

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493116008130

# Form 990

## **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)

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number C Name of organization Hawaii Association of Independent Schools **B** Check if applicable Please use IRS Address change 23-7067376 label or print or Doing Business As E Telephone number Name change type. See Specific Instruc-(808) 973-1540 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 1,354,729 1585 Kapıolanı Boulevard No 1212 Termination tions. City or town, state or country, and ZIP + 4 Honolulu, HI 96814 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for affiliates? Robert Witt 1585 Kapıolanı Boulevard No 1212 Honolulu, HI 96814 

I Ta	x-exem	npt status 🔽 501(c) ( 3 ) ◀ (insert no ) 🔽 4947(a)(1) or 🦵 52	7	(If "No," attach a list See instructions)								
J W	eb sit	e: ► WWW HAIS ORG		H(c) Group Exempt								
<b>К</b> Тур	e of org	ganization Corporation trust association other		<b>L</b> Year of Formation 19	770 <b>M</b> State of legal domicile HI							
Pa	ŗt I	Summary										
Governance	1	Briefly describe the organization's mission or most signific TO PROMOTE CLOSE COOPERATION BETWEEN INDEF CONFERENCES AND PUBLICATIONS, TO MAINTAIN, E BROADER PUBLICINTEREST IN THE SCHOOLS, AND T INDEPENDENT AND PUBLIC SCHOOLS	SUPPORT HIGH STAN OOPERATION ANDUI	DARDS TO SECURE NDERSTANDING BETWEEN								
9		Check this box   If the organization discontinued its opera										
	3	Number of voting members of the governing body (Part VI,		318								
8	4	Number of independent voting members of the governing b	ody (Part VI, line 1t	)	417							
Ě	5	Total number of employees (Part V, line 2a)	•		512							
Activities &	6	Total number of volunteers (estimate if necessary)			<b>6</b> 0							
4	7a	Total gross unrelated business revenue from Part VIII, lin		<b>7a</b> 0								
	ь	Net unrelated business taxable income from Form 990-T,		<b>7b</b> 0								
				Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		635,	933 864,735							
를	9	Program service revenue (Part VIII, line 2g)		85,	564 482,224							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and	d7d)		333 7,770							
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c		0								
	12	Total revenue—add lines 8 through 11 (must equal Part V 12)	e 721,	830 1,354,729								
	13	Grants and similar amounts paid (Part IX, column (A), lin	58,	000 58,712								
	14	Benefits paid to or for members (Part IX, column (A), line		0								
8	15	Salaries, other compensation, employee benefits (Part IX 10)	, column (A), lines 5	193,	666 352,127							
<u> </u>	16a	Professional fundraising fees (Part IX, column (A), line 1:	Le)		0							
Expenses	ь	(Total fundraising expenses, Part IX, column (D), line 25 <sup>14,753</sup>										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	f-24f)	359,	395 875,959							
	18	Total expenses—add lines 13-17 (must equal Part IX, lir	ne 25, column (A))	611,	061 1,286,798							
	19	Revenue less expenses Subtract line 18 from line 12		110,								
<u> </u>				Beginning of Yea	r End of Year							
9 <u>0</u>	20	Total assets (Part X, line 16)		632,	632 786,169							
3.0		,										
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		296,								
	22	Net assets or fund balances Subtract line 21 from line 20	)	335,	976 400,862							
	rt II	Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge										
Plea Sign		***** Signature of officer		2010-04-26 Date								
Here		Robert Witt Executive Director		Date								
Paid		Preparer's signature Mark A Hayes		Check if self-empolyed								
Prepa	arer's	Firm's name (or yours  CW Associates CPAS	<b>I</b>	F731 b								
Use (	Only	If self-employed), address, and ZIP + 4 700 Bishop Street Suite 1040		EIN F								
		, , , , , , , , , , , , , , , , , , , ,	Phone n	o 🕨 (808) 531-1040								
M 211 4	the IP	Honolulu, HI 96813 S discuss this return with the preparer shown above? (See	inetriictions\		. Fyes Tho							
ınay l	ine IK	o discuss this return with the preparer shown above? (See	matiuctions)		. pries jinu							

