** 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

ΑF	or the	2023 calendar year, or tax year beginning and	ending		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addres	FAMILY PROMISE OF HAWAII			
	Name change	Doing business as		20-26454	89
	□ Initial □ return □ Final □ return/	,	Room/suite 101	E Telephone number (808) 30	
	termin ated			G Gross receipts \$	2,343,132.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer: RYAN CATALANI		for subordinates	
	pendin	g SAME AS C ABOVE		H(b) Are all subordinates in	
ΙŢ	ax-exe	empt status: \mathbf{X} 501(c)(3) \mathbf{S} 501(c) () (insert no.) \mathbf{A} 4947(a)(1) of the status is \mathbf{X} 501(c) ()	or 527	If "No," attach a	list. See instructions
J۷	Vebsit	e: WWW.FAMILYPROMISEHAWAII.ORG		H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 2005 N	N State of legal domicile; HI
Pa	art I	Summary			
ø)		Briefly describe the organization's mission or most significant activities: ${ m \underline{TO} \ \ HI}$			
Governance		<u>FAMILIES IN HAWAII ACHIEVE SUSTAINABLE IN</u>	DEPENI	DENCE BY MOB	ILIZING
ž	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
8	I			3	11
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			11
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			22
Activities		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,024,031.	2,248,967.
Jue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-898.	12,513.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,571.	58,984.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,025,704.	2,320,464.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		161,752.	672,772.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		993,381.	990,100.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)			
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		371,562.	456,102.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,526,695.	2,118,974.
		Revenue less expenses. Subtract line 18 from line 12		2,499,009.	201,490.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		4,203,119.	4,327,540.
et A	21	Total liabilities (Part X, line 26)		158,930.	81,861. 4,245,679.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,044,189.	4,243,073.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is
,	, 001100	Dudalis Diaslandino de Proparo (entre manor entre proparo de la manor entre proparo del la manor entre proparo del la manor entre proparo del la manor entre proparo de la man	non propuror	That any knowledge.	
Sigi	n	Signature of officer UDITO DISO105UPO		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	ı	RODNEY M. HARANO RODNEY M. HARANG)1	.1/14/24 if self-employ	P00389596
Prep	arer	Firm's name CW ASSOCIATES, CPAS			6-1659234
	Only	Firm's address 700 BISHOP STREET, SUITE 1040			
		HONOLULU, HI 96813		Phone no. 80	8-531-1040
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO HELP HOMELESS AND LOW-INCOME FAMILIES IN HAWAII ACHIEVE SUSTAINABLE	_
	INDEPENDENCE BY MOBILIZING EXISTING COMMUNITY RESOURCES AND SUPPORT.	_
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
2		_
)
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No. If "Yes," describe these changes on Schedule O.)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 317,341. including grants of \$ 9,407.) (Revenue \$	_)
	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 35 FAMILIES TOTALLING TO 120	_
	FAMILY MEMBERS IN 2023. FAMILIES STAYING IN THE SHELTER PROGRAM WERE	_
		_
	PROVIDED 2,268 MEALS FROM COMMUNITY VOLUNTEERS AND PARTNERS.	_
		_
		_
		_
		_
4b	(Code:) (Expenses \$667 , 269 . including grants of \$156 , 452 .) (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 SERVED 434 INDIVIDUALS, FROM 98 FAMILIES.	_
		_
		_
		_
4c	(Code:) (Expenses \$ 520 , 266 • including grants of \$ 506 , 913 •) (Revenue \$)
	THE RAPID REHOUSING AND PERMANENT SUPPORTIVE HOUSING PROVIDES	
	SHORT-TERM RENTAL ASSISTANCE AND SUPPORTIVE SERVICES TO ASSIST PEOPLE	_
	IN OBTAINING HOUSING QUICKLY, INCLUDING CASE MANAGEMENT SUPPORT FOR THE	_
	HOUSEHOLDS ENROLLED IN THE PROGRAM. WE SUPPORTED 42 HOUSEHOLDS,	_
	TOTALING 136 FAMILY MEMBERS.	_
	TOTALLIO TOO LAMITHI MINIMUMO	_
		_
		_
		_
		_
_		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,504,876.	_
	i di managantara di m	

Form **990** (2023)

