** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

ΑF	or the	e 2021 calendar year, or tax year beginning a	nd ending					
B c	heck if	C Name of organization		D Employer identifi	cation number			
X	Addre	FAMILY PROMISE OF HAWAII						
	Name chang	Doing business as		20-26454	89			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	return/ termin ated	_	104	(808) 54				
_	ated Ameno	5 1		G Gross receipts \$	1,976,583.			
	return	HONOLULO, HI 30817		H(a) Is this a group return				
	Applic tion pendir				?Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)((1) or 52		list. See instructions			
		e: WWW.FAMILYPROMISEHAWAII.ORG		H(c) Group exemptio				
	orm of I rt I	organization: X Corporation	L Yea	r of formation: 2005 N	M State of legal domicile; HI			
		Briefly describe the organization's mission or most significant activities: TO	שבו.ם שנ	METECC AND	LOW-TNCOME			
e		FAMILIES IN HAWAII ACHIEVE SUSTAINABLE						
Governance								
err		Check this box if the organization discontinued its operations or dis		1	9			
Š				3	9			
		Number of independent voting members of the governing body (Part VI, line 1b			21			
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			70			
Activities &		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
_	D	Net unrelated business taxable income from Form 990-1, Part I, line 11		Prior Year	Current Year			
	8	Contributions and grants (Dart VIII line 1h)		2,644,975.	1,972,743.			
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		229.	-977.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,086.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		2,645,204.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		496,076.	166,625.			
				0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		590,145.	931,831.			
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses			223.	<u></u>	0.			
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		997,514.	776,131.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,083,735.	1,874,587.			
		Revenue less expenses. Subtract line 18 from line 12		561,469.	99,265.			
-Se		Trevende 1633 expenses. Oubtract line 10 from line 12	В	eginning of Current Year	End of Year			
Assets or d Balances	20	Total assets (Part X, line 16)		1,477,933.	1,597,451.			
Asse Bal	21	Total liabilities (Part X, line 16)		31,286.	52,271.			
Net.		Net assets or fund balances. Subtract line 21 from line 20		1,446,647.	1,545,180.			
	rt II	Signature Block		2,110,01,0	2/010/1001			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying sched	ules and staten	nents, and to the best of my	/ knowledge and belief, it is			
		t, and c m lete. Decartich of the arer (other than of cery's basid on all in c matin o						
		LIUDLIC DISCLUSU	KE					
Sigr	1	Signature of officer		Date				
Her		ROBERT KEN TYSON III, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		MELANIE A KING MELANIE A KING		11/16/22 if self-employ	P00220997			
Prep	arer	Firm's name CW ASSOCIATES, CPAS			26-1659234			
Use	Only	Firm's address 700 BISHOP STREET, SUITE 1040						
_		HONOLULU, HI 96813		Phone no. 80	8-531-1040			
May	the IF	as discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	till 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:
	TO HELP HOMELESS AND LOW-INCOME FAMILIES IN HAWAII ACHIEVE SUSTAINABLE INDEPENDENCE BY MOBILIZING EXISTING COMMUNITY RESOURCES AND SUPPORT.
	INDEPENDENCE BY MOBILIZING EXISTING COMMONITY RESOURCES AND SUPPORT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 599,412. including grants of \$) (Revenue \$)
ча	FAMILY PROMISE OF HAWAII PROVIDES A HOLISTIC SOLUTION TO FAMILY
	HOMELESSNESS ON OAHU THROUGH VARIOUS PROGRAMS. THE LARGEST IS OUR
	SHELTER PROGRAM PROVIDING A SAFE PLACE FOR 79 FAMILIES TOTALLING TO 267
	FAMILY MEMBERS IN 2021. FAMILIES STAYING IN THE SHELTER PROGRAM WERE
	PROVIDED WARM MEALS FROM COMMUNITY VOLUNTEERS AT 8,736 MEALS.
	<u> </u>
4b	(Code:) (Expenses \$ 685,938. including grants of \$ 166,625.) (Revenue \$)
	SHELTER DIVERSION & HOMELESS PREVENTION PROGRAM PROVIDES ASSISTANCE TO
	FAMILIES THAT ARE ON THE VERGE OF HOMELESSNESS THROUGH EVICTION OR ARE
	LIVING IN OVERCROWDED ENVIRONMENTS. THROUGH RESOURCE REFERRALS,
	LANDLORD MEDIATION, RENTAL ASSISTANCE AND EMPLOYMENT SUPPORT, WE ARE
	ABLE TO PREVENT MANY OF THESE FAMILIES FROM EXPERIENCING THE TRAUMA OF HOMELESSNESS. WE WERE SERVED 364 INDIVIDUALS, INCLUDING 184 CHILDREN.
	HOMEDESSNESS. WE WERE SERVED 304 INDIVIDUALS, INCLUDING 104 CHILDREN.
4c	(Code:) (Expenses \$ 272,627 • including grants of \$) (Revenue \$)
	THE OAHU HOUSING NOW (OHN) INITIATIVE THROUGH RAPID REHOUSING APPROACH,
	PROVIDES SHORT-TERM RENTAL ASSISTANCE AND SUPPORTIVE SERVICES TO ASSIST
	PEOPLE IN OBTAINING HOUSING QUICKLY. FAMILY PROMISE PROVIDES CASE
	MANAGEMENT SUPPORT FOR HALF OF THE HOUSEHOLDS ENROLLED IN THE PROGRAM.
	IN 2021, WE SUPPORTED 144 HOUSEHOLDS THROUGH OHN INCLUDING 9 FAMILIES
	WHO WERE PREGNANT.
4-3	Other program con ices (Deceribe on Cabadula O.)
4d	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,557,977.
- 10	Form 990 (2021)
	(