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

1	Briefly describe the organization's mission				
	TO PROMOTE CLOSE COOPERATION BETWEEN MAINTAIN,ENCOURAGE, AND SUPPORT HIGH S ANDUNDERSTANDING BETWEEN INDEPENDENT	TANDARDS TO SECURE BRO	HAWAITHROUGH SEMIN, DADER PUBLICINTEREST I	ARS, CONFERENCES AND PUBLIC N THE SCHOOLS, AND TO STREN	ATIONS, TO GTHEN COOPERATION
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		ices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?	g or make significant c	hanges in how it con-	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1) tru	sts are required to re	port the amount of grants	
4a	(Code ) (Expenses \$		ncluding grants of \$	) (Revenue \$	482,224 )
44	MEMBERSHIP SERVICES AND CONFERENCES SUPPORT HIGH STANDARDS AND SECUREPUTEACHERS, AND 39,344 STUDENTS	TO PROMOTE CLOSECOOP	ERATION BETWEEN INDEF	PENDENT SCHOOLS OF HAWAII, M	AINTAIN, ENCOURAGE, AND
4b	(Code ) (Expenses \$	363,236 ı	ncluding grants of \$	58,712 ) (Revenue \$	0)
	HAWAII EDUCATIONAL NETWORKING CONSC	ORTIUM, AND SCHOOL OF T	HE FUTURE		
4c	(Code ) (Expenses \$	i ir	ncluding grants of \$	) (Revenue \$	)
	, , , , , ,			, ,	,
4d	Other program services (Describe i	n Schedule O )			
	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses \$	1,160,653	Must equal Part IX,	Line 25, column (B).	

art IV	Checklist o	f Required	Schedules
--------	-------------	------------	-----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	12			
D	If at least one is reported in 2a, did the organization file all required federal employs <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Re	eport o	f Foreign Bank and			
	Financial Accounts.	•	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts	6b		
7	were not tax deductible?			OD		
	Did the organization provide goods or services in exchange for any quid pro quo con	tribut	ion of \$75 or	7a		Νο
a	more?	itiibut	011 01 \$7 3 01	/a		NO
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
_	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the		,	8		
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	مدا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11		ı	ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	<b></b>				
_	against amounts due or received from them )	11b				
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	م ایوی د	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	eu (		±£a		
-	year	12b				

Section A. Governing Body and Management

No

11

Νo

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes"	response t	to lines 2	2-7 belov	, and for	a "No"	response to lii	nes 8 or 9b	below, des	cribe the ci	rcumstances
	,	~ , ,								

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 18			
Ь	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νο
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed HI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website  $\overline{\mbox{\em \colored}}$  another's website  $\overline{\mbox{\em \colored}}$  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

HI ASSOC OF INDEP SCHOOLS 1585 KAPIOLANI BLVD 1212 Honolulu, HI 96814 (808) 973-1540

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				(ition that a			all			(E)	tion compensati ted from the ons organization		
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustæ or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)			fother ation he on and ed
1b	Total	<del>'</del>	٠	٠.	. ,			<b> </b>	233,003	3	0		13,843
2	Total number of individuals (includin compensation from the organization		a) who	recei	ved	mor		1 \$1	00,000 in reportabl	e			
2			a) who	recei	ved	mor		n \$1	00,000 in reportab	le		Vos	No
3		►1 officer, direc	tor or t	ruste	e, k	ey e	e than	/ee,	or highest compens		3	Yes	No_
	compensation from the organization	►1  officer, direct  le J for such  the sum of	tor or t	ruste <i>ual</i> . ble c	e, k	ey e • •	mploy	∕ee, • and	or highest compens	sated employee  • • •	3		No No
3	Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of the	tor or t individu reporta nan \$15	ruste ual ble c	e, k • • omp 0? .	ey e • ens If "Y	e than	ee, • and omp	or highest compens  other compensation lete Schedule J for su	sated employee  from the	3	<b>Yes</b> Yes	
3 4	Did the organization list any <b>former</b> on line 1a? <i>If</i> " <i>Yes</i> ," complete Schedu  For any individual listed online 1a, is organization and related organization	officer, directle J for such sthe sum of as greater the sum of a greater the sum of a core	tor or t individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0?	ey e • ens If "Y • fror	e than  mploy ation ares," cc	ee, and omp	or highest compens  other compensation  lete Schedule J for su  elated organization	sated employee  from the  ch  for services			
3 4 5	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu  For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of as greater the sum of a cruzing	tor or t individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0?	ey e • ens If "Y • fror	e than  mploy ation ares," cc	ee, and omp	or highest compens  other compensation  lete Schedule J for su  elated organization	sated employee  from the  ch  for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	etor or t individu reporta nan \$15  ue comp Scheduk	ruste ual ble c 0,00 ense	e, k omp 0? . tion	ey e • • • • • • • • • •	mploy ation a ses," cc	and unro	or highest compens  other compensation  lete Schedule J for su  elated organization	ated employee  from the  ch  for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 ense	e, k omp 0? . tion	ey e • • • • • • • • • •	mploy ation a ses," cc	and unro	or highest compens  other compensation  elete Schedule J for su  other compensation  other compensation	ated employee  from the  ch  for services	4		No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 ense	e, k omp 0? . tion	ey e • • • • • • • • • •	mploy ation a ses," cc an any	and unro	or highest compens  other compensation  elete Schedule J for su  other compensation  other compensation	sated employee  from the  for services  ethan	4	Yes (C	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 ense	e, k omp 0? . tion	ey e • • • • • • • • •	mploy ation a ses," cc an any	and unro	or highest compens  other compensation  elete Schedule J for su  other compensation  other compensation	sated employee  from the  for services  ethan	4	Yes (C	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 ense	e, k omp 0? . tion	ey e • • • • • • • • •	mploy ation a ses," cc an any	and unro	or highest compens  other compensation  elete Schedule J for su  other compensation  other compensation	sated employee  from the  for services  ethan	4	Yes (C	No No

Statement of Revenue

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a				
<b>\$</b> \$	ь	Membership dues	478,789				
호호	-		1b				
್ರಿ≝	С	Fundraising events	•				
± ±a	d	Related organizations	1c				
5,2		Government grants (contributions)					
瓮	е	- '	1e				
美量	f	All other contributions, gifts, grants, a similar amounts not included above	and 385,946				
훈통			1f				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions include	d in				
ठल	h	lines 1a-1f \$ Total (Add lines 1a-1f)	<del>_</del>	864,735			
			<u> </u>				
gg.	_		Business Code				
E	2a	MASTER DEGREE IN EDUCA	611,710	· · · · · · · · · · · · · · · · · · ·			
eg Eg	Ь	CONFERENCES	611,710	64,798	64,798		
<u>.</u>	С						
Š.	d						
Š.	e						
ē	f	All other program service reve	nue				
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 482,224  Investment income (including	dividends interest				<del>                                     </del>
	-	other similar amounts)		7,770			7,770
			▶	·			<u> </u>
	4	Income from investment of tax-exen	npt bond proceeds ▶-				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	С	Rental income					
		or (loss)  Net rental income or (loss).					
	d	Net rental income of (1055).					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	•				
	8a						
	oa	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on lir	ne				
<u>ড</u>		1c) See Part IV, line 18					
<u>\$</u>		Attach Schedule G if total exceed					
<u> </u>			. a				
ŧ	b	Less direct expenses					
0	С	Net income or (loss) from fund	raising events				
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
			а				
	b	Less direct expenses					
	С	Net income or (loss) from gam	ing activities ▶-				
	10a	Gross sales of inventory, less					
		returns and allowances .					
			а				
	b	Less cost of goods sold .					
	С	Net income or (loss) from sale					<u> </u>
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	— L				
	12	Total Revenue. Add lines 1h, 2		1,354,729	482,224	0	7,770
		8c, 9c, 10c, and 11e					

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org		plete columns		
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	35,712	35,712	,	·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,000	23,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	233,442	170,780	55,331	7,331
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	55,690	40,741		1,749
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,531	12,825	4,155	551
9	Other employee benefits	7,944	5,812	1,883	249
10	Payroll taxes	37,520	27,449	8,893	1,178
11	Fees for services (non-employees)				
а	Management				
b	Legal	275	201	65	9
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	545,290	541,896	2,997	397
12	Advertising and promotion				
13	Office expenses	82,788	72,369	9,200	1,219
14	Information technology				
15	Royalties				
16	Occupancy	46,646	34,125	11,056	1,465
17	Travel	46,205	46,205		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials		·		
19	Conferences, conventions and meetings	109,980	109,152	731	97
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of				
-	total expenses shown on line 25 below ) OTHER EXPENSES	44,775	40,386	3,881	508
	OTHER EAFENSES	44,775	40,386	3,881	508
b				-	
C C					
d					
e	All other evnences				
f ar	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,286,798	1,160,653	111,392	14,753
26	Joint Costs. Check  fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing			403.777	1	Ella O	573,021
	2	Savings and temporary cash investments			105,279			7,149
	3	Pledges and grants receivable, net			34,375			
	4	Accounts receivable, net	· . · .		11,947	4		22,027
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		nployees or	111011	5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So	tion 4			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
Ø.	9	Prepaid expenses and deferred charges			871	9		884
ě	10a							
Assets		Land, buildings, and equipment cost basis	10a	85,106				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	45,357	13,112	10c		39,749
	11	Investments—publicly traded securities	•			11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII o	f		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$ .	t VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			63,271	15		143,339
	16	Total assets. Add lines 1 through 15 (must equal line 34)			632,632	16		786,169
	17	Accounts payable and accrued expenses .			62,230	17		195,131
	18	Grants payable				18		
	19	Deferred revenue			234,426	19		178,710
_	20	Tax-exempt bond liabilities				20		
ē	21	Escrow account liability				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			0	25		11,466
	26	Total liabilities. Add lines 17 through 25			296,656	26		385,307
s ex		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	ete line	es 27				
an	27	Unrestricted net assets			180,659	27		231,250
Balance	28	Temporarily restricted net assets			155,317	28		169,612
듣	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	compl	ete				
s or	30	Capital stock or trust principal, or current funds				30		
Šet	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fun				32		
Net	33	Total net assets or fund balances			335,976	33		400,862
z	34	Total liabilities and net assets/fund balances			632,632	34		786,169
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Acco	unting method used to prepare the Form 990	ccrual	other				

- 1 1/1	Einen eine Grand aus eine eine Berne Hinn
varir di	Financial Statements and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	he organizat id						Em	ployer ide	nt if icat ior	number	
Hawaii Assoc	ciation of Indepe	ndent Schools					23-	7067376	•		
Part I	Reason	for Public Ch	narity Status (to be cor	npleted l	ov all ord	anızatıor					
			ation because it is (Please			•	, (000	11100.00	01.07		
1	A church, c	onvention of ch	urches, or association of chi	urches de	scribed in	Section 1	70(b)(1)(	A)(i).			
2	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
з Г	A hospital o	or a cooperative	hospital service organization	on describ	ed in <b>Sect</b>	ion 170(b	)(1)(A)(ii	i <b>i).</b> (Attacl	h Schedule	e H )	
4	A medical r	esearch organiz	ation operated in conjunction	n with a h	ospital de	scribed in	Section 1	.70(b)(1)	( <b>A</b> )(iii). E	nter the	
•	hospital's n	ame, city, and s	state		·						
5	•		or the benefit of a college or	university	owned or	operated	by a gove	rnmental	unıt descr	ıbed ın	
			(Complete Part II )				-				
6 F			vernment or governmental u	ınıt descri	bed in <b>Sec</b>	ct ion 170(	b)(1)(A)(	v).			
7	•	· -	lly receives a substantial pa			-		=	the gene	ral public	
·	_		)(1)(A)(vi) (Complete Part			_			_	•	
8	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)(</b>	vi) (Com	plete Part	II)					
9	An organiza	ition that norma	lly receives (1) more than 1	3 3 1/3% of	fits suppo	rt from co	ntribution	s, membe	rship fees	, and gross	
	receipts fro	m activities rela	ated to its exempt functions	—subject	to certain	exception	ns, and (2)	no more	than 331/3	3% of	
	its support	from gross inve	stment income and unrelate	d busines	s taxable	ıncome (le	ess sectio	n 511 tax	) from bus	inesses	
	acquired by	the organizatio	n after June 30, 1975 See	Section 50	09(a)(2).	(Complete	Part III	)			
10	An organiza	ition organized a	and operated exclusively to	test for pu	ıblıc safet	y See <b>Se</b> o	t ion 509(	<b>a)(4).</b> (Se	e instruct	ions )	
11 F	one or more	publicly suppo t describes the	and operated exclusively for rted organizations described type of supporting organizat Type II <b>c</b>	d in section	n 509(a)( omplete lir	1) or sect	ıon 509(a ırough 11	)(2) See	Sect ion 50		
e $\Gamma$	other than f section 509	oundation mana 9(a)(2) ization received	tify that the organization is i igers and other than one or r d a written determination froi	more publi	cly suppo	rted organ	nizations d	escribed	ın section	509(a)(1) or	
g			is the organization accepted	l any gift o	r contribu	ition from	any of the			,	
_	following pe										
		•	· indirectly controls, either a		-	h persons	described	l ın (ıı)		Yes No	
		, -	ng body of the the supported	_	ion?				11g(	<del></del>	
		•	erson described in (i) above?						<b>11g</b> (i		
	` '		y of a person described in (i						<b>11</b> g(i	ii) No	
h	Provide the	following inform	nation about the organization	ns the org	anızatıon :	supports					
<b></b>	_	,	/···> =							I	
	ame of ported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) I	s tne ation in	(v) Did y the orga			is the ation in	(vii) A mount of support?	
	nızatıon		above or IRC section		listed in		) of your	_	rganized		
			(See Instructions))	yourgo	_	supp	ort?	ın the	US?		
					nent?		I		T	-	
				Yes	No	Yes	No	Yes	No		
See Addi Table	tional Data										
гарте											
				<b> </b>	<b> </b>		ļ	<b></b>	ļ	<b>!</b>	

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 23-7067376

Name: Hawaii Association of Independent Schools

#### Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ROBERTA BISHOP , SECRETARY/TREASURER	40 00	X		х				85,194	0	3,843
NANCY WHITE , EMERITUS	1 00	Х						0	0	0
RODNEY CHAMBERLAIN , DIRECTOR	1 00	Х						0	0	0
MICHAEL CHUN , DIRECTOR	1 00	Х						0	0	0
VALIWASHITA , DIRECTOR	1 00	Х						0	0	0
ROBERT PETERS , DIRECTOR	1 00	Χ						0	0	0
JOE RICE , Vice President	1 00	Χ		Х				0	0	0
JOSEPH SCHMIDT , DIRECTOR	1 00	Х						0	0	0
JAMES SCOTT , DIRECTOR	1 00	Х						0	0	0
NANCY SHAW , DIRECTOR	1 00	Х						0	0	0
CARL STURGES , DIRECTOR	1 00	Х						0	0	0
MARK SUGIMOTO , DIRECTOR	1 00	Х						0	0	0
PATSY TOM , DIRECTOR	1 00	Х						0	0	0
DANIEL WHITE , President	1 00	Х		Х				0	0	0
WILL HANCOCK, EMERITUS	1 00	Х						0	0	0
SANDRA THEUNICK , DIRECTOR	1 00	Х						0	0	0
CYNTHIA WINANS-BURNS , DIRECTOR	1 00	Х						0	0	0
CARMEN HIMENES , EMERITUS	1 00	Х						0	0	0
Walter Kırımıtsu , DırectO R	1 00	X						0	0	0
Betty White , DIRECTOR	1 00	X						0	0	
ROBERT WITT, EXECUTIVE DIRECTOR	40 00			Х				147,809	0	
MICHAEL BAKER , DIRECTOR	1 00						Х	0	0	0

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)	
♦ Section 501(c)(4), (5), or (6) organizations complete Part III	

	ection 501(c)(4), (5), or (6) organi	zations complete Part III		Te	
	me of the organization waii Association of Independent Schools			Employer iden	tification number
				23-7067376	
Par		<b>by all organizations exempt </b> <pre>e the instructions for Schedule C</pre>		1 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign act	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	Volunteer hours				
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempt u	under section	<b>501(c)(3).</b> (See the i	instructions
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	14955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 47	720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
Ь	If "Yes," describe in Part IV				
Par		y all organizations exempt ι for Schedule C for details.)	ınder section	1 501(c), except sect	ion 501(c)(3).
1	•	ended by the filing organization for sec	ction 527 exemp	t function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ed to other orgar	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which p were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or we political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV					
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of politics contributions receive and promptly and directly delivered to separate political organization If none enter -0-
For I	Paperwork Reduction Act Notice	s, see the instructions for Form 990.	Cat No 50	   O84S	 Form 990 or 990-EZ) 20

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c)		68
	_	tion 501(h)). (See the instructions for Schedule (	ight for details.)	
		belongs to an affiliated group		
B	Check   If the filing organization	checked box A and "limited control" provisions apply		
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	8,543	
c	Total lobbying expenditures (add line	es 1a and 1b)	8,543	
d	Other exempt purpose expenditures		1,278,255	
е	Total exempt purpose expenditures (	(add lines 1c and 1d)	1,286,798	
f	Lobbying nontaxable amount Entert columns—	he amount from the following table in both	203,680	
	If the amount on line 1e, column (a)			
	or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	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		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	50,920	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter - (	O- if line f is more than line c	o	

# 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 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Exper	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount	150,569	135,741	116,659	203,680	606,649
ь	Lobbying ceiling amount (150% of line 2a, column(e))					909,974
_с	Total lobbying expenditures	15,972	30,002	16,034	8,543	70,551
d	Grassroots non-taxable amount	37,642	33,935	29,165	50,920	151,662
е 	Grassroots ceiling amount (150% of line d, column (e))					227,493
f	Grassroots lobbying expenditures					

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
<b>-</b>	1) Did the patientias in line 1 agree the argument on to be not decombed in pastion F01/a\/2\/2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016		) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(		,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
C	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	art II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information							
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

# OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization Hawaii Association of Independent Schools 23-7067376 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

**►** \$

Part	Organizations Maintaining Co	llections of Art,	His	tori	cal Treasur	es, or Othe	<u>r Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th	e foll	owing that are	a sıgnıfıcant u	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	ange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	they	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						ular	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am	Arrangements.	Com	plete	if the organ		ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontributions or	other assets	not	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following table	e						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
b_	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete i								
	D	(a)Current Year	(b)	Prior Y	<u>'ear</u>   (c)Two	Years Back (d)	Three Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance	_							
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships Other expenditures for facilities								
е	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	s						
а	Board designated or quasi-endowment								
ь	Permanent endowment ►								
c	Term endowment ▶								
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tıon t	hat a	re held and ad	mınıstered for	the	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
	If "Yes" to 3a(II), are the related organization	•					3b		
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments—Land, Buildings	s, and Equipmer	1t. 5			·	1		
	Description of investment				a) Cost or other sis (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	
									ok value
1a	_and						,		ok value
	Land								ok value
b									ok value
b c	Buildings					85,106	45,357		ok value 39,749
b   c   d   e	Buildings					·	·		

**Additional Data** 

hedule	

Software ID:

**EIN:** 23-7067376

Is the

organization in

(ı) lısted ın your

governing

document?

No

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Nο

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Name: Hawaii Association of Independent Schools

(v)

Did you notify

the organization

ın (ı) of your

support?

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Yes

(vi)

Is the

organization in

(ı) organized in

the US?

Νo

(vii)

A mount of

support?

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

**Software Version:** 

(iii)

Type of organization

(described on lines 1 - 9

above or IRC section )

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

Form 990, Sc

(i)

Organization

acaDEMY OF THE **PACIFIC** 

ADVENTIST MALAMA **ELEMENTARY SCHOOL** 

ASSETS SCHOOL

THE CHILDREN'S HOUSE

CHRISTIAN LIBERTY

DAMIEN MEMORIAL

DORIS TODD MEMORIAL CHRISTIAN SCHOOL

HALEAKALA WALDORF

HANAHAU'OLI SCHOOL

HANALANI SCHOOLS

HAWAII PREPARATORY

HAWAIIAN MISSION **ACADEMY** 

HAWAIIAN MISSION **ELEMINTER SCHOOL** 

HO'ALA SCHOOL

SCHOOL

HOLY NATIVITY SCHOOL

HONGWANJI MISSION

HONOLULU WALDORF

HUALALAI ACADEMY

'IOLANI SCHOOL

ISLAND PACIFIC ACADEMY

ISLAND SCHOOL

KAHILI ADVENTIST

KAMEHAMEHA SCHOOLS

KAMEHAMEHA SCHOOLS

KAMEHAMEHA SCHOOLS - KAPