## Hawaii Association of the Blind Summary

Mission:

To promote and support blind individuals in advocacy, orientation, mobility, and

general daily living skills.

Category:

Community support services

Contact:

Roberta Tomas, Grant Writer

Address:

91-1727 Bond Street, Ewa Beach, HI 96706

**Grant History:** 

N/A

2022 Request:

\$25,000 for general operating support

## Notes:

- Provides college scholarships and supplies learning activities and equipment to grade schools.
- Parents and Youth Committee (PAY) works with advocacy on behalf of blind students to ensure their educational rights are met.
- Provides adaptive equipment and training to low-income blind individuals.
- Schools do not have enough BrailleNote computers. These are either braille or QWERTY keyboards with speech synthesizers to help vision impaired students complete their lessons.
- Provides expanded orientation and mobility skills training.
- Social activities and school excursions designed to meet needs of blind students.
- In 2021, served 83 of 502 Hawaiian blind youth. Wishes to expand this to meet needs of all blind students.



## Hawai'i Association of the Blind 91-1727 Bond St. Ewa Beach, HI 96706

Email: hab50grantwriter@gmail.com Ph: (808) 798-4144

Date: January 30, 2022

Re: Grant Application Request

Dear Ms. Tammy Davis Cownie and the Laurence H. Dorcy Board of Directors,

We are the Hawai'i Association of the Blind, (HAB) a 501c.(3) nonprofit organization. HAB's mission is to promote and support blind individuals in areas of advocacy, orientation, mobility, and general daily living skills. Our goals also seek to enlighten, educate, and inform the general public on social etiquette when interacting with blind and low-vision persons. We also work to encourage blind individuals who are shut-ins and/or those with minimal social skills to become more active within the community.

In addition, HAB supports blind and low-vision students by offering college scholarships, as well as assisting grade-school students by sponsoring a multitude of learning activities, equipment, and other invaluable services.

HAB understands the importance of having a voice to ensure the needs of the blind are heard. Thus, as a community, we strive to make their voice heard in legislation that will support the blind.

Therefore, on behalf of the Parents and Youth Committee, (PAY) we are writing to graciously request the amount of \$25,000.

PAY's four areas of need have been identified as advocacy, technology aids & training, orientation and mobility, (O&M) and social activities. One important key we have found is sharing vital information with the parents and youths of the Americans with Disabilities Act, (ADA) Section 504 and the Every Student Succeeds Act, (ESSA) and contact resources such as Hawai'i Disability Rights Center, (HDRC) Legal Aid, and Volunteer Legal Services (VLS) Program. These methods have proved extremely beneficial to our causes.

Also important is our collaboration with parents when writing letters to the Department of Education and other school officials when student's needs are overlooked or have not been addressed. The following are examples how PAY is assisting with advocacy goals. In our first scenario, we have a parent shadowing their child in his resource classroom. During this visit, it is noticed that the child is not using the BrailleNote Apex, an adaptive piece of technology for the Blind, to work on his assignments. Instead, a sighted classmate is using the device. Upon questioning the resource teacher, the parent is informed that the sighted child had arrived early to class and requested to use the BrailleNote first. Thus, from that time forward, the parent made multiple attempts for her child to arrive to class earlier than the sighted classmate. However, the parent eventually became frustrated with this situation and finally turned to a member of HAB's PAY committee for help. A letter was sent to the public school superintendent to advocate for special accommodation under the Every Student Succeeds Act of 2015,

## EXTENDED TO MARCH 15, 2021

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

2019

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.