Form 990 (2021) FAMILY PROMISE OF HAWAII Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ا ا		х
_	Schedule D, Part III	8		
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?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-23
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form **990** (2021)

Form 990 (2021) FAMILY PROMISE OF HAWAII
Part IV Checklist of Required Schedules (continued)

	· (outlines)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٦,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			.
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
5 4		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
12200	4 12 00 21	Eorm	990	(2021)

Form 990 (2021) FAMILY PROMISE OF HAWAII

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

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 21										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
	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?										
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?										
7											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х							
е	3 7 7 7 1 31										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	,										
	sponsoring organization have excess business holdings at any time during the year? N/A	8									
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-									
a	+-	9a 9b									
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	90									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1									
11	Section 501(c)(12) organizations. Enter:	1									
	Gross income from members or shareholders N/A 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1									
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	4									
	Enter the amount of reserves on hand			77							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		X							
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational incitiution subject to the section 4968 excise tax on not investment income?											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17									
	If "Yes," complete Form 6069.										
	. , ,										

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

200						X				
sec	tion A. Governing Body and Management				1					
		۱.			Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year	1a	-	4						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		C							
	Enter the number of voting members included on line 1a, above, who are independent	1b		4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					v				
_	officer, director, trustee, or key employee?			2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the		•			v				
_				3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	5		X				
5										
6	• • • • • • • • • • • • • • • • • • • •									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr					7.7				
	more members of the governing body?			7a		<u>X</u>				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?			7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I	es," de	escribe							
	on Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶HI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)	s only)	availab	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)							
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar										
	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 boo	ks and	records		_					
	RYAN CATALANI - (808) 548-7478									
	245 N. KUKUI ST., SUITE 104, HONOLULU, HI 96817									

Form **990** (2021)

FPH___1

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	nor any related organization compensate (B) (C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		officer and a director/truste			17443		from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tr.		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	hul	lus	JJ0	Ke	e Fig	For			
(1) SAMANTHA CHURCH	45.00			37				76 140	_	11 751
EXECUTIVE DIRECTOR	1 00			Х				76,149.	0.	11,751
(2) MICHELLE BARTELL	1.00	Х		х					0.	_
PRESIDENT (3) RYAN CATALANI	1 00	A		Λ				0.	0.	0.
(3) RYAN CATALANI VICE PRESIDENT	1.00	Х		х				0.	0.	0.
(4) SHELLEY ELLWIN	1.00	Λ		Δ				0.	0.	0 .
SECRETARY	1.00	Х		Х				0.	0.	0.
(5) ROBERT KEN TYSON III	1.00							0.	<u></u>	0.
TREASURER	1.00	Х		Х				0.	0.	0.
(6) JENNIFER DIESMAN	1.00							· ·	•	•
DIRECTOR		х						0.	0.	0.
(7) MATT HARA	1.00									-
DIRECTOR		Х						0.	0.	0.
(8) CECILY HO SARGENT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) WILLIAM NAGEL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) WHITNEY BENEDICT SWOBODA	1.00									
DIRECTOR		Х						0.	0.	0.
		ŀ								
		-								
			\vdash							
		1						1		

Form **990** (2021)

20-2645489

	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amou	unt o	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	ons compens MISC/ from the		nsati n the izatio elate	e on ed
			•											
			•											
			•											
			•											
			•											
	Subtotal Total from continuation sheets to Part VI							▶	76,149.		•	11,	, 75	$\frac{1}{0}$
	Total (add lines 1b and 1c)							<u> </u>	76,149.		•	11,	, 75	1.
	compensation from the organization	or infinited to th	036	11310	u ac	JOVE	<i>y</i> vvii	010	eceived more than \$100,			l v	es	0 N o
3	Did the organization list any former officer,												63	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				<u>X</u>
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	. 4	-		<u>X</u>
Sec	rendered to the organization? If "Yes." combined to the organization of the contractors	plete Schedule	∋ <i>J f</i> o	or st	ıch ı	oers	on				. 5	i		Х
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	sation	from		
	(A) Name and business			ONE			· · · · ·		(B) Description of s		Com	(C) pensa	ation	
				2111					·			•		
2	Total number of independent contractors (ii	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organia	zation 🟲					<i>,</i>				For	m 9 9	0 (2	021)

132008 12-09-21

Form 990 (2021) FAMILY Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e 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	b c d e	All other contributions, gifts, grants, and similar amounts not included above	20,712. 23,781. 446,009. 482,241. 43,680.				
Col	h	Total. Add lines 1a-1f		1,972,743.			
Program Service Revenue	2 a b		Business Code				
m Se venu	c						
ogra Re	d e						
Pro	f	All other program service revenue					
	g						
	3	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond process.	roceeds	23.			23.
	5	Royalties(i) Real	(ii) Personal				
	6 a b		(ii) i crooriai				
	С	, ,					
		Net rental income or (loss) Gross amount from sales of assets other than inventory 7a (i) Securities	(ii) Other 1,000.				
enne		Less: cost or other basis and sales expenses	2,000. -1,000.				
Seve	ď	Gain or (loss) 7c Net gain or (loss)		-1,000.			-1,000.
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See		270000			2,000
		Part IV, line 18 8a Less: direct expenses 8b	2,817. 731.				
		Less: direct expenses	/31.	2,086.			2,086.
		Gross income from gaming activities. See Part IV, line 19 9a		=,000			=,000
		Less: direct expenses9b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	>				
		and allowances 10a Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	>				
<u>0</u>			Business Code				
Miscellaneous Revenue	11 a						
əllar ven	b c						
lisce Be		All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u> </u>	1,973,852.	0.	0.	1,109.

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 166,625. 166,625. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 87,900. 68,562. 19,338. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 665,108. 516,312. 148,796. Other salaries and wages 7 Pension plan accruals and contributions (include 9,158. 4,545. 4,613. section 401(k) and 403(b) employer contributions) 102,332. 40,781. 61,551. Other employee benefits 9 67,333. 48,511. 18,822. 10 Payroll taxes Fees for services (nonemployees): Management Legal 3,411. 39,232. 42,643. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 25. 242. 217. column (A), amount, list line 11g expenses on Sch O.) 25,171. 24,134. 1,037. Advertising and promotion 12 36,405. 31,907. 4,498. Office expenses 13 Information technology 14 15 Royalties 74,126. 100,060. 25,934. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,839. 3,828. 11. Depreciation, depletion, and amortization 22 7,023. 7,023. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 528,914. 528,886. 28. GUEST SERVICES MEMBERSHIP AND DUES 9,472. 9,472. 6,899. 1,462.5,437. DEVELOPMENT 6,363. 5,154. 1,209. d MERCHANT SERVICE FEES 9.100. 6,388. 2,489. 223. e All other expenses 1,874,587. 1,557,977. 316,387. 223. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

<u>Part</u>	: X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			980,558.	1	1,000,632
	2	Savings and temporary cash investments			55,223.	2	33,232
	3	Pledges and grants receivable, net	414,949.	3	538,983		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B			6,444.	9	12,317
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	247,735.			
	b	Less: accumulated depreciation	10b	240,890.	13,417.	10c	6,845
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	7,342.	15	5,442		
	16	Total assets. Add lines 1 through 15 (must eq			1,477,933.	16	1,597,451
	17	Accounts payable and accrued expenses			31,286.	17	52,271
	18	Grants payable		18			
	19	Deferred revenue		19			
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
တ္က 🗆	22	Loans and other payables to any current or for	mer office	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
- :	23	Secured mortgages and notes payable to unre				23	
:	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
:	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D			21 206	25	F0 071
:	26	-		. 77	31,286.	26	52,271
_s		Organizations that follow FASB ASC 958, ch	eck here	· National Action			
<u>و</u>		and complete lines 27, 28, 32, and 33.			1 240 020		1 507 317
<u>a</u> a.	27	Net assets without donor restrictions			1,349,029.	27	1,507,317
<u> </u>	28	Net assets with donor restrictions			97,618.	28	37,863
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here ▶ 📖			
<u> </u>		and complete lines 29 through 33.					
) ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated i			1 116 617	31	1 5/5 100
- 1	32	Total net assets or fund balances			1,446,647.	32	1,545,180
:	33	Total liabilities and net assets/fund balances			1,477,933.	33	1,597,451 Form 990 (202

Form **990** (2021)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,97		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,87		
3	Revenue less expenses. Subtract line 2 from line 1	3	99,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,446,64		
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		-7	32.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,54	5,1	80.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	X	
		<u> </u>	Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

FAMILY PROMISE OF HAWAII

Employer identification number 20-2645489

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	519,806.	792,460.	696,132.	2644975.	1972743.	6626116.
2	Tax revenues levied for the organ-						
	ization'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	519,806.	792,460.	696,132.	2644975.	1972743.	6626116.
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)						
6	Public support. Subtract line 5 from line 4.						6626116.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	519,806.	792,460.	696,132.	2644975.	1972743.	6626116.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,693.	564.	624.	229.	23.	3,133.
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						6629249.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	11,950.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	11 1 3 (14	99.95 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.86 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						ļ
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I		T	T	T
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst second third :	fourth or fifth tax	Vear as a section F	I 501(c)(3) organizatio	n On
	check this box and stop here	· ·		•	•		
Se	ction C. Computation of Publi						····
15	Public support percentage for 2021 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2021. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	> □
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Drivate foundation If the organization	n did not obook o	hay an line 14 10	ar 10h ahaak th	aic how and see in	structions	▶ ¬

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	_		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	1	1		
3a	Ì			
3a	1	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	ı			
3c	Ţ	За		
3c				
4a	L	3b		
4a	1			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	H	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	ı	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c				
4c 5a 5b 5c 6 7 8 8 9a 9b 9c		4b		
5a 5b 5c 6 7 8 9a 9b				
5a 5b 5c 6 7 8 9a 9b		4c		
5b				
5c 6 7 8 9a 9b 9c	L	5a		
5c 6 7 8 9a 9b 9c				
6 7 8 9a 9b	ļ			
7 8 9a 9b	L	5c		
7 8 9a 9b				
9a 9b 9c		6		
9a 9b 9c				
9a 9b 9c		7		
9a 9b 9c		0		
9b 9c	Ì	ð		
9b 9c		9a		
9c				
9c		9b		
10a		9с		
10a				
		10a		
10b				

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Schedule A (Form 990) 2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		the organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations	•		
		<i>y</i> 11 0 0		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion l	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	一	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s)	
2	Activi	ities Test. Answer lines 2a and 2b below.	in a o trorr	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		- /i y // / / / / / / / / / / / / / / / / /			

of its supported organizations? *If "Yes." describe in Part VI the role played by the organization in this regard.*3b

3chedule A (Form 990) 2021

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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.					
Sect	on 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				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continued}	<u>d)</u>					
Secti	ection D - Distributions Current Year								
1									
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		1	10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
с	From 2018								
d	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i_	Carryover from 2016 not applied (see instructions)								
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
с	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
8	and 4c. Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018 Excess from 2019								
	Excess from 2020								
	Excess from 2021								
_	LAUGUG II UIII LUL I								

