

FOR MUSIC ENRICHMENT
AND LEARNING EXPERIENCES
1296 AUWAIKU ST, KAILUA, HI 96734

January 13, 2024

Laurence H. Dorcy Hawaiian Foundation

Attn: Tammy Davis Crownie 81 East 7th Street, Suite 125 St. Paul, MN 55101

To Whom It May Concern:

HIMELE once again thanks the Laurence H. Dorcy Hawaiian Foundation for its generous support for our programs.

The Hawaii Institute for Music Enrichment and Learning Experiences, Inc., (HIMELE) is a Hawai'i 501(c)(3) non-profit corporation that supports music education and enrichment for people of all ages. We educate, promote and perpetuate Hawaiian music, Hawaiian culture and Hawaiian musical instruments. We do this by organizing and sponsoring annual music festivals throughout the State of Hawaii and livestream broadcasts that emphasize the Hawaiian steel guitar, an instrument which almost became extinct due to past practices of Hawaiian steel guitar masters. We also provide training seminars and workshops for Hawaiian music and the Hawaiian steel guitar.

Our primary way of accomplishing our mission is through the production of live, in-person Hawaiian Steel Guitar Festivals at venues which embrace a large public presence such as resort properties and public shopping destinations. HIMELE has produced all the Hawaiian steel guitar festivals held in Hawai'i each year since its incorporation in 2015. Prior to that, Hawaiian steel guitar festivals were produced independently by Alan Akaka, HIMELE's chairman of the board, as early as 2009.

Our festivals target people of all ages with emphasis on today's youth who will become tomorrow's musicians, teachers, and purveyors of the instrument and the culture.

Festivals on O'ahu and outer island festivals at community shopping destinations typically include a steel guitar concert featuring many popular steel guitarists and groups. These festivals



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also include a "hands-on" experience opportunity for festival participants to become more acquainted with the steel guitar.

In addition to the main concert, festivals on the outer island resort venues also include a steel guitar exhibit, workshops, public "kanikapila" jam sessions, and opportunities for amateur and other steel guitarists not included in the main program to perform uncompensated in an Open Stage program to gain performance experience and develop stage presence. Outer island festivals may also include classroom presentations to local area schools. These presentations comprise a discussion of the history and importance of Hawaiian steel guitar in Hawaiian music and culture, a mini concert presentation featuring youth steel guitarists and musicians, and "hands-on" opportunities where classroom students can learn more about the instrument and actually try out the instrument under the guidance of youth steel guitar mentors.

While we paused our festivals during the pandemic, we have now resumed and even expanded our offering of live music festivals. Prior to the pandemic, HIMELE produced seven Hawaiian steel guitar festivals throughout the state: four festivals on Oʻahu and single festivals on Kauaʻi, Maui, and Hawaiʻi Island.

With exception of the Maui festival we which we paused in 2023 due to the Lahaina wildfires, we have completed the resumption of all in-person festivals. We also added a ninth festival and the second on Hawai'i Island, the Kona Steel Guitar Festival. We have also scaled down our livestreaming activities due to costs involved, and will livestream only selected festival concerts during 2024.

Our 2024 event schedule is:

February 17 – Hawaiian Steel Guitar Festival at Ka Makana Ali'i Shopping Center, Kapolei

April 4-6 – Kona Steel Guitar Festival, Outrigger Kona Resort and Spa (livestreamed)

May 19 – Kaua'i Steel Guitar Festival, Kukui Grove Shopping Center, Lihue (proposed)

June 8 – Hawaiian Steel Guitar Festival at Windward Mall, Kāne'ohe

July 18-13 – Waikīkī Steel Guitar Week, Royal Hawaiian Center, Waikīkī

July 12 – Japan-Hawaiian Steel Guitar Festival, Royal Hawaiian Center, Waikīkī (livestreamed)

July 13 - Waikīkī Steel Guitar Festival, Royal Hawaiian Center, Waikīkī (livestreamed)

August 17 – Hawaiian Steel Guitar Festival Keiki Kine at Kahala Mall, Waialae-Kāhala



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October 18-19 – Maui Steel Guitar Festival, Outrigger Ka'anapali Beach Resort (proposed/paused)

