Form **990**

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning AUG 1, 2007 **and ending** JUL 31, 2008

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [X] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: KAMA'AINA CARE, INC.

Number and street (or P O. box if mail is not delivered to street address): 156-C HAMAKUA DRIVE — Room/suite:

City or town, state or country, and ZIP + 4: KAILUA, HI 96734

D Employer identification number: 99-0261935

E Telephone number: (808)262-4538

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶ N/A

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶WWW.KAMAAINAKIDS.COM

J Organization type (check only one) ▶ [X] 501(c) (03) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 20,655,581.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received						
	a	Contributions to donor advised funds			1a			
	b	Direct public support (not included on line 1a)			1b	113,272.		
	c	Indirect public support (not included on line 1a)			1c			
	d	Government contributions (grants) (not included on line 1a)			1d	302,800.		
	e	Total (add lines 1a through 1d) (cash $ 416,072. noncash $ 0.)					1e	416,072.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					2	19,926,419.
	3	Membership dues and assessments					3	
	4	Interest on savings and temporary cash investments					4	18,850.
	5	Dividends and interest from securities					5	
	6 a	Gross rents			6a			
	b	Less rental expenses			6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a					6c	
	7	Other investment income (describe ▶)					7	
			(A) Securities			(B) Other		
	8 a	Gross amount from sales of assets other than inventory			8a	11,443.		
	b	Less cost or other basis and sales expenses			8b	6,648.		
	c	Gain or (loss) (attach schedule)			8c	4,795.		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)				STMT 1	8d	4,795.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]						
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)			9a	282,797.		
	b	Less direct expenses other than fundraising expenses			9b	168,711.		
	c	Net income or (loss) from special events Subtract line 9b from line 9a				SEE STATEMENT 2	9c	114,086.
	10 a	Gross sales of inventory, less returns and allowances			10a			
	b	Less. cost of goods sold			10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					10c	
	11	Other revenue (from Part VII, line 103)					11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12	20,480,222.
Expenses	13	Program services (from line 44, column (B))					13	17,427,101.
	14	Management and general (from line 44, column (C))					14	2,443,267.
	15	Fundraising (from line 44, column (D))					15	221,062.
	16	Payments to affiliates (attach schedule)					16	
	17	**Total expenses.** Add lines 16 and 44, column (A)					17	20,091,430.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12					18	388,792.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))					19	1,620,617.
	20	Other changes in net assets or fund balances (attach explanation)					20	0.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20					21	2,009,409.

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 90,681. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	90,681.	90,681.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	656,479.	591,307.	64,714.	458.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	10,287,199.	9,353,867.	933,332.	
27 Pension plan contributions not included on lines 25a, b, and c	27	112,234.	94,052.	17,508.	674.
28 Employee benefits not included on lines 25a - 27	28	1,479,440.	1,239,186.	230,632.	9,622.
29 Payroll taxes	29	934,026.	847,527.	86,499.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	656,199.	602,039.		54,160.
34 Telephone	34	108,371.	54,811.	53,560.	
35 Postage and shipping	35				
36 Occupancy	36	1,497,202.	1,322,818.	173,083.	1,301.
37 Equipment rental and maintenance	37	129,830.	88,315.	41,515.	
38 Printing and publications	38				
39 Travel	39	69,610.	68,196.	1,414.	
40 Conferences, conventions, and meetings	40	1,582.		1,582.	
41 Interest	41	41,650.	5,132.	36,518.	
42 Depreciation, depletion, etc. (attach schedule)	42	323,752.	270,628.	53,124.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 3	43g	3,703,175.	2,798,542.	749,786.	154,847.
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	20,091,430.	17,427,101.	2,443,267.	221,062.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A , (ii) the amount allocated to Program services $ N/A , (iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ PROVIDE EDUCATIONAL PROGRAMS & SERVICES TO CHILDREN.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a	TO PROVIDE EDUCATIONAL PROGRAMS & SERVICES FOR PRE-SCHOOL AGE & SCHOOL AGE CHILDREN INCLUDING AFTER-SCHOOL PROGRAMS, ENRICHMENT PROGRAMS, FOOD SERVICE, TUITION ASSISTANCE & RECREATIONAL ACTIVITIES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	17,427,101.
b	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	17,427,101.

