0-					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	-0-					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	-0-					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	-0-					
	<b>e</b> Government grants (contributions)	<b>1e</b>	-0-					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	\$247,233.98					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		\$193,192.00					
	<b>h</b> Total. Add lines 1a-1f . . . . . ▶		\$247,233.98					
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b> _____								
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g</b> Total. Add lines 2a-2f . . . . . ▶			-0-					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			-0-				
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶			-0-				
	<b>5</b> Royalties . . . . . ▶			-0-				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .			-0-	-0-		
		<b>c</b> Rental income or (loss) . . . . .			-0-	-0-		
	<b>d</b> Net rental income or (loss) . . . . . ▶					-0-		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			-0-	-0-		
		<b>c</b> Gain or (loss) . . . . .			-0-	-0-		
		<b>d</b> Net gain or (loss) . . . . . ▶					-0-	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>			-0-			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		-0-			
		<b>c</b> Net income or (loss) from fundraising events . . ▶					-0-	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>			-0-			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		-0-			
		<b>c</b> Net income or (loss) from gaming activities . . ▶					-0-	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>			-0-				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		-0-				
	<b>c</b> Net income or (loss) from sales of inventory . . ▶					-0-		
Miscellaneous Revenue			Business Code					
<b>11a</b> _____								
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .			-0-					
<b>e</b> Total. Add lines 11a-11d . . . . . ▶						-0-		
<b>12</b> Total revenue. See instructions. . . . . ▶				\$247,233.98				

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	-0-	-0-		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	-0-	-0-		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	-0-	-0-		
<b>4</b> Benefits paid to or for members	-0-	-0-		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	-0-	-0-	-0-	-0-
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-	-0-	-0-	-0-
<b>7</b> Other salaries and wages	-0-	-0-	-0-	-0-
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-0-	-0-	-0-	-0-
<b>9</b> Other employee benefits	-0-	-0-	-0-	-0-
<b>10</b> Payroll taxes	-0-	-0-	-0-	-0-
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	-0-	-0-	-0-	-0-
<b>b</b> Legal	-0-	-0-	-0-	-0-
<b>c</b> Accounting	-0-	-0-	-0-	-0-
<b>d</b> Lobbying	-0-	-0-	-0-	-0-
<b>e</b> Professional fundraising services. See Part IV, line 17	-0-			-0-
<b>f</b> Investment management fees	-0-	-0-	-0-	-0-
<b>g</b> Other	-0-	-0-	-0-	-0-
<b>12</b> Advertising and promotion	\$1,500.00	-0-	-0-	-0-
<b>13</b> Office expenses	\$3,210.00	-0-	-0-	-0-
<b>14</b> Information technology	\$228.00	-0-	-0-	-0-
<b>15</b> Royalties	-0-	-0-	-0-	-0-
<b>16</b> Occupancy	-0-	-0-	-0-	-0-
<b>17</b> Travel	-0-	-0-	-0-	-0-
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	-0-	-0-	-0-
<b>19</b> Conferences, conventions, and meetings	-0-	-0-	-0-	-0-
<b>20</b> Interest	-0-	-0-	-0-	-0-
<b>21</b> Payments to affiliates	-0-	-0-	-0-	-0-
<b>22</b> Depreciation, depletion, and amortization	-0-	-0-	-0-	-0-
<b>23</b> Insurance	-0-	-0-	-0-	-0-
<b>24</b> 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.)				
<b>a</b> <u>Summer Camp</u>	\$89,670.98			
<b>b</b> <u>Holiday Parties</u>	\$43,693.00			
<b>c</b> <u>Outreach/Awareness</u>	\$60,210.00			
<b>d</b> <u>Back 2 School</u>	\$32,550.00			
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	\$231,061.98			
<b>26</b> 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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	-0	<b>1</b>	-0
	<b>2</b> Savings and temporary cash investments . . . . .	-0	<b>2</b>	<b>2,308.00</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	-0	<b>3</b>	-0
	<b>4</b> Accounts receivable, net . . . . .	-0	<b>4</b>	-0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	-0	<b>5</b>	-0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	-0	<b>6</b>	-0
	<b>7</b> Notes and loans receivable, net . . . . .	-0	<b>7</b>	-0
	<b>8</b> Inventories for sale or use . . . . .	-0	<b>8</b>	<b>\$13,864.00</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .	-0	<b>9</b>	-0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> -0		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> -0	<b>10c</b>	-0
	<b>11</b> Investments—publicly traded securities . . . . .	-0	<b>11</b>	-0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	-0	<b>12</b>	-0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	-0	<b>13</b>	-0
	<b>14</b> Intangible assets . . . . .	-0	<b>14</b>	-0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	-0	<b>15</b>	-0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	-0	<b>16</b>	<b>\$16,172.00</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>\$33,480.00</b>	<b>17</b>	-0
	<b>18</b> Grants payable . . . . .	-0	<b>18</b>	-0
	<b>19</b> Deferred revenue . . . . .	-0	<b>19</b>	-0
	<b>20</b> Tax-exempt bond liabilities . . . . .	-0	<b>20</b>	-0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	-0	<b>21</b>	-0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	-0	<b>22</b>	-0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	-0	<b>23</b>	-0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	-0	<b>24</b>	-0
	<b>25</b> 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 . . . . .	-0	<b>25</b>	-0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>\$33,480.00</b>	<b>26</b>	-0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	-0	<b>30</b>	-0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	-0	<b>31</b>	-0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	-0	<b>32</b>	-0
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	<b>(\$33,480.00)</b>	<b>33</b>	<b>\$16,172.00</b>	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	<b>(\$33,480.00)</b>	<b>34</b>	<b>\$16,172.00</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>\$247,233.98</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>\$231,061.98</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>\$16,172.00</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>(\$33,480.00)</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	<b>\$16,172.00</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	✓	
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		✓
<b>c</b> 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.	✓	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</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		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