Form 990 (2023) 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	<u> </u>		
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			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,7
	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		Х
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	Х	
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		X
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	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	''		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023) FAMILY PROMISE OF HAWAII
Part IV Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	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		X
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		—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			v
00	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%	26		Х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
ZI	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		Х
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.2	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	33a		
	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	X	<u></u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	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		77	
	(gambling) winnings to prize winners?	1c	X QQO	(0000)
332004	¥ 12-21-23	⊢orm	23U ((2023)

023) FAMILY PROMISE OF HAWAII

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

			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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
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		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	,									
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?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
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			37						
_	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		Х						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:									
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									
11	Section 501(c)(12) organizations. Enter:									
а	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									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
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 Story the amount of receives an head									
C 1/10	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
14a b	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	···								
.0	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 institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.									

Form **990** (2023) 332005 12-21-23

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

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	<u>1</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	<u>1</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
						X
4	$\label{eq:decomposition} \mbox{Did the organization make any significant changes to its governing documents since the prior Form}$					X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?				X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					l
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			l
	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	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read to the control of t					٠,,
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal R	<u>'evenue</u>	e Code.)		V	l NI a
100	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such c			104		1
b		•	s, annates,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.,	g	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14				14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	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 arrange	ement v	vith 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	ate its	oarticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınizatio	n'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, a	and 99	0-T (section 501(c)(3	s)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	ot interest policy, a	nd finan	cial	
00	statements available to the public during the tax year.	1	al was a suda			
20	State the name, address, and telephone number of the person who possesses the organization's boundary $ATALANI - (808) 300 - 0560$	ooks ar	ia recoras			
	245 N. KUKUI ST. #101, HONOLULU, HI 96817					

Form **990** (2023)

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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) (C) Average Position						<u>lour</u>	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	:heck ss pei	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RYAN CATALANI	45.00	1							_	
EXECUTIVE DIRECTOR				Х				109,382.	0.	8,367.
(2) JENNIFER DIESMAN	1.00	l		l						
PRESIDENT	1 00	Х		X				0.	0.	0.
(3) JUSTIN PUCKETT	1.00								•	•
VICE PRESIDENT	1 00	Х		X				0.	0.	0.
(4) SHELLEY ELLWIN	1.00	٠,,		,,						0
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) ROBERT KEN TYSON III	1.00	.,		37					0	0
TREASURER (6) ALEX LIM	1.00	Х		Х				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(7) JORDAN ODO	1.00	^						0.	0.	U •
DIRECTOR	1.00	х						0.	0.	0.
(8) GREG SCHLAIS	1.00	^						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(9) JADYNE YOMONO	1.00	25						0.	.	•
DIRECTOR	1100	х						0.	0.	0.
(10) MATT HARA	1.00	† 							0.1	
DIRECTOR		x						0.	0.	0.
(11) CECILY HO SARGENT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JORDAN OZAKI	1.00									
DIRECTOR		Х						0.	0.	0.
		<u> </u>								
]								
		<u> </u>	_			_	<u> </u>			
		1								

Form 990 (2023)

	T VII Section A. Officers, Directors, Trus	(B)	l				91108	0	(D)	, ,		(F)	١
	(A) Name and title	Average hours per	Average Position						Reportable compensation	(E) Reportable compensation		Estima amour	ated
		week	offi	cer an					from	from related		othe	
		(list any	rector						the	organizations	,	compen	
		hours for related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	;/	from organiz	
		organizations	truste	nal trus		oyee	omper		1099-NEC)	10001120)		and rel	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
		iii ie)	ᆵ	SII.	#0	Key	흜틓	요			+		
											_		
											+		
											_		
1b	Subtotal								109,382.		0.	8,	367.
	Total from continuation sheets to Part VI								109,382.		0.	8	0. 367.
<u>u</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n										<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	1
	compensation from the organization											Ye	s No
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4	For any individual listed on line 1a, is the su												X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										···	4	$+$ ^
	rendered to the organization? If "Yes," com	•				•			•			5	Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										nsatio	on from	
	(A)	the dateridar y	Jui C	, I I GII	<u>19 W</u>	1011	<u> </u>		(B)			(C)	
	Name and business	address	N	ONE	3				Description of s	ervices	Со	mpensat	ion
								_					
2	Total number of independent contractors (i		ot lir	nited	d to	_		ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi	zation				(orm 990	(0000)