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723021
12-27-07

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

					(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			6,998.	45	7,925.
	46	Savings and temporary cash investments			1,087,459.	46	948,930.
	47 a	Accounts receivable	47a	619,864.			
	b	Less: allowance for doubtful accounts	47b	6,397.	725,079.	47c	613,467.
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable			127,577.	49	125,478.
	50 a	Receivables from current and former officers, directors, trustees, and key employees				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			109,471.	52	126,667.
	53	Prepaid expenses and deferred charges			229,750.	53	184,999.
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis STMT 13	57a	3,707,800.			
	b	Less: accumulated depreciation STMT 13	57b	2,118,601.	1,420,179.	57c	1,589,199.
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 5)			610,758.	58	584,529.
	59	**Total assets** (must equal line 74). Add lines 45 through 58			4,317,271.	59	4,181,194.
Liabilities	60	Accounts payable and accrued expenses			1,276,691.	60	1,213,237.
	61	Grants payable				61	
	62	Deferred revenue			911,371.	62	479,326.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable STMT 6			508,592.	64b	479,222.
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			2,696,654.	66	2,171,785.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			1,298,663.	67	1,697,288.
	68	Temporarily restricted			71,954.	68	62,121.
	69	Permanently restricted			250,000.	69	250,000.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			1,620,617.	73	2,009,409.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			4,317,271.	74	4,181,194.

Form **990** (2007)

723031
12-27-07

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	20,648,933.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 7	b4	168,711.		
	Add lines **b1** through **b4**			b	168,711.
c	Subtract line **b** from line **a**			c	20,480,222.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	20,480,222.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	20,260,141.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 8	b4	168,711.		
	Add lines **b1** through **b4**			b	168,711.
c	Subtract line **b** from line **a**			c	20,091,430.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	20,091,430.

Part V-A Current Officers, Directors, Trustees, and Key Employees
(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9	SEE STMT 9	579,938.	76,391.	150.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 10	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90 a List the states with which a copy of this return is filed ▶NONE

b Number of employees employed in the pay period that includes March 12, 2007 | 90b | 725

91 a The books are in care of ▶ KAMA'AINA CARE, INC. Telephone no ▶ (808) 262-4538

Located at ▶ 156-C HAMAKUA DR., KAILUA, HI ZIP + 4 ▶ 96734

			Yes	No
b	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 ▶ N/A. See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.	91b		X

Part VI **Other Information** *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII **Analysis of Income-Producing Activities** *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a TUITION AND FEES					14,705,978.
b OTHER PROGRAM FEES					4,516,004.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					704,437.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	18,850.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	4,795.	
101 Net income or (loss) from special events			01	114,086.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		137,731.	19,926,419.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 20,064,150.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT 11

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions)*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

X [signature] | X 5-20-10

Signature of officer | Date

X Raymond C Sanborn President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	[signature]	Date MAY 18 2010	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4	▶ N&K CPAS, INC 1001 BISHOP ST., SUITE 1700 ASB TOWER HONOLULU, HI 96813-3696		EIN ▶	Phone no. ▶ (808)524-2255

Form **990** (2007)

723164/12-27-07

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: KAMA'AINA CARE, INC.