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number FAMILY PROMISE OF HAWAII 20-2645489

Ciganization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; -EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributi is checked, ent purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $exclusively$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $exclusively$ religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received $nonexclusively$ religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \left\frac{1}{2} \left					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990)						

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Page 2

Name of organization Employer identification number

FAMILY PROMISE OF HAWAII

20-2645489

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a)	(b)	(c) (d)
No. 1	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FAMILY PROMISE OF HAWAII

20-2645489

Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/153 11_11.		<u></u>	Schedule B (Form 990) (2021)

Name of organization **Employer identification number** FAMILY PROMISE OF HAWAII 20-2645489 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

FAMILY PROMISE OF HAWAII

Employer identification number 20-2645489

Pai		zations Maintaining Donor Advised ion answered "Yes" on Form 990, Part IV, line		imilar Funds or A	ccounts. Complete if the
	Organiza	on answered Tes On Tonn 990, Factor, into	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at	end of year	. ,		
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		tion inform all donors and donor advisors in v	writing that the assets he	ld in donor advised fur	nds
•	~	ion's property, subject to the organization's			
6		tion inform all grantees, donors, and donor a			
•		rposes and not for the benefit of the donor or			
	impermissible p	•	,		
Pai		vation Easements. Complete if the org			
1		nservation easements held by the organization		•	
		on of land for public use (for example, recreat	`	Preservation of a his	torically important land area
		of natural habitat	, _	7	tified historic structure
		on of open space			
2		a through 2d if the organization held a qualifi	ied conservation contrib	ution in the form of a c	onservation easement on the last
	day of the tax ye	-			Held at the End of the Tax Year
а	Total number of	conservation easements			2a
b					2b
С	•	ervation easements on a certified historic stru			2c
d		ervation easements included in (c) acquired a			
		onal Register			2d
3		ervation easements modified, transferred, rele			nization during the tax
	year >			, -	-
4	Number of state	s where property subject to conservation eas	sement is located		
5		ration have a written policy regarding the peri		ion, handling of	
	violations, and e	nforcement of the conservation easements it	holds?		Yes No
6	Staff and volunt	eer hours devoted to monitoring, inspecting, l			
	>				
7	Amount of expe	nses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation e	asements during the year
	> \$				
8	Does each cons	ervation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)(E	3)(i)
	and section 170	h)(4)(B)(ii)?			Yes No
9	In Part XIII, desc	ribe how the organization reports conservation	on easements in its rever	nue and expense state	ment and
	balance sheet, a	nd include, if applicable, the text of the footn	ote to the organization's	financial statements the	hat describes the
	organization's a	counting for conservation easements.			
Pai		zations Maintaining Collections of		asures, or Other	Similar Assets.
	Complete	if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement and ba	llance sheet works
	of art, historical	reasures, or other similar assets held for pub	olic exhibition, education	or research in furthera	ance of public
	service, provide	in Part XIII the text of the footnote to its finan	ncial statements that des	cribes these items.	
b	If the organization	n elected, as permitted under FASB ASC 95	8, to report in its revenue	e statement and baland	ce sheet works of
	art, historical tre	asures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	•	wing amounts relating to these items:			
	(i) Revenue inc	luded on Form 990, Part VIII, line 1			
	(ii) Assets inclu	ded in Form 990, Part X			• \$
2	-	n received or held works of art, historical trea			, provide
	the following am	ounts required to be reported under FASB A	SC 958 relating to these	items:	
а	Revenue include	d on Form 990, Part VIII, line 1			• \$
					> \$
LHA	For Paperwork	Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining Co	llections of Ar			asures. o	r Other S			Continu	
	•								COILLIIL	<u>ieu)</u>
·	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
а	Public exhibition	d		l oan or exc	hange progra	am				
b	Scholarly research	e			nango progn					
c	Preservation for future generations	·								
4	Provide a description of the organization's colle	ections and explain	how th	ev further th	ne organizatio	nn's exemr	nt nurnosi	e in Part	XIII	
5	During the year, did the organization solicit or r							o iii i ai c		
·	to be sold to raise funds rather than to be main								Yes	No
Par	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Part 2	X, line 21.)	organizatio	ii anoworda	100 0111	o 000,			
	Is the organization an agent, trustee, custodian		iary for c	ontributions	s or other as	sets not inc	cluded			
	on Form 990, Part X?								Yes	No
h	If "Yes," explain the arrangement in Part XIII an									
-	Troo, oxplain the arrangement in rate xiii an	ia complete the for	lowing to	abic.					Amount	
_	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
) 2a	Did the organization include an amount on For	m 990 Part X line	21 for 6	ecrow or ci	etodial acco	t liability			Yes	No
	If "Yes," explain the arrangement in Part XIII. C					•	·		_	
Par										
		(a) Current year		rior year	(c) Two yea			ars back	(e) Four	years back
10	Descination of consultations	,	(-/:	·····)	(-,,	(.,		(-,	<u>,</u>
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships Other expenditures for facilities									
е	Other expenditures for facilities									
	and programs									
	End of year balance	at veer and belone	. /lina 1 a) bold oo:					
	Provide the estimated percentage of the currer	it year end balance	e (iirie Tg %	i, column (a)	neid as.					
	Board designated or quasi-endowment	0/	_%							
	Permanent endowment ► %	%								
C										
0-	The percentages on lines 2a, 2b, and 2c should	•	. 4: 41 4							
Sa	Are there endowment funds not in the possess	non or the organiza	uon mai	. are neid ar	ia aaministei	ed for the	organizai	lion	Г	Yes No
	by:									103 110
	(i) Unrelated organizations								3a(i)	+-
	(ii) Related organizations								3a(ii)	+-
	If "Yes" on line 3a(ii), are the related organization								3b	
4 Par	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equipme		wment it	unas.						
· u	Complete if the organization answered) Part IV	line 11a S	66 Form 990	Dart X lir	ne 10			
	•								(d) Daale	
	Description of property	(a) Cost or o basis (investn			or other (other)		cumulated eciation	7	(d) Book	value
	Land	,	i iei it)	Dasis	(Oth ICI)	uepi	COIALIUIT			
	Land									
	Buildings			1 0	5 500	1 /	05,12	_		374.
	Leasehold improvements				5,500. 8,769.		36,1 <u>2</u> 36,76		ີ	,000.
	Equipment						36,76 98,99			
	Other				3,466.		-	2.		,471.
Total	. Add lines 1a through 1e. (Column (d) must eau	ual Form 990. Part	X. colum	n (B). line 1	0c.)				6	,845.

Schedule D (Form 990) 2021

	ISE OF HAWAII	20	-2645489 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)	+		
(E)			
(F) (G)			
(H)		1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	<u> </u>	1 ``	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part X Other Liabilities.			l
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	T
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

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$^{\circ}$	Λ	-264		00	Page 4
4	U	- 404	I D 4	פס	Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,038,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,000.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,000. 2,037,207.
3	Subtract line 2e from line 1			3	2,037,207.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		(2.255		
b			-63,355.	_	62 255
_	Add lines 4a and 4b			4c	-63,355. 1,973,852.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State	mente With	Evnances ner E	5 Paturr	1,9/3,034.
ı aı			Expenses per i	ictuii	•
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1.			1	1,875,587.
1	Total expenses and losses per audited financial statements			1	1,073,307.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a	Donated services and use of facilities				
b	Prior year adjustments Other losses	1 _ 1			
d			1,000.		
	Add lines 2a through 2d			2e	1,000.
3	Subtract line 2e from line 1			3	1,000. 1,874,587.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•••••		, , , , , , , , , , , , , , , , , , , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	- · · · · · · · · · · · · · · · · · · ·				
С	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	1,874,587.
Pai	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	art IV, lines 1b a	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 a	dditional inform	nation.		
PAF	RT X, LINE 2:				
<u>U.S</u>	S. GAAP REQUIRES UNCERTAIN TAX POSITIONS '	TO BE RE	COGNIZED I	N TI	łE
F.TI	NANCIAL STATEMENTS IF THEY ARE MORE LIKEL	Y THAN N	OT TO FAIL	UPC	<u> N</u>
חחכ	NIII AMODA EAAMTNAMTON MANAGEMENM IIAG ENATI		III ODGANITGA	штол	TIO MAY
REC	GULATORY EXAMINATION. MANAGEMENT HAS EVAL	UATED TH	IE ORGANIZA	TIOI	N S TAX
DOG	CIMIONG AC OF AND EOD MUE VEADG ENDED DEG	емоер 21	2021 777	201) () () () () () () () () () () () () ()
PUS	SITIONS AS OF AND FOR THE YEARS ENDED DEC	EMBER 31	., 2021 AND	<u> </u>	ZU, AND
חשת	TERMINED THAT THE ORGANIZATION HAD NO UNC	соматы п	NV DOCTMIO	NTC T	ספּרננד ספּיס
נפט	LERMINED THAT THE ORGANIZATION HAD NO UNC.	EKIAIN I	AA PUSITIO	119 1	KEQUIKED
ШΟ	BE REPORTED IN ACCORDANCE WITH U.S. GAAP		C 3 NI T 7 3 TT (NI	тс	CIID TECM
10	BE REPORTED IN ACCORDANCE WITH 0.5. GAAP	· Ine Or	GANIZATION	12	SOBOECI
ΤО	ROUTINE AUDITS BY TAXING JURISDICTIONS;	HOWEVER	THERE ARE	CIII	RENTIV NO
10	ROUTINE AUDITS BY TAKING UNIDDICTIONS,	HOWEVER,	THERE ARE	C 0 1	WENTEL NO
ATT	DITS IN PROGRESS FOR ANY OPEN TAX PERIODS	_			
-101	JII IN INCOMED TOWN THAT OF HAVE THAT THAT THAT TOUR	•			
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	,				
DEC	CREASE IN NET ASSETS WITH DONOR RESTRICTION	ONS			-63,355.

Schedule D (Form 990) 2021

132054 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

you/Form000 for instructions and the latest information

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection
Employer identification number

	PROMISE OF HAWAII				20-2645	489	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 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							
(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)							
		Yes	No				
Fotal							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration	

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

Schedule G (Form 990) 2021

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11 Net income summary. Subtract line 10 from line 3, column (d)

20-2645489 Page 2 FAMILY PROMISE OF HAWAII Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PICNIC WITH NONE (add col. (a) through PROMISE col. (c)) (event type) (total number) (event type) 26,598. 26,598. Gross receipts 23,781 23,781. 2 Less: Contributions 2,817. 2,817. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 731. Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d)

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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 FAMILY PROMISE OF HAWAII	20-2645469 Page 3
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	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
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 received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and \$	ount
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:	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	······
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	u and Dart III lines 0. Oh 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, and Part III, lines 9, 90, 100,

Schedule 6	G (Form 990)	${ t FAMILY}$	PROMISE OF	HAWAII	20-2645489	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (con	tinued)			
		(COII	unacaj			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

FAMILY PR	OMISE OF	HAWAII					20-2645489	
Part I General Information on Grants a	nd 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 assis	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.								
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table			· · · · · · · · · · · · · · · · · · ·	>	
3 Enter total number of other organization	s listed in the line	1 table						

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

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	· -g-
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE	31	126,489.	0.		
SECURITY DEPOSIT	31	39,693.	0.		
UTILITIES ASSISTANCE	1	443.	0.		
Det N/ Openhannel Information Device the information	desire Best Life	o O Dort III. o o la mare	(1-)		
Part IV Supplemental Information. Provide the information req	uired in Part I, iin	ie 2; Part III, column	(b); and any other ac	dditional information.	
FOR MARKET RENTALS					
1) FAMILY IS APPROVED FOR RENTAL BY	ν ρετνάπε	. I'YNDI'''	OR RENTAL	МАНАСЕМЕНТ	
COMPANY AND INFORMS FP PROGRAM/CASI			OR REMITE	IMM/ICHIHIT	
2) FP PROGRAM/CASE MANAGER CONTACTS			L MANAGER	TO CONFIRM	
FAMILY'S APPROVAL FOR RENTAL.					
3) FP PROGRAM/CASE MANAGER REQUESTS	S W-9 FOR	AND RENTA	L AGREEMEN	T FROM	
LANDLORD OR RENTAL MANAGER. ONCE IT					
PROCESSES THE CHECK FOR RENTAL ASS					