Form 990 (2023) FAMILY
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		<u> </u>	, , , , , , , , , , , , , , , , , , ,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ω ω	1 .	Federated campaigns 1a	163,058.				
anta		. •	103,030.				
رج ان و			8,845.				
fts, Ar		•	0,043.				
Contributions, Gifts, Grants and Other Similar Amounts			221,082.				
ns, Sim			221,002.				
utio er (1	All other contributions, gifts, grants, and	055 000				
Ĕ			855,982.				
ont		Noncash contributions included in lines 1a-1f	63,000.	2 249 067			
O g	<u> </u>	Total. Add lines 1a-1f		2,248,967.			
			Business Code				
ce	2 8	·					
ervi	k						
S	•	•					
ran Sev	•	·					
Program Service Revenue	•						
<u>a</u>	f	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		12,513.			12,513.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	(Rental income or (loss) 6c					
		I Not rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
<u>e</u>		and sales expenses 7b					
her Revenue		Gain or (loss) 7c					
ev		Net gain or (loss)					
e F		Gross income from fundraising events (not					
Ğ.	0.	including \$ 8,845. of					
		contributions reported on line 1c). See					
			80,000.				
		Less: direct expenses 8b	22,668.				
		Net income or (loss) from fundraising events	22,0000	57,332.			57,332.
		Gross income from gaming activities. See		3773321			3773321
	5 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	IU a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
-		Net income or (loss) from sales of inventory	Business Code				
S		MTCCELLANDOLIC TNCOME	900099	1,652.	1 652		
eo Te		MISCELLANEOUS INCOME	200033	1,034.	1,652.		
Miscellaneous Revenue	k						
sce Be	(
Ξ̈́		All other revenue		1 (5)			
		Total. Add lines 11a-11d		1,652.	1 (5)	0	60 045
	12	Total revenue. See instructions		2,320,464.	1,652.	0.	69,845.

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 672,772. 672,772. 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, 69,472. 117,749. 48,277. 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) 669,530. 392,325. 277,205. Other salaries and wages 7 Pension plan accruals and contributions (include 6,747. 4,892. 1,855. section 401(k) and 403(b) employer contributions) 112,428. 33,408. 79,020. Other employee benefits 9 83,646. 45,434. 38,212. 10 Payroll taxes Fees for services (nonemployees): Management 1,477. 1,477. Legal 18,663. 18,663. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 28,564. 2,445. 26,119. column (A), amount, list line 11g expenses on Sch O.) 2,803. <u>2,</u>803. Advertising and promotion 12 21,076. 2,071. 18,965. 40. Office expenses 13 6,885. 71. 6,814. Information technology 14 15 Royalties 13,896. 94,903. 81,007. 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 8,880. 8,880. Depreciation, depletion, and amortization 22 10,419. 10,419. 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.) 214,291. 212,301. 1,990. GUEST SERVICES DEVELOPMENT 23,291. 5,951. 13,624. 3,716. MEMBERSHIP AND DUES 10,854. 10,565. 289. 5,276. d MERCHANT SERVICE FEES 610. 4,666. 8.720. 2.749. 5,971. e All other expenses 2,118,974. 1,504,876. 605,387. 8,711. 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

Form 990 (2023)

Check here

educational campaign and fundraising solicitation.

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

Form 990 (2023)

Part X | Balance Sheet

Part	t 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			3,307,612.	1	3,757,507
	2	Savings and temporary cash investments			536,249.	2	0
	3	Pledges and grants receivable, net		230,754.	3	342,967	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	B			23,209.	9	67,681
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	167,424.	18,190.	10c	30,630
	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		87,105.	15	128,755	
	16	Total assets. Add lines 1 through 15 (must eq	4,203,119.	16	4,327,540		
	17	Accounts payable and accrued expenses			62,651.	17	16,487
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the	-			22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	,				
		parties, and other liabilities not included on line	es 17-24).	. Complete Part X	06 000		65 254
		of Schedule D			96,279.		65,374
-	26	Total liabilities. Add lines 17 through 25			158,930.	26	81,861
ړ		Organizations that follow FASB ASC 958, ch	eck here	e X			
ğ		and complete lines 27, 28, 32, and 33.			1 250 722		1 201 274
<u>ब</u> ्	27	Net assets without donor restrictions			1,358,733.	27	1,201,374
ř	28	Net assets with donor restrictions			2,685,456.	28	3,044,305
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here			
7		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			1 011 100	31	A 24E 670
	32	Total net assets or fund balances			4,044,189.	32	4,245,679
	33	Total liabilities and net assets/fund balances			4,203,119.	33	4,327,540 Form 990 (202

Form **990** (2023)

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
	·					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,32	0,4	64.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,11	3,9	74.
3	Revenue less expenses. Subtract line 2 from line 1	3				90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,04	4,1	89.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10						
	column (B))	10	4	, 24	5,6	79.
Pa	rt 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	Ο.				
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?						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		- 1			
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		- 1			
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.	- 1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

332012 12-21-23

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.

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

Employer identification number Name of the organization FAMILY PROMISE OF HAWAII 20-2645489 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	696,132.	2644975.	1972743.	4024031.	2248967.	11586848.
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	696,132.	2644975.	1972743.	4024031.	2248967.	11586848.
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.						11586848.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	696,132.	2644975.	1972743.	4024031.		11586848.
8	Gross income from interest,	030,132.	2044575	1372743.	1021031.	2240307.	11300040.
0	•						
	dividends, payments received on						
	securities loans, rents, royalties,	624.	229.	23.	17.	12,513.	13,406.
_	and income from similar sources	024.	449	۵.5 •	1/•	12,313.	13,400.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					1,652.	1 652
	assets (Explain in Part VI.)					1,052.	1,652. 11601906.
	Total support. Add lines 7 through 10	-1- /	>				89,898.
	Gross receipts from related activities,					12	03,030.
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
800	organization, check this box and storection C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
				-1 (6)		44	99.87 %
	Public support percentage for 2023 (I					14	
	Public support percentage from 2022					15	
16a	33 1/3% support test - 2023. If the c						v
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the d						
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	~		• • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		• • •		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023

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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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

		Yes	No
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	3b		
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rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the 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 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion 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			
		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		
2		he 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		
Sec	tion (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		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		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		
2	-	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		
3		eason 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			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		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		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.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	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			
		these activities constituted substantially all of its activities.	2a		
b		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		
3		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.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pal	T V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	ally integrated	d Type III supporting orga	nization (see
	inate actions)		5	•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II line 10: Part II line 17a or 17b: Part III line 12:	ź
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	
(See instructions.)	_
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME	
2022 AMOUTHUM. 6 1 652	
2023 AMOUNT: \$ 1,652.	_
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization Employer identification number

FAMILY PROMISE OF HAWAII 20-2645489

Organization type (check one):							
Filers of	:	Section:					
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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					
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(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 contributor, during 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; or (ii) Form 990-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.						
	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\$						
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).							

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

FAMILY PROMISE OF HAWAII

20-2645489

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$63,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$62,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$35,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$20,425.	Person X Payroll

Schedule B (Form 990) (2023) 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 additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIF + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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 II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date receiv					
1	BURIAL PLOT	\$63,000.	08/18/23				
(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				
		\$	Cabadada D (Faura 2001/2000)				

Schedule B (Form 990) (2023) Page 4 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 (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

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

organization answered "Yes" on Form 990, Part IV, line 6.						
	and other accounts					
	and other accounts					
1 Total number at end of year						
2 Aggregate value of contributions to (during year)						
3 Aggregate value of grants from (during year)						
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds						
are the organization's property, subject to the organization's exclusive legal control?	Yes No					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140					
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
impermissible private benefit?	Yes No					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1 Purpose(s) of conservation easements held by the organization (check all that apply).						
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area					
Protection of natural habitat Preservation of a certified histori	ric structure					
Preservation of open space						
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation						
day of the tax year.	eld at the End of the Tax Year					
a Total number of conservation easements 2a						
b Total acreage restricted by conservation easements 2b						
c Number of conservation easements on a certified historic structure included on line 2a 2c						
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not						
on a historic structure listed in the National Register						
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax					
year						
Number of states where property subject to conservation easement is located						
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No					
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—					
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering economication eacemen	onto during the your					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year					
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)						
and section 170(h)(4)(B)(ii)?	Yes No					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and						
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the					
organization's accounting for conservation easements.						
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet						
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic					
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
provide the following amounts relating to these items.						
(i) Revenue included on Form 990, Part VIII, line 1						
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
the following amounts required to be reported under FASB ASC 958 relating to these items:						
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 						
	chedule D (Form 990) 2023					

	t III Organizations Maintaining C	ollections of Ar		Treasures, or	Other S			4346		age ∠
3	Using the organization's acquisition, accession							COILLI	ueu)	
3	collection items (check all that apply).	on, and other record	s, check any or	the following that h	nake sign	ilicant us	e or its			
_	Public exhibition	c	ı 🗀 Laan a	r ovobongo progran	_					
a										
b	Scholarly research	E	e Other_							
C	Preservation for future generations		- l tl £tl				a in Dant	VIII		
4 5	Provide a description of the organization's co During the year, did the organization solicit o						e in Part	XIII.		
3	to be sold to raise funds rather than to be ma		*	·				Yes		No
Par	t IV Escrow and Custodial Arrang									<u> </u>
	reported an amount on Form 990, Par		te ii tile organiz	ation answered Te	-3 OIIIOI	111 990, 1	ait iv, ii	116 3, 01		
	Is the organization an agent, trustee, custodi		diary for contrib	utions or other asse	ets not inc	luded				
ıu	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII							00		,
-		and complete the le	g table:					Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" o	n Form 990, Part IV	, line 10.					
		(a) Current year	(b) Prior yea	ar (c) Two years	back (d)	Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colun	nn (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are he	eld and administered	d for the					
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm		. =							
	Complete if the organization answered	d "Yes" on Form 990		T .						
	Description of property	(a) Cost or o		Cost or other		umulated	i	(d) Bool	k value	Э
		basis (investr	nent) b	asis (other)	depre	ciation				
_	Land									
b	Buildings			105 500	1 ^	E FA	$\overline{}$			
	Leasehold improvements			105,500.		5,50				0.
	Equipment			38,769. 53,785.		6,76			2,00	
	Other		N. II. 45			5,15	٠.		3,63 3,63	
ı otal	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	x line 10c col	umn (B))				٦(,, ,,	J U •

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		ISE OF HAWAII	20	-2645489 Page 3
(a) Description of security or falligory including reare of security; (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Financial derivatives (e) Closely held equity interests (f) Colore (held equity interests (g) Other (h) (g) (g) (g) (g) (h) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Part VIII Investments - Other Securities	on Form 000 Dest IV Pro-	11h Con Form 000 Part V Pro 10	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				d-of-vear market value
(2) Closely held equity interests (A) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	7.5 =	(b) book value	(c) Method of Valuation. Cost of end	u-or-year market value
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
(A) (B) (C) (D) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(C) (D) (E) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
Complete the organization answered "Yes" on Form 990, Part X, line 12, col. (B)				
E (F) (G) (H) (P) (F) (G) (H) (F) (F) (G) (H) (F) (F)				
Col. (c) must equal form 990, Part X, line 12, col. (B) 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.				
(G) (H) Total. (Col. (I)) must equal Form 990, Part X, line 12, col. (B) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (I)) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (I)) must equal Form 990, Part X, line 15, col. (B)) Part IX Other Labilities Complete if organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (c) (d) Description of liability (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
Total, (Col. (b) must equal Form 990, Part X, line 12, col. (B)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (77) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
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(2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65 , 374 .	·	(b) Dook value	(c) Method of Valuation. Cost of end	d-or-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (65, 374.				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (65, 374.				
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(8) (9) Total. (Col., (b) must equal Form 990, Part X, line 13, col., (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES (65, 374.				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX				
Total. (Coll. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
Part IX				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.				
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.		on Form 990 Part IV line	11d See Form 990 Part X line 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.	-		Tra. Gee Form 550, Fare X, line 15.	(h) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.		Besonption		(b) Book value
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.				
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.				
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.				
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65, 374.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65,374.		I (D))		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65,374.		. (B))		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65,374. (3) (3)		on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(1) Federal income taxes (2) OPERATING LEASE LIABILITIES 65,374.	(-) December 1		222 333, 1 4177, 1110 20	
(2) OPERATING LEASE LIABILITIES 65,374.				(-, 3), (-)
(3)		īs		65 374.
				03,3,4.
	(4)			

(6)
(7)
(8)
(9)

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

65,374.

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

Schedule D (Form 990) 2023

(5)

		Reconciliation of Revenue per Audited Financial Statement	ts Wit	th Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total				1	1,961,615.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				-
а		nrealized gains (losses) on investments	2a			
b		ed services and use of facilities	2b			
С		reries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	0.
3		act line 2e from line 1			3	1,961,615.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b	358,849.		
c		nes 4a and 4b			4c	358,849
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	2,320,464.
	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per F	_	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	2,118,974.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				, -,-
a		ed services and use of facilities	2a			
b		vear adjustments	2b			
c		losses	2c			
d		(Describe in Part XIII.)	2d			
		nes 2a through 2d			2e	0.
3		act line 2e from line 1			3	2,118,974.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b			
		nes 4a and 4b		<u> </u>	4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	2,118,974.
	rt XIII	Supplemental Information				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines	1b and 2b: Part V line 4	· Part X	line 2: Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, 1 4107	i, iii 0 2, i ui i 7(i,
	Za ana	The state of the s	orial iiii	omation.		
PAF	х тя	, LINE 2:				
		, ===:= = ·				
U . S	5. G	AAP REQUIRES UNCERTAIN TAX POSITIONS TO	BE	RECOGNIZED I	N TF	łΕ
						
FIN	IANC	IAL STATEMENTS IF THEY ARE MORE LIKELY T	CHAN	NOT TO FAIL	UPO	ON
						. – .
REC	ULA	TORY EXAMINATION. MANAGEMENT HAS EVALUAT	CED	THE ORGANIZA	TION.	I'S TAX
POS	ттт	ONS AS OF AND FOR THE YEARS ENDED DECEME	BER	31 2023 AND	202	22. AND
				<u> </u>		22 / 11112
DET	TERM	INED THAT THE ORGANIZATION HAD NO UNCERT	מדמי	TAX POSTTIO	NS F	RECUITRED
	LILLI	THE TIME THE CHAINTENTION HE NO CHARLE		11111 1001110	110 1	постипр
тΩ	BE	REPORTED IN ACCORDANCE WITH U.S. GAAP. T	тнг	ORGANIZATION	TS	SUBTECT
10	ינים	MELONIED IN ACCOMDANCE WITH U.D. GAAF.	تنبن	CHOMITARITON	10	DODUTET
Ͳ∩	R∩īī	TINE AUDITS BY TAXING JURISDICTIONS; HOW	7F:77F	В фнере ург	CITE	RENTIV NO
<u> </u>	1100	TIME MODITO DI TAMING CONTODICITONO, NOV	· u v ii	II, IIIIIII ARE	COL	
ΔΙΤΓ	ידעם	IN PROGRESS FOR ANY OPEN TAX PERIODS.				
AOL	<u> </u>	TH I LOGUEDS LOW WHI OLEM IWV LEWIODS.				

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN NET ASSETS WITH RESTRICTIONS

358,849.

Schedule D (Form 990) 2023	FAMILY PROMISE	E OF	HAWAII	20-2645489	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation (continued)				
- urtzum Guppiomontum mon	(continued)				

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FAMILY	PROMISE OF HAWAII					Employer ide 20-2645	ntification number 489		
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17				
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<u> </u>		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser eed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total		<u></u>							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is e	exempt from re	gistration		

332081 09-13-23

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

Schedule G (Form 990) 2023

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

	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 2024	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			BRIGHTER FUT	/	0	col. (c))			
e			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	88,845.			88,845.			
	2	Less: Contributions	8,845.			8,845.			
	3	Gross income (line 1 minus line 2)	80,000.			80,000.			
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses		6 Rent/facility costs				8,861.			
irect Ex	7	Food and beverages	4,871.			4,871.			
	8	Entertainment	2,090.			2,090.			
	9	Other direct expenses				2,090. 6,846.			
	10	Direct expense summary. Add lines 4 through				22,668.			
	11	Net income summary. Subtract line 10 from li				57,332.			
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than				
$\overline{}$		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add			
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue						.,			
Ä	1	Gross revenue							
Se	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
		1	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	_	Not apply that	Comment than a second second second						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9	9 Enter the state(s) in which the organization conducts gaming activities:								
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No								
b If "No," explain:									
		ere any of the organization's gaming licenses re				Yes No			

Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023 FAMILY PROMISE OF HAWAII 20	-2645	489	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\square	Yes	☐ No
	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:			
	The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the hame and address of the person who propares the organization's garning special events books and records.			
	Name			
	- Name			-
	Address			
	Address			
45-	Done the approximation have a contract with a third part, from whom the approximation was in a contract was a con-		Yes	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	162	NO
	remy many many many many many many many ma			
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	blicoto//officer Employee macpendent contractor			
47	Mandatan, diatributiana			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	N
	retain the state gaming license?	Ш	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) FAMILY PROMISE OF HAWAII	20-2645489 Page 4
Schedule G (Form 990) FAMILY PROMISE OF HAWAII Part IV Supplemental Information (continued)	
(2000)	

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

FAMILY PR	20-2645489								
Part I General Information on Grants and Assistance									
1 Does the organization maintain records	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	criteria used to award the grants or assistance?								
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					anization answered "Y	es" on Form 990, Part l	V, line 21, for any		
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(6) 10 4 - 11 1 - 5				
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 3 Enter total number of other organization 	-	-	e line 1 table	<u> </u>					

(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 AND SECURITY DEPOSITS	259	659,512.	0.		
CLIENT UTILITIES	20	13,260.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
FOR MARKET RENTALS					
1) FAMILY IS APPROVED FOR RENTAL B	Y PRIVATE	LANDLORD	OR RENTAL	MANAGEMENT	
COMPANY AND INFORMS FP PROGRAM/CAS	E MANAGER	L•			
2) FP PROGRAM/CASE MANAGER CONTACT	S LANDLOR	D OR RENTA	L MANAGER	TO CONFIRM	
FAMILY'S APPROVAL FOR RENTAL.					
3) FP PROGRAM/CASE MANAGER REQUEST	S W-9 FOR	AND RENTA	L AGREEMEN	T FROM	
LANDLORD OR RENTAL MANAGER. ONCE I	T IS RECE	IVED, EXEC	CUTIVE DIRE	CTOR	
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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection **Employer identification number**

	FAMILY PROMI	20-2	20-2645489					
Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts	
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BURIAL PLOT)	X	1	63,000.	COST			
26	Other ()		_	00,000				
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organi	zation during	the tax vear for co	ontributions				
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 1							
	Tel When the organization completed Fermi ez	.00, 1 4,1 7, 2	onee menious	<u></u>		Yes	No	
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 through	n 28 that it		110	
	must hold for at least 3 years from the date of	-		· · · · · · · · · · · · · · · · · · ·				
	exempt purposes for the entire holding period			· · · · · · · · · · · · · · · · · · ·		30a	х	
b	If "Yes," describe the arrangement in Part II.					330		
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contributi	ons?	31	Х	
	Does the organization hire or use third parties		•	•			\top	
	contributions?		_	•		32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked.			
-	describe in Part II.	. (-)); · · · [- · - [- · · · · ·]	(, 5.105	,			

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FAMILY PROMISE OF HAWAII

Employer identification number 20-2645489

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXISTING COMMUNITY RESOURCES AND SUPPORT. PART III, LINE 3, CHANGES IN PROGRAM SERVICES: FORM 990, PROGRAM: COMMUNITY CASE MANAGEMENT - FPH PROVIDES CASE MANAGEMENT TO COMMUNITY MEMBERS TO FIND HOUSING AND PROVIDE WRAPAROUND SUPPORT. FPH EXPANDED THIS PROGRAM IN 2023 TO SERVE SURVIVORS OF THE 2023 MAUI WE SUPPORTED 259 HOUSEHOLDS, TOTALING 968 INDIVIDUALS. 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

THE PROCESS IS DOCUMENTED IN THE PERSONNEL FILE AND PERSONNEL

40

USE OF 3RD PARTY INFORMATION (I.E. ALOHA UNITED WAY), ALONG WITH MARKET

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

LHA 332211 11-14-23

RESEARCH.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization FAMILY PROMISE OF HAWAII	Employer identification number 20-2645489
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	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	IPON REQUEST.
	_