Employer identification number: 99 0261935

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LISA GIMA C/O 156-C HAMAKUA DRIVE, KAILUA, HI	SCHOOLAGE MANAGER 40.00	65,520.	4,976.	0.
CHARLOTTE CABRAL C/O 156-C HAMAKUA DRIVE, KAILUA, HI	CENTER DIRECTOR 40.00	62,485.	1,200.	0.
EDWARD SILVA C/O 156-C HAMAKUA DRIVE, KAILUA, HI	SCHOOLAGE MANAGER 40.00	66,585.	5,154.	0.
JEREMY MIRELS C/O 156-C HAMAKUA DRIVE, KAILUA, HI	MAINTENANCE SUPERVIS 40.00	59,343.	8,938.	0.
WENDY YASUTAKE C/O 156-C HAMAKUA DRIVE, KAILUA, HI	HR MANAGER 40.00	66,921.	3,805.	0.
Total number of other employees paid over $50,000 ▶	7			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
THE KALOHE GROUP, INC. C/O 156-C HAMAKUA DRIVE, KAILUA, HI 96734	CONSULTANT	105,174.
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
CULINARY FLIGHT HAWAII LLC 44-503 KANEOHE BAY DRIVE, KANEOHE, HI 96744	CATERING SERVICES	327,288.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ $ ________ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) SEE STATEMENT 12	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0.

723111
12-27-07

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box)

5 [ ] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 [X] A school Section 170(b)(1)(A)(ii) (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

8 [ ] A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 [ ] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

11b [ ] A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

12 [ ] 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 charitable, etc , 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). (Also complete the **Support Schedule** in Part IV-A)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c N/A

d Add. Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add. Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	X	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) POLICY IS PRINTED ON ALL FLYERS, BROCHURES, INFORMATION SHEETS AND ON REGISTRATION FORMS.			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		X
c	Employment of faculty or administrative staff?	33c		X
d	Scholarships or other financial assistance?	33d		X
e	Educational policies?	33e		X
f	Use of facilities?	33f		X
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? STMT 14	34a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35	X	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	**The lobbying nontaxable amount is -**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h.**)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 — GAIN (LOSS) FROM SALE OF OTHER ASSETS — STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
REFRIGERATOR	10/18/06	04/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
MOKULUA WOODWORKING	300.	698.	0.	209.	-189.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VEHICLE - FORD 350	05/31/00	06/26/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
RIVERPORT INSURANCE	11,143.	32,132.	0.	25,973.	4,984.
TO FM 990, PART I, LN 8	11,443.	32,830.	0.	26,182.	4,795.

FORM 990 — SPECIAL EVENTS AND ACTIVITIES — STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FUNDRAISER EVENTS	282,797.		282,797.	168,711.	114,086.
TO FM 990, PART I, LINE 9	282,797.		282,797.	168,711.	114,086.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	193,870.	134,723.	52,729.	6,418.
AUTOMOBILE	219,444.	181,766.	37,678.	0.
BANK CHARGES	115,199.	0.	115,199.	0.
BAD DEBT EXPENSE	30,978.	30,978.	0.	0.
CONTRACTED SERVICES	141,136.	92,814.	48,138.	184.
DATA PROCESSING	81,040.	0.	81,040.	0.
DUES AND SUBSCRIPTIONS	30,481.	7,740.	14,825.	7,916.
EXCURSIONS	248,704.	248,704.	0.	0.
FOOD	794,612.	794,612.	0.	0.
DEVELOPMENT	36,283.	0.	0.	36,283.
INSURANCE	322,285.	286,476.	35,809.	0.
JANITORIAL SERVICES	201,758.	192,586.	9,172.	0.
LICENSES AND FEES	20,618.	15,353.	0.	5,265.
MEETING EXPENSES	40,392.	19,461.	20,931.	0.
OFFICE SUPPLIES	73,088.	0.	73,088.	0.
PROFESSIONAL SERVICES	101,708.	0.	101,708.	0.
STAFF TRAINING	429,955.	230,035.	101,868.	98,052.
TRANSPORTATION	179,533.	179,533.	0.	0.
UTILITIES	283,068.	248,436.	34,632.	0.
MISCELLANEOUS	39,940.	18,001.	21,939.	0.
TAXES	2,670.	1,574.	367.	729.
LUNCH	54,271.	54,271.	0.	0.
SECURITY	3,801.	3,138.	663.	0.
SPECIAL EVENT	9,994.	9,994.	0.	0.
AMORTIZATION EXPENSE	26,229.	26,229.	0.	0.
RENT: HOUSING	22,118.	22,118.	0.	0.
TOTAL TO FM 990, LN 43	3,703,175.	2,798,542.	749,786.	154,847.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCHOLARSHIP 98 PRESCHOOL STUDENTS C/O 156-C HAMAKUA DRIVE KAILUA, HI 96734	90,681.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	90,681.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSITS	21,340.	21,340.
ENDOWMENT FUND CONTRIBUTION	250,000.	250,000.
GOODWILL	393,433.	393,433.
LESS AMORTIZATION	-54,015.	-80,244.
TOTAL TO FORM 990, PART IV, LINE 58	610,758.	584,529.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 6