Part IV Supplemental Information
MANAGER ON THE W-9 AND RENTAL AGREEMENT. NAMES MUST MATCH ON BOTH
DOCUMENTS.
FOR TRANSITIONAL HOUSING
1) FP PROGRAM/CASE MANAGER CONTACTS TRANSITIONAL HOUSING PROGRAM STAFF AND
REFERS FAMILY.
2) PROGRAM STAFF INTERVIEWS FAMILY AFTER THEY TURN IN APPLICATION AND
REQUIRED DOCUMENTS AND PLACES THEM ON WAITLIST.
3) PROGRAM STAFF CALLS FP PROGRAM/CASE MANAGER WHEN THERE IS AN OPENING AND
SCHEDULES ANOTHER MEETING. IF ALL IS APPROVED, FAMILY IS ACCEPTED AND
PROGRAM STAFF INFORMS FP PROGRAM/CASE MANAGER.
4) FP PROGRAM/CASE MANAGER REQUESTS W-9 FORM AND RENTAL AGREEMENT FROM
PROGRAM STAFF. ONCE IT IS RECEIVED, EXECUTIVE DIRECTOR PROCESSES THE CHECK
FOR RENTAL ASSISTANCE PAYABLE TO TRANSITIONAL HOUSING PROGRAM."

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization FAMILY PROMISE OF HAWAII Employer identification number 20-2645489

Pai	π I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	_	s
	A.t. Warden of art		items continuated	Point 990, Part VIII, line 19			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
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	Х	8,736	43,680.	COST		
20	Drugs and medical supplies		,	,			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27							
28	Other () Other ()						
<u>20</u> 29	Number of Forms 8283 received by the organization	otion during	the tax year for a	ontributions			
29	for which the organization completed Form 828	-	•				
	for which the organization completed Form 626	o, rait v, d	onee Acknowledge	ement 29		Yes	No
200	During the year, did the organization receive by	contributio	n any proporty ron	orted in Dort L lines 1 throug	h 20 that it	163	INO
Sua	must hold for at least three years from the date						
	•		,	•			х
	exempt purposes for the entire holding period?				30a	1	
	If "Yes," describe the arrangement in Part II.	a l: a Ala aAa	i		:0		v
31	Does the organization have a gift acceptance po	•	•	•	ions? <u>31</u>	-	X
32a	Does the organization hire or use third parties o contributions?	· ·	5	, ,	322	1	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						
ιцΔ	For Danerwork Reduction Act Notice see t	ha Instruct	ions for Form 990	1	Schedule M (Fo	rm 000)	2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAMILY PROMISE OF HAWATT

Employer identification number 20-2645489

PARTEL INOMISE OF HAWAII
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXISTING COMMUNITY RESOURCES AND SUPPORT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO APPROVAL AND
SUBMISSION TO THE ENTIRE BOARD OF DIRECTORS WHO ALSO REVIEW IT.
FORM 990, PART VI, SECTION B, LINE 12C:
DIRECTORS SIGN CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE POTENTIAL
CONFLICTS AT THIS POINT. WE ALSO DO NOT ALLOW ANY MEMBER OF THE
ORGANIZATION TO WRITE CHECKS TO SELF. ANY BOD THAT HAS A CONFLICT WITH A
DISCUSSION OR VOTING MATTER WILL RECUSE HIM/HERSELF FROM THE DISCUSSION OR
VOTE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE PERSONNEL COMMITTEE REVIEWS AND EVALUATES THE COMPENSATION PACKAGE FOR
THE EXECUTIVE DIRECTOR. AFTERWARDS, A RECOMMENDATION IS PROVIDED TO THE
BOARD WHICH IS VOTED ON BY THE ENTIRE BOARD. COMPARABLE DATA USED INCLUDE
USE OF 3RD PARTY INFORMATION (I.E. ALOHA UNITED WAY), ALONG WITH MARKET
RESEARCH. THE PROCESS IS DOCUMENTED IN THE PERSONNEL FILE AND PERSONNEL
COMMITTEE MEETING NOTES. THIS PROCESS WAS LAST UNDERTAKEN IN 2022 TO HIRE
THE NEW EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 18:
UPON REQUEST

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

Schedule O (Form 990) 2021

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Name of the organization FAMILY PROMISE OF HAWAII	Employer identification number 20-2645489
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.