October 20 – Maui Steel Guitar Festival, Queen Ka'ahumanu Center, Kahului (proposed/paused) December 12-15 – Hawai'i Island Steel Guitar Festival, Mauna Lani, Auberge Resorts Collection (proposed)

Note: Outrigger Resorts has acquired both the former Ka'anapali Beach Hotel and the former Kaua'i Beach Resort. Outrigger Resorts has agreed to return the Maui festival to the Outrigger Ka'anapali Beach Resort (site of the Maui festival through 2018) and possibly relocate the Kaua'i festival from the Sheraton Coconut Beach Resort to the Outrigger Kaua'i Beach Resort. Planning discussions are ongoing.

All our events are offered to the public at no cost. We do this to maximize the exposure of Hawaiian music, culture, and the Hawaiian steel guitar. Our broadcasts have reached audiences all over the world, including viewers in Japan, India, Germany, and Australia. Each festival has its own website and Facebook page where we publicize our events. Our online newsletter Steel Trappings, which is designed as a resource for Hawaiian steel guitarists, also promotes the steel guitar and lists all our events and activities. Our Hawaiian Steel Guitar Symposium describes steel guitar seminars and workshops offered by HIMELE in Hawai'i, California, Japan, or wherever these might be offered.

We have found that many of today's youth are unaware of the Hawaiian steel guitar or why it is important in Hawaiian music and culture. HIMELE focuses on youth education, and our plan is to publicize and promote the instrument as best as we can to as many people as we can so that it becomes as familiar as the 'ukulele or slack key guitar.

HIMELE board members are responsible for all festival planning, production, and coordination. Our efforts are supplemented by parents and volunteers. HIMELE has no paid staff and relies upon and appreciates the support we get from our venue partners, private donations, Hawai'i State agencies, and the Dorcy Foundation to support production costs.

Due to the uncertainty surrounding the Hawai'i Tourism Authority and the Hawai'i State legislature, grant award opportunities have not been offered by the HTA for several years. Prior to this, the HTA was one of HIMELE's major funding sources. Since this funding is no longer



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available, HIMELE has had to reprioritize and in some cases temporarily suspend the methods HIMELE uses to accomplish its mission.

For the 2024 year, we respectfully request that the Dorcy Foundation consider a grant support amount of \$20,000. HIMELE appreciates any consideration the Dorcy Foundation can give to us.

Sincerely,

Addison Ching

Vice Chairman, HIMELE

addison@himele.org



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Laurence H. Dorcy Hawaiian Foundation Application Notes

- 1. Attached is a self-prepared (QuickBooks) Profit and Loss statement (equivalent of an Income Statement)
- 2. HIMELE uses Cash Accounting for bookkeeping so a Balance Sheet is not applicable.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: AUG 2 7 2015

HAWAII INSTITUTE FOR MUSIC ENRICHMENT AND LEARNING EXPERIENCES INC 1296 AUWAIKU STREET KAILUA, HI 96734-0000 Employer Identification Number: 47-4459250

DLN: 26053637001075

Contact Person: CUSTOMER SERVICE ID# 31954

Contact Telephone Number: (877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
June 12, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

HAWAII INSTITUTE FOR MUSIC

Sincerely,

Jeffrey I. Cooper

Director, Exempt Organizations

Rulings and Agreements

2022 Exempt Org. Return prepared for:

HAWAII INSTITUTE FOR MUSIC ENRICHMENT AND LEARNING EXPERIENCE INC 1296 AUWAIKU STREET KAILUA, HI 96734

EDWARD L. PUNUA, CPA, INC. 4268 RICE ST STE F LIHUE, HI 96766 (808) 826-7223

April 13, 2023

Hawaii Institute For Music Enrichment and Learning Experience Inc 1296 Auwaiku Street Kailua, HI 96734

Dear Client:

Your 2022 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Edward Punua

Short Form 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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2022 calendar year, or tax year beginning , 2022, and endir	ng	,	
В	Check	if applicable: C	D	Employer id	dentification number
	Addres	ss change		4.5.	50050
	Name	change HAWAII INSTITUTE FOR MUSIC ENRICHMENT AND LEARNING EXPERIENCE INC	_	47-44 Telephone r	
	Initial r	return 1296 AUWAIKU STREET	5	·	
		univerminated KAILUA. HI 96734		(808)	375-9379
		ded return		Group Ex	remption
느		ation pending		Number	
G		unting Method: X Cash Accrual Other (specify):			organization is not Schedule B
١.	Webs				Scriedule B
			(1 01111 33		
		of organization: X Corporation Trust Association Other:			
L	Add I	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or more, or if to	tal	
_					67,428.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (s			
	-	Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received			67,428.
	2	Program service revenue including government fees and contracts			
	3	•			
	4	Investment income.		. 4	
		Gross amount from sale of assets other than inventory			
		Less: cost or other basis and sales expenses			
	_	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).		. 5c	
Φ	6	Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
Ž			ributions		
Revenue	D	Gross income from fundraising events (not including \$ of content of from fundraising events reported on line 1) (attach Schedule G if the sum	ributions		
æ		of such gross income and contributions exceeds \$15,000)			
	С	Less: direct expenses from gaming and fundraising events 6c			
	4	Net income or (loss) from gaming and fundraising events (add lines 6a and			
	u	6b and subtract line 6c)		. 6d	
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		. 7с	
	8	Other revenue (describe in Schedule O)		. 8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. 9	67,428.
	10	Grants and similar amounts paid (list in Schedule O)		. 10	
	11	Benefits paid to or for members		. 11	
es	12	Salaries, other compensation, and employee benefits		. 12	
Expenses	13	Professional fees and other payments to independent contractors		. 13	267.
ă	14	Occupancy, rent, utilities, and maintenance.		. 14	
Ш	15	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). SEE SCHI		. 15	503.
	16			. 16	65,880.
	17	Total expenses. Add lines 10 through 16		. 17	66,650.
Ś	18	Excess or (deficit) for the year (subtract line 17 from line 9)		. 18	778.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agre	e with end-of-ye	ar	
As		figure reported on prior year's return)		. 19	95,996.
let et	20	Other changes in net assets or fund balances (explain in Schedule O).			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	96,774.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2022)

Par	<u>t III</u> Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			
	Officers in the organization asca defic	dure of to respond to drift qu	CSCION IN CHIST CIT II	(A) Beginning of		(B) End of year
22	Cash, savings, and investments			95,99		96,774.
23	Land and buildings			JJ, J.	23	50,114.
24	Other assets (describe in Schedule O)				24	
25	Total assets			95,99		96,774.
26	Total liabilities (describe in Schedule O)			93,93	0. 26	90,774.
27	Net assets or fund balances (line 27 of			95,99		96,774.
Par	-		·		0. 27	Expenses
Par	Check if the organization used Sc	hedule O to respond to any o	nuestion in this Part	III D	X Coor	•
What i	is the organization's primary exempt purpose? SEE	CCHEDITE O	question in this i dit		— (neqi	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest pro	nram services as		nizations; optional
meas	ribe the organization's program servi ce a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provided, the nu	imber of persons		hers.)
					<u> </u>	
28	HIMELE CONDUCTS EDUCATION			<u>TS, </u>		
	EXHIBITIONS, AND OTHER MU	<u> SIC-RELATED PUBLIC</u>	<u> EVENTS </u>			
			, , ,	- – – – – – - ,		
		is amount includes foreign g			28a	22,630.
29	HIMELE SPONSORS, ORGANIZE			IAN MUSIC	_	
	STEEL GUITAR FESTIVALS TH	ROUGHOUT THE STATE	<u> OF HAWAII.</u>			
	(Grants \$) If th	is amount includes foreign g	rants, check here		29a	20,550.
30	HIMELE PRESENTS LIVESTREA	M BROADCASTS VIA 1	INTERNET INCL	UDING		
	STREAMING OF CONCERTS POR					
	INSPIRE EMERGING ARTISTS				_	
	(Grants \$) If th	is amount includes foreign g	rants, check here		30a	19,310.
31	Other program services (describe in Sch	edule O)			.	
	(Grants \$) If th	is amount includes foreign g	rants, check here		31a	
32	Total program service expenses (add lin				. 32	62,490.
	t IV List of Officers, Directors,	• •				
· u	Check if the organization used Sc					
		(b) Average hours per	(c) Reportable compensa	ition (d) Health ber	nefits.	
	(a) Name and title	week devoted to	(Forms W-2/1099-MIS 1099-NEC)	contributions to e benefit plans, and		(e) Estimated amount of other compensation
		position	(if not paid, enter -0-)			
ALA	N L. AKAKA					
CHA	AIRMAN	8		0.	0.	0.
ADI	DISON CHING					
VIC	E CHAIRMAN	8		0.	0.	0.
GEF	RONIMO VALDRIZ					
SEC	RETARY/TREAS	8		0.	0.	0.
NAT	'AN GOORE					
	RECTOR	8		0.	0.	0.
LAF	RRY HOLU					
	RECTOR	8		0.	0.	0.
		<u> </u>				
			20,000,000			
BAA		TEEA0812L 0	19/28/22			Form 990-EZ (2022)

Par	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	SEE S	3CH	ОП
			Yes	· L
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect			71
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Χ
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
(: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			Λ
	Did the organization file Form 1120-POL for this year?	37b		Х
38 <i>a</i>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	olf "Yes," complete Schedule L, Part II, and enter the total			
20	amount involved			
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Initiation fees and capital contributions included on line 9	_		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 a	, , , , ,			
ŀ	section 4911: 0 ; section 4912: 0 ; section 4955: 0 . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
~	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		Х
c				- 21
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			37
/ 11	shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed: NONE	40e		X
41		40e		X
	List the states with which a copy of this return is filed: NONE	40e		X
	List the states with which a copy of this return is filed: NONE The organization's	263	<u>-785</u>	I
42 <i>a</i>	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Telephone no. (808) Located at: 1296 AUWAIKU STREET KAILUA HI ZIP + 4 96734	263		55
42 <i>a</i>	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Telephone no. (808) Located at: 1296 AUWAIKU STREET KAILUA HI ZIP + 4 96734	263	-785 Yes	55
42 <i>a</i>	List the states with which a copy of this return is filed: NONE The organization's books are in care of: Located at: 1296 AUWAIKU STREET KAILUA HI 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)?	263		55
42 <i>a</i>	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Telephone no. (808) Located at: 1296 AUWAIKU STREET KAILUA HI ZIP + 4 96734	263		55
42 <i>a</i>	List the states with which a copy of this return is filed: NONE The organization's books are in care of: Located at: 1296 AUWAIKU STREET KAILUA HI 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)?	263		55
42 <i>a</i>	List the states with which a copy of this return is filed: NONE The organization's books are in care of: Located at: 1296 AUWAIKU STREET KAILUA HI 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)?	263		55
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42 a	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Located at: 1296 AUWAIKU STREET KAILUA HI 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	263		55
42 a	List the states with which a copy of this return is filed: NONE The organization's books are in care of: Located at: 1296 AUWAIKU STREET KAILUA HI 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)? If "Yes," enter the name of the foreign country:	263 42b		55 No X
42 a	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Located at: 1296 AUWATKU STREET KAILUA HI 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	263 42b		55 No X
42 a	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Located at: 1296 AUWATKU STREET KAILUA HI 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	263 42b		55 No X
42 a	The organization's books are in care of: ALAN L. AKAKA Telephone no. Located at: 1296 AUWAIKU STREET KAILUA HI ZIP + 4 96734 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	263 42b 42c	Yes	No X
42 a	The organization's books are in care of: ALAN L. AKAKA Telephone no. Located at: 1296 AUWAIKU STREET KAILUA HI ZIP + 4 96734 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	263 42b 42c	Yes	55 No X
42a	The organization's books are in care of: ALAN L. AKAKA Telephone no. Located at: 1296 AUWAIKU STREET KAILUA HI ZIP + 4 96734 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	263 42b 42c	Yes	No X X X N/A N/A
42z	The organization's books are in care of: ALAN L. AKAKA Telephone no. Located at: 1296 AUWATKU STREET KAILUA HI ZIP + 4 9673.4 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43	263 42b 42c	Yes	No X X
42z	The organization's books are in care of: ALAN L. AKAKA Telephone no. Located at: 1296 AUWAIKU STREET KAILUA HI ZIP + 4 96734 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	263 42b 42c	Yes	No X X N/A N/A
42a	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN I. AKAKA Located at: 1296 AUWAIKU STREET KAILUA HI 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed of Form 990-EZ.	263 42b 42c	Yes	No X X X N/A N/A
42 a b c c c c c c c c c c c c c c c c c c	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Telephone no. Located at: 1296 AUWATKU STREET KAILUA HI ZIP + 4 96734 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	263 42b 42c 42c	Yes	No X N/A N/A No X
42a t t c c c c c c c c c c c c c c c c c	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN I. AKAKA Located at: 1296 AUWATKU STREET KAILUA HI 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	263 42b 42c	Yes	No X N/A N/A N/A No X
42a t t c c c c c c c c c c c c c c c c c	List the states with which a copy of this return is filed: NONE Telephone no. (808) Located at: 1296 AUWAIKU STREET KAILUA HI ZIP+4 96734 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?	263 42b 42c 44a 44b 44c	Yes	No X N/A N/A No X
42a th	The organization's books are in care of: ALAN L. AKAKA 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "Yes" to line 44c, has the organization in Schedule Q.	263 42b 42c 42c	Yes	No X N/A No X X X
42a t t c c c 45a 44a	The organization's books are in care of: ALAN L. AKAKA ALAN L. AKAKA ALAN L. AKAKA Books are in care of: ALAN L. AKAKA ALAN L. AKAKA ALAN L. AKAKA Books are in care of: ALAN L. AKAKA ALAN L. AKAKA Books are in care of: ALAN L. AKAKA ALAN L. AKAKA Books are in care of: ALAN L. AKAKA ALAN L. AKAKA Books are in care of: ALAN L. AKAKA ALAN L. AKAKA Books are in care of: ALAN L. AKAKA Books are in care of the foreign country: At any time during the calendary are other financial account, or other financial account,	263 42b 42c 44a 44b 44c 44d	Yes	No X N/A N/A No X
42a t t c c c 45a 44a	List the states with which a copy of this return is filed: NONE The organization's books are in care of: ALAN L. AKAKA Telephone no. Located at: 1296 AUWATKU STREET KATLUA HT IVP 4 Telephone no. Located at: 1296 AUWATKU STREET KATLUA HT IVP 4 Telephone no. Located at: 1296 AUWATKU STREET KATLUA HT IVP 4 Telephone no. 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be com	263 42b 42c 44a 44b 44c 44d	Yes	No X N/A No X X X X X X X

						Yes	No
46 Did t	the organization engage, directly or indire lidates for public office? If "Yes," complet	ctly, in political campa e Schedule C, Part I…	ign activities on behalf o	of or in opposition to	46		Х
Part VI	<u> </u>				· · · · · · · · · · · · · · · · · · ·		21
	All section 501(c)(3) organization	ons must answer q	uestions 47-49b an	d 52, and complete	e the table	:S	
	for lines 50 and 51.			5			
-	Check if the organization used	Schedule O to resp	oond to any questio	n in this Part VI		Yes	No
	he organization engage in lobbying activities					163	
1	plete Schedule C, Part II						X
	e organization a school as described in so the organization make any transfers to an						X
	es," was the related organization a section						Λ
50 Comp	plete this table for the organization's five hig	hest compensated emplo	oyees (other than officers,	directors, trustees, and			
empl	oyees) who each received more than \$100,0	00 of compensation from	n the organization. If there	e is none, enter "None."	1		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE							
					-		
• Total	I number of other employees paid over \$	100,000					
51 Comp	plete this table for the organization's five hig pensation from the organization. If there	hest compensated indep	endent contractors who e	ach received more than \$	\$100,000 of		
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Comp	ensatio	'n
NONE							
			•				
d Tota	I number of other independent contractor	s each receiving over \$	 \$100,000				
52 Did t	the organization complete Schedule A? N	ote: All section 501(c)		ttach a		Г	
	pleted Schedule A				X Yes	<u> </u>	No
true, correct,	and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any know	ledge.	eller, it is		
	Signature of officer			Date			
Sign Here							
TICIC	ALAN AKAKA Type or print name and title			PRESIDENT			
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	EDWARD PUNUA	EDWARD PUNUA	4/13/2	Check \sqcup if self-employed	20028853	5	
Preparer	Firm's name EDWARD L. PUNUA				· <u> </u>		
Use Only	Firm's address 4268 RICE ST ST	E F		Firm's EIN	75-2978		
Movitha	LIHUE, HI 96766	nown chove? Can in the	u ations	Phone no. (80			1
BAA	RS discuss this return with the preparer sl	iowii above? See instr	uctions		X Yes		No
DAA					Form 99	v-⊏ ∠ ((2002)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name			SIC ENRICHMENT			47 44 COC	
Davis		NG EXPERIENCE		aamal	oto thi	47-445925	
Par	Reason for Public Chaproganization is not a private found	<u> </u>					CHOUS.
1	<u> </u>				•	•	
2	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).)						
					0/6\/1\/	\\\!!!\	
3	A hospital or a cooperative h	, ,			` / ` / `	~ /	Totas tha baanitalla
4	A medical research organiza name, city, and state:	,					
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in
6	A federal, state, or local gov	ernment or governm	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	l.)			
9	An agricultural research organi						
	or university or a non-land-grain university:		e (see instructions). Enter			and state of the college	or - — — — — — — — — —
10	An organization that normall from activities related to its a investment income and unre June 30, 1975. See section!	exempt functions, su lated business taxab	bject to certain exception le income (less section	ns; and	(2) no r	more than 33-1/3% of i	its support from gross
11	An organization organized a	nd operated exclusiv	ely to test for public saf	ety. See	section	1 509(a)(4).	
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describ	ed in section 509(a)(1) d	r section	n 509(a)(2). See section 509(a	out the purposes of one a)(3). Check the box on
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sur	ported c	organizat	ion(s), typically by giving	g the supported ion. You must
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	having control or tion(s). You
С	Type III functionally integrated organization(s) (see instruction	A supporting organiza	ation operated in connection	n with, a	nd functio	onally integrated with, its	supported
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting or organization generall	ganization operated in cor y must satisfy a distribu	nection	with its s	supported organization(s	s) that is not
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS	that it is	s a Type I, Type II, Тур	e III functionally
f	Enter the number of supported						
g	Provide the following information	n about the supporte	ed organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
<u>(E)</u>							
T-4-1							

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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						
Sec	tion B. Total Support						•
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. Add lines 7 through 10						
	Gross receipts from related activ	•	•			12	
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c)(3)
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	. 11 (0	<u> </u>	1.4	
14 15	Public support percentage for 20 Public support percentage from 3	ı∠∠ (IINE 6, COIUMI 2021 Schedule ∆	rı (r), divided by li Part II line 14	irie II, column (f))		
	33-1/3% support test—2022. If t and stop here. The organization	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, che	eck this box
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more	, check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Pa	rt VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a I-circumstances to	ind-circumstances est. The organiza	s test, check this tion qualifies as a	box and stop here publicly supporte	e. Explain in Pa ed organization	rt VI how the
10	i iivate iouiiuatioii. Ii tile organi.	Zation did Hot CHE	ser a nox on mile	15, 10a, 100, 1/a	, or 17b, CHECK III	is nox allu see	11311 UCUOI13

Schedule A (Form 990) 2022

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	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include any "unusual grants.").				F2 10C	67. 400	100 604
2	Gross receipts from admissions,				53,196.	67,428.	120,624.
	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						_
2	tax-exempt purpose						0.
3	that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						•
5	The value of services or						0.
	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	53,196.	67,428.	120,624.
7a	Amounts included on lines 1,				,	Í	
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2	Ű.	0.	<u> </u>	Ű.	Ŭ.	<u></u>
	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	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line	0.	0.	0.	0.	0.	<u></u>
Sac	7c from line 6.).`tion B. Total Support						120,624.
	• • • • • • • • • • • • • • • • • • • •	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2019	(C) 2020			
a	Amounts from line 6	0	0	0	E2 106	67 120	120 621
	Amounts from line 6	0.	0.	0.	53,196.	67,428.	120,624.
	Gross income from interest, dividends, payments received on securities loans,	0.	0.	0.	53,196.	67,428.	120,624.
	Gross income from interest, dividends,	0.	0.	0.	53,196.	67,428.	·
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.	0.	0.	53,196.	67,428.	120,624.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.	0.	0.	53,196.	67,428.	·
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					·	0.
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.	0.	0.	53,196.	67,428.	0.
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					·	0.
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					·	0. 0. 0.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					·	0.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					·	0. 0. 0.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					·	0. 0. 0.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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 regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9,	0.	0.	0.	0.	0.	0. 0. 0.
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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 regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).	0.	0.	0.	53,196.	0.	0. 0. 0.
10a b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop here	0. 0. n's first, second, t	0.	53,196. fth tax year as a s	67, 428. ection 501(c)(3)	0. 0. 0. 0. 120,624.
10a b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop here	0. 0. n's first, second, t	0.	53,196. fth tax year as a s	67, 428. ection 501(c)(3)	0. 0. 0. 0. 120,624.
10a b c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20	0. for the organizatio stop here blic Support Po	0. n's first, second, tercentage ı (f), divided by lin	0. hird, fourth, or fi	0. 53,196. fth tax year as a s	67, 428. ection 501(c)(3)	0. 0. 0. 0. 120,624. X
10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop hereblic Support Polic Support Support Polic Support Sup	0. n's first, second, t ercentage (f), divided by lin Part III, line 15	0. hird, fourth, or fi	0. 53,196. fth tax year as a s	67, 428. ection 501(c)(3)	0. 0. 0. 0. 120,624.
10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop here blic Support Po 22 (line 8, column 2021 Schedule A, estment Incon	0. n's first, second, to the control of the control	0. hird, fourth, or fi	53,196. fth tax year as a s	67, 428. ection 501(c)(3)	0. 0. 0. 0. 120,624. X
10a b c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop here blic Support Po 22 (line 8, column 2021 Schedule A, estment Incom or 2022 (line 10c,	0. n's first, second, the control of	0. hird, fourth, or fi	53,196. fth tax year as a s	67, 428. ection 501(c)(3) 	0. 0. 0. 0. 120,624. X
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop here blic Support Polic Support Polic Support Income 2021 Schedule A, estment Income 2022 (line 10c, rom 2021 Schedul	0. n's first, second, the control of	0. hird, fourth, or fi e 13, column (f)) d by line 13, colu	53,196. fth tax year as a s	67, 428. ection 501(c)(3)	0. 0. 0. 0. 120,624. X
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop here blic Support Polic Support Polic Support Income 2021 Schedule A, estment Income 2022 (line 10c, rom 2021 Schedule the organization discontinuous	0. n's first, second, t ercentage (f), divided by lin Part III, line 15 ne Percentage column (f), divided e A, Part III, line 1 d not check the bo	0. hird, fourth, or fine 13, column (f)) d by line 13, column (f) control of the following the follo	53,196. fth tax year as a some of the second	67, 428. ection 501(c)(3)	0. 0. 0. 120,624. X 8 8 8 8
10a b c 11 12 13 14 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0. for the organizatio stop here blic Support Polic Support Polic Support Incomo 2021 Schedule A, estment Incomor 2022 (line 10c, rom 2021 Schedul the organization dithis box and stop	0. n's first, second, the second seco	0. hird, fourth, or fine 13, column (f)) d by line 13, column (7	53,196. fth tax year as a some fine (f)). d line 15 is more some publicly supports	67, 428. ection 501(c)(3)	0. 0. 0. 120,624. X 8 8 8 8
10a b c 11 12 13 14 Sec 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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 regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 21 tion D. Computation of Investment income percentage from 33-1/3% support tests—2022. If the sont more than 33-1/3%, check	for the organization stop here	0. n's first, second, the second stop here. The organized not check a box not stop here. The	0. hird, fourth, or fine 13, column (f)) d by line 13, column (f) ox on line 14, and a cation qualifies a on line 14 or line organization qualifies a conganization qualifies	53,196. fth tax year as a s mn (f)). d line 15 is more s a publicly suppose 19a, and line 16 alifies as a publicl	67, 428. ection 501(c)(3)	0. 0. 0. 0. 120,624. X 8 8 8 8 Iine 17

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

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
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.	4 a		
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.	4b		
С	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.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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 .	9b		
С	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.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described on line 11a above?	11b		
	C 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		
	ction B. Type I Supporting Organizations	110		<u> </u>
<u> </u>	Stion B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_'_		<u> </u>
<u>Sec</u>	ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		_u		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities			
	but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990) 2022 HAWAII INSTITUTE FOR MUSIC ENRICHMENT 47-4459250 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A — Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3. 4 5 Depreciation and depletion 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B — Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8

Section C — Distributable Amount					
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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA Schedule A (Form 990) 2022

	Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued	<i>1)</i>	
•	Section D	0 - Distributions		
_				Γ

Sec	ection D – Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in Part VI). See instructions.	8				
9	Distributable amount for 2022 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Line 6 amount divided by line 5 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

Part VI

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

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HAV

HAWAII INSTITUTE FOR MUSIC ENRICHMENT AND LEARNING EXPERIENCE INC

Employer identification number 47-4459250

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 1,638.
DUES & SUBSCRIPTIONS	825.
FACILITIES AND EQUIPMENT	337.
GIFTS	50.
HAWAIIAN STEEL GUITR FESTIVALS	62,490.
LICENSES & PERMITS	4.
OFFICE EXPENSES	158.
UNIFORM	378.
TOTAL	\$ 65,880.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OUR PURPOSE IS TO EDUCATE, PROMOTE, AND PERPETUATE HAWAIIAN MUSIC, HAWAIIAN CULTURE, AND HAWAIIAN MUSICAL INSTRUMENTS.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

	Jan - Dec '23
Ordinary Income/Expense	
Income	
Grants	15,000.00
Program Income	8,500.00
Direct Public Support	
Individ, Business Contribut	32,465.17
Total Direct Public Support	32,465.17
Other Types of Income	
Miscellaneous Revenue	705.42
Total Other Types of Income	705.42
Total Income	56,670.59

	Jan - Dec '23
Gross Profit	56,670.59
Expense	
KONASGF	19,227.83
Donation	1,650.00
HSGF KAHALA	2,184.50
HSGF WWM	1,450.00
HISGF	17,502.18
WSGF	7,874.44
HSGF KAPOLEI	1,472.83
MSGF	1,869.79
KSGF	21,114.61
Other Types of Expenses	
Insurance - Liability, D and	460.00

Page 2

	Jan – Dec '23
Total Other Types of Expen	460.00
Contract Services Accounting Fees	2,129.84
Total Contract Services	2,129.84
Business Expenses Business Registration Fees	15.50
Total Business Expenses	15.50
Operations Books, Subscriptions, Refer Postage, Mailing Service Supplies	119.88 62.12 314.63

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	Jan – Dec '23
Total Operations	496.63
Travel and Meetings Travel Travel and Meetings – Other	146.80 237.99
Total Travel and Meetings	384.79
Total Expense	77,832.94
Net Ordinary Income	-21,162.35
Net Income	-21,162.35

HIMELE 01/04/24 Balance Sheet Standard As of December 31, 2023

	Dec 31, '23
ASSETS	
Current Assets	
Checking/Savings GET HSGShowcase	128.67
Refreshments Reimburse	1,555.75
HSGShowcase - Other	44,143.48
Total HSGShowcase	45,699.23
BOH 0279	18,043.05
Total Checking/Savings	63,870.95
Total Current Assets	63,870.95
TOTAL ASSETS	63,870.95
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities Reimbursement	-13,200.37

Page 1

HIMELE
01/04/24 Balance Sheet Standard
As of December 31, 2023

	Dec 31, '23
Loans from Officers, Direc	1,500.00
Total Other Current Liabilit	-11,700.37
Total Current Liabilities	-11,700.37
Total Liabilities	-11,700.37
Equity	06 722 67
Retained Earnings Net Income	96,733.67 -21,162.35
Net income	-21,102.53
Total Equity	75,571.32
TOTAL LIABILITIES & EQUITY	63,870.95

HIMELE 2023 Major Income Sources

Hawaii State Foundation on Culture and the Arts (SFCA) - \$15,000

Laurence H. Dorcy Hawaiian Foundation - \$15,000

Beutner Family Foundation - \$2,500

Private Donations - \$13,000