LENDER'S NAME		TERMS OF REPAYMENT	
FIRST HAWAIIAN BANK		5 YEARS	

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
07/29/04	07/31/09	50,000.	6.49%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NONE	OPERATIONS

RELATIONSHIP OF LENDER
NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	50,000.	11,348.

LENDER'S NAME	TERMS OF REPAYMENT
FORD MOTOR CREDIT CO.	VARIOUS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	VARIOUS	173,355.	VARIOUS

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
VEHICLES PURCHASED WITH NOTE	PURCHASE VEHICLES

RELATIONSHIP OF LENDER
NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	173,355.	13,455.

LENDER'S NAME	TERMS OF REPAYMENT
FIRST HAWAIIAN BANK	5 YEARS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/28/05	01/31/10	300,000.	6.75%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
SUBSTANTIALLY ALL ASSETS OF THE ORGANIZATION	OPERATIONS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	300,000.	190,736.

LENDER'S NAME	TERMS OF REPAYMENT
LOKAHI PACIFIC	15 YEARS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
11/06/06	11/01/21	150,000.	7.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
SUBSTANTIALLY ALL ASSETS OF THE ORGANIZATION	OPERATIONS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	150,000.	138,096.

LENDER'S NAME	TERMS OF REPAYMENT
FIRST HAWAIIAN BANK	5 YEARS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/26/08	02/26/13	60,000.	7.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
SUBSTANTIALLY ALL ASSETS OF THE ORGANIZATION	OPERATIONS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	60,000.	55,594.

LENDER'S NAME	TERMS OF REPAYMENT
HAWAII USA FCU	5 YEARS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
07/11/08	07/15/13	27,169.	5.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
VEHICLE PURCHASED WITH NOTE	PURCHASE VEHICLE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	27,169.	27,169.

LENDER'S NAME		TERMS OF REPAYMENT	
SODERHOLM SALES		3 YEARS	

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	VARIOUS	100,938.	8.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	PURCHASE VEHICLES

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	100,938.	42,824.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		479,222.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
DIRECT COST OF GOODS SOLD FOR FUNDRAISING	168,711.
TOTAL TO FORM 990, PART IV-A	168,711.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
DIRECT COST OF GOODS SOLD FOR FUNDRAISING	168,711.
TOTAL TO FORM 990, PART IV-B	168,711.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STEPHANIE DOUGHTY 46-127 PUNALEI PLACE KANEOHE, HI 96744	DIRECTOR 1.00	0.	0.	0.
NED DEWEY 1100 ALAKEA STREET, SUITE 2200 HONOLULU, HI 96813	DIRECTOR 1.00	0.	0.	0.
ROBIN DURNIN PH.D. 45-995 WAILELE ROAD, #77 KANEOHE, HI 96744	DIRECTOR 1.00	0.	0.	0.
BECKY D. GUSTAFSON 94-233 HOKULEWA LP MILILANI, HI 96789	DIRECTOR 1.00	0.	0.	0.
ROBERT S. KAGAWA, M.D. 321 N. KUAKINI ST. STE. 201 HONOLULU, HI 96817	DIRECTOR 1.00	0.	0.	0.
MARC MATSUBARA 47-488 HOOPALA ST KANEOHE, HI 96744	DIRECTOR 1.00	0.	0.	0.
VICTOR LOZANO 44-145 HAKO ST. APT. #1 KANEOHE, HI 96744	DIRECTOR 1.00	0.	0.	0.
WALTER YOSHIMITSU 6301 PALI HWY KANEOHE, HI 96744	DIRECTOR 1.00	0.	0.	0.
JON E. MURAKAMI 1153 HONOKAHUA ST. HONOLULU, HI 96825	DIRECTOR 1.00	0.	0.	0.
RUSSELL HOOTA 1357 KAPIOLANI BLVD., #1000 HONOLULU, HI 96814	DIRECTOR 1.00	0.	0.	0.
RAYMOND C. SANBORN 47-440 HUIIO STREET KANEOHE, HI 96744	PRESIDENT 50.00	186,587.	36,228.	150.

MARK NISHIYAMA 5643 PIA ST. HONOLULU, HI 96821	VICE-PRESIDENT, SCHOOL-AGE 50.00	128,448.	12,547.	0.
KATHLEEN G. HEW 3324 NIOLOPUA DR. HONOLULU, HI 96817	VICE-PRESIDENT, HOTEL/CONV 40.00	91,108.	11,539.	0.
CHARLENE YAMASAKI 47-542 KAAOHUA WAY KANEOHE, HI 96744	TREASURER 40.00	59,400.	3,000.	0.
DON CLIFFORD 810 RICHARDS STREET, SUITE 1000 HONOLULU, HI 96813	DIRECTOR 1.00	0.	0.	0.
DONNA WILSON 343 N. KAINALU DR. KAILUA, HI 96734	SECRETARY 40.00	49,285.	4,543.	0.
GREGORY HARRIS 45-170 OHAHA PL. KANEOHE, HI 96744	DIRECTOR KIDS CLUB 40.00	0.	0.	0.
BARBARA OWENS 156-C HAMAKUA DRIVE KAILUA, HI 96734	DIRECTOR OF OPERATIONS 40.00	65,110.	8,534.	0.
RALPH GOTO 44-547 KANEOHE BAY DRIVE KANEOHE, HI 96744	DIRECTOR 1.00	0.	0.	0.
JOSIE HART KAANEHE 95-264 KAOPUA LOOP MILILANI, HI 96789	DIRECTOR 1.00	0.	0.	0.
RYAN TAKAKI 91-240 KALAELOA BLVD. KAPOLEI, HI 96707	DIRECTOR 1.00	0.	0.	0.
B.J. WHITMAN, APR 225 QUEEN STREET, 19G HONOLULU, HI 96813	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		579,938.	76,391.	150.

FORM 990 EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B STATEMENT 10

INDIVIDUAL'S NAME	TITLE OR ROLE
BARBARA OWENS	DIRECTOR OF OPERATIONS

INDIVIDUAL'S NAME	TITLE OR ROLE
CULINARY FLIGHT HAWAII, LLC	CATERING SERVICES

EXPLANATION OF RELATIONSHIP

BARBARA OWENS OWNS 45% OF CULINARY FLIGHT HAWAII, LLC, WHICH PROVIDES CATERING SERVICES TO KAMA'AINA CARE, INC.

INDIVIDUAL'S NAME	TITLE OR ROLE
BARBARA OWENS	DIRECTOR OF OPERATIONS

INDIVIDUAL'S NAME	TITLE OR ROLE
THE KALOHE GROUP, INC.	CONSULTING SERVICES

EXPLANATION OF RELATIONSHIP

BARBARA OWENS FORMED THE KALOHE GROUP, INC. THE KALOHE GROUP, INC. PROVIDED CONSULTING SERVICES ON GRANT PROPOSALS, ANALYSIS OF SITES, AND OTHER ISSUES UNTIL JULY 2008.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVIDES EDUCATIONAL PROGRAM SERVICES AND FACILITIES FOR PRE-SCHOOL CHILDREN AND AFTER-SCHOOL PROGRAMS FOR SCHOOL AGE CHILDREN
93B	PROVIDES EDUCATIONAL PROGRAMS, SERVICES AND FACILITIES FOR SUMMER/HOLIDAY PERIODS & RECREATIONAL/FITNESS PROGRAMS FOR CHILDREN WHOSE PARENTS ARE BOTH WORKING OR ARE FROM ONE-PARENT HOMES
93G	PROVIDES EDUCATIONAL PROGRAMS, CHILD CARE SERVICES AND FACILITIES FOR CHILDREN OF PARENTS WHO ARE PARTICIPANTS IN THE FIRST -TO-WORK PROGRAM AND USDA - CHILD & ADULT CARE FOOD PROGRAM

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A STATEMENT 12

SCHOLARSHIPS ARE AWARDED BASED UPON A REVIEW OF APPLICATIONS FROM PARENTS OF STUDENTS. FUNDS ARE AWARDED BASED ON NEED/INCOME.

FORM 990, PART IV, LINE 57 DESCRIPTION OF LAND, BUILDINGS & EQUIPMENT
FORM 990, PART II, LINE 42 DEPRECIATION

STATEMENT 13

Description	Basis at 7/31/07	Additions	Dispositions	Basis at 7/31/08	Depreciation Method/Life	Accumulated Depreciation at 7/31/07	Depreciation Expense	Dispositions	Accumulated Depreciation at 7/31/08	Net Book Value
Leasehold Improvements - Preschool	689,840	108,599	-	798,439	S/L 3-23 yrs	358,374	55,641	-	412,015	386,424
Leasehold Improvements - Clubhouse	33,347	2,500	-	35,847	S/L 3-23 yrs	25,287	3,773	-	29,060	6,787
Leasehold Improvements- Office	167,624	-	-	167,624	S/L 3-23 yrs	103,706	16,064	-	119,770	47,854
Leasehold Improvement - Camp Timberline	280,774	-	-	280,774	S/L 3-23 yrs	142,635	19,207	-	161,842	118,932
Office Furniture & Equipment	393,462	128,782	-	522,244	S/L 3-23 yrs	279,864	37,059	-	316,923	205,321
Equipment - Ewa CFS Community Center	25,302	-	-	25,302	S/L 3-23 yrs	25,280	22	-	25,302	-
Equipment - Preschools	614,085	122,305	-	736,390	S/L 3-23 yrs	355,157	80,834	-	435,991	300,399
Equipment - Hotel	-	502	-	502	S/L 3-23 yrs	-	222	-	222	280
Equipment - School Age	265,220	12,380	(698)	276,902	S/L 3-23 yrs	152,640	25,854	(209)	178,285	98,617
Equipment/Furniture - Camp Timberline	113,888	73,433	-	187,321	S/L 3-23 yrs	50,749	15 355	-	66,104	121,217
Equipment - Commissary	8,490	-	-	8,490	S/L 3-23 yrs	5,969	992	-	6,961	1,529
Equipment - Elite Sports Academy	2,569	-	-	2,569	S/L 3-23 yrs	-	514	-	514	2,055
Vehicles	646,609	50,919	(32,132)	665,396	S/L 3-23 yrs	323,370	68,215	(25,973)	365,612	299,784
Total	3,241,210	499 420	(32,830)	3,707,800		1,821,031	323,752	(26,182)	2,118,601	1,589,199

SCHEDULE A (FORM 990) PART V, LINE 34a

KAMA'AINA CARE, INC RECEIVES FEDERAL REIMBURSEMENT FOR PROVIDING FREE OR REDUCED PRICED MEALS FOR ELIGIBLE PARTICIPANTS
(USDA – CHILD & ADULT CARE FOOD PROGRAM)