Employer identification number

**Project Hawai'i, Inc.**

**32-0308897**

**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 11, 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.)
- 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)(vii). (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .				117,690.00	\$247,233.98	\$247,233.98
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .				-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .				-0-	-0-	-0-
4 <b>Total.</b> Add lines 1 through 3 . . . . .				\$117,690.00	\$247,233.98	\$247,233.98
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) . . . . .						\$17,780.00
6 <b>Public support.</b> Subtract line 5 from line 4.						\$229,453.98

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .				117,690.00		\$247,233.98
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .				-0-	-0-	-0-
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .				-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .				-0-	-0-	-0-
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2011.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Project Hawaii, Inc.

32-0308897

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		\$350.00	retail value
5 Clothing and household goods . . . . .	✓		\$42,000.00	retail value
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	70	\$33,000.00	retail value
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( summer camp ) . . . . .	✓	50	71,670.00	retail value
26 Other ▶ ( Holiday Support ) . . . . .	✓	100	\$47,453.00	retail value
27 Other ▶ ( Back 2 School ) . . . . .	✓	45	\$22,550.00	retail value
28 Other ▶ ( Outreach/Awareness ) . . . . .	✓	150	\$30,210.00	retail value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 3

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Part 1: 25-28.** This did not allow the writing to show on our form:

**25:** summer camp items, such as sleeping bags, hygiene, games, crafts, projects, etc.

**26:** holiday support for parties such as toys, Easter baskets, hygiene, costumes, arts.

**27:** back to school program such as backpacks, school supplies, etc.

**28:** outreach items such as hygiene, tents, emergency care needs

**31:** we only accept new items, and have a selected campaign for collecting goods. We do not take random items at any old time. We have rules and specific guidelines throughout the year for accepting items.

**32a:** We have youth groups and churches, school clubs, etc help with the collection of such items for our campaigns. We do not sell nor do we solicit cash donations via 3rd parties. We provide them with a list of items we are collecting and they will conduct their fundraiser on their own terms, and then provide us with the end results.

**COLUMN D:** This column did not allow us to write either.

We determine the value of the items donated by retail or current sale values. We do not accept used items, therefore we give credit for what we feel it would cost us to purchase ourselves. If the donor provides a receipt for the items they are donating, of course we use that in determining the value of their items.

Obviously we have the majority of our support donated by non cash items



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Project Hawai'i, Inc.

32-0308897

**PART III 4d:**

**Back to School: \$32,550.00** We were able to provide 186 homeless and poverty stricken children with all their back to school needs.

This includes their backpacks filled with supplies, new outfits and shoes for their first day back to school. On both the Big Island and O'ahu

**Easter Celebrations: \$4,490.00** We were able to bring the Easter bunny to Waianae Coast to all the children living in poverty. From those on the beach to those hidden deep in the bushes. The bunny brought Easter baskets, bunny bags filled with hygiene products, and a nutrition meal.

New spring outfits, p.j.s and shoes. The children also get a box of food, and other needs to tide them over till our next visit. This year we had 78

**Healthy Hearts for Homeless Keiki Campaign: \$3,760.00** This program provides homeless children with athletic shoes to allow them to play school based sports and p.e. The funds also help to provide healthy living programs at the summer camp.

**Halloween Costume Workshop and Not so Typical Trick-or-Treat Parade: \$1,800.00** This program allows the keiki to make their own costumes.

This is important for their self-esteem and social growth in school. They also trick or treat for school supplies, arts and crafts, hygiene and other life necessities. Furthermore they get a hot nutritious meal and plenty of healthy snacks to take home with them.

**PART VI 11a:** It is not our policy to provide this filing with all board members before we file. The complete 990 is sent out to all our board members, major donors, and others who request with our annual report. Being a small nonprofit, this works best for us.

**PART VII: Explanation of our key employees:**

Some of our key volunteers work full 40 hours week during the holiday or program they are running and then really part time or not at all during other months. We also have many more volunteers that are one time volunteers that help out at events and provide 40-100 hours of time.

Furthermore, our summer camp works with several community members and volunteers that will volunteer full time all summer, but then never again. We work with the college and high school students to fulfill their practicum or graduation requirements, therefore one time helpers.

**PART XI:** I wasn't sure if we were to add last years negative fund balance to this years plus balance. This years plus balance is mostly clothing