Open to Publication

A For the 2019 calendar year, or tax year beginning MAY 1, 2019 and ending APR 30, 2020 Check if applicable: C Name of organization D Employer identification number HAWAII ASSOCIATION OF THE BLIND Name Ichange Doing business as 99-6015046 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 91-1727 BOND STREET 8085216213 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 139,800. Amende return EWA BEACH, HI 96706 H(a) Is this a group return Applica-F Name and address of principal officer: ELIZABETH FLORMATA for subordinates? ..... Yes X No pending 91-1727 BOND STREET, EWA BEACH 96706 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ACB.ORG/HAWAII H(c) Group exemption number K Form of organization; X Corporation Trust Association Other > L Year of formation: 1967 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE GENERAL WELFARE Activities & Governance OF THE BLIND AND SPONSOR VARIOUS ACTIVITIES RELATED THERETO Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 ..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 110,610 132,357. Revenue Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5. 5. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,419 4.558. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 116,034 136,920. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 28,235. 24,350. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ....... 0 0. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69,253 75,329. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 97,488. 99,679. Revenue less expenses. Subtract line 18 from line 12 18,546. 37.241 58 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 41,480. 78,721 21 Total liabilities (Part X, line 26) 0 0 Net assets or fund balances. Subtract line 21 from line 20 .480. 78.721 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian Date ELIZABETH FLORMATA, TREASURER Here Type or print name and title Print/Type preparer's name Date Preparer's signature m 10/2 Paid ALAN E. KOBAYASHI P00370602 self-employed Preparer Firm's name ▶ KDL CPAS LLC Firm's EIN \$5-1810423 Use Only Firm's address 745 FORT STREET, SUITE 1415 HONOLULU, HI 96813 Phone no. (808) 784-3757 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. Management and general expenses Grants and other assistance to domestic organizations expenses and domestic governments. See Part IV, line 21 18,120 18,120 Grants and other assistance to domestic individuals. See Part IV, line 22 6,230 6.230 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, trustees, and key employees ..... Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 9 Payroli taxes ..... 10 Fees for services (nonemployees): 11 Management ..... Legal 12,339 12,339 Accounting \_\_\_\_\_ Lobbying ..... Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses..... 2,141 2.141 Information technology \_\_\_\_\_ 14 15 Royalties 16 Occupancy ..... Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings ..... 19 46,209. 46,209 20 Interest Payments to affiliates ..... 21 Depreciation, depletion, and amortization ..... 22 23 Insurance 648 648 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS EXPENSES 8,337. 8,337 OFFICE SUPPLIES 2,046 2,046. c STORAGE 1,833 1,833. d WEBSITE 1,149 1,149 e All other expenses 627. 627 Total functional expenses, Add lines 1 through 24e 99,679. 70,559 29,120, 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X Balance Sheet

-		Check if Schedule O contains a response or no	te to a	any line in this Part X		-	
<b>Commission</b>	7				(A) Beginning of year	T	(B) End of year
Assets	1	Cash - non-interest-bearing			. 26,787	. 1	
	2	Davings and temporary cash investments			19 7/6		
	3	Pleages and grants receivable, net				3	14/1910
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons					
	6	Loans and other receivables from other disqualified persons (as defined				5	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
	7	Notes and loans receivable, net				1 6	
	8	Inventories for sale or use				17	
	9	Prepaid expenses and deferred charges		8			
	10a	Land, buildings, and equipment: cost or other	i	1		9	a alemandes regionales de la companya de la company
		basis. Complete Part VI of Schedule D	100	19,716			
	b	Less: accumulated depreciation	10a	17,769	The state of the s	Mella.	
	11	Investments - publicly traded coursing			1,947.	7	1,947.
	12	Investments - publicly traded securities				11	
	13	Investments - other securities. See Part IV, line 11				12	
	14	Investments - program-related. See Part IV, line 11				13	
	15	Intangible assets Other assets See Flort IV Boods				14	
	16	Other assets. See Part IV, line 11			14 100	15	
-	17	Total assets. Add lines 1 through 15 (must equal line 33)			41,480.	T	78,721.
Liabilities	18	Accounts payable and accrued expenses				17	
	19	Grants payable				18	
	20	Deferred revenue				19	
	21	Tax-exempt bond liabilities				20	
		Escrow or custodial account liability. Complete Part IV of Schedule D			TOTAL CONTROL SECTION CONTROL	21	
	22	Loans and other payables to any current or former officer, director,					
		trustee, key employee, creator or founder, substa	antial (	contributor, or 35%			
		controlled entity or family member of any of these		22			
	23	Secured mortgages and notes payable to unrelat		23			
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines 17-24). Complete Part X					
	00	of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, chec	k her				
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		27	The state of the s		
	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 958, check here					
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			0.	29	0 •
	30	Paid-in or capital surplus, or land, building, or equipment fund			0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds			41,480.	31	78,721.
Z	32	Total net assets or fund balances			41,480.	32	78,721.
	33	Total liabilities and net assets/fund balances		***************************************	41,480.	33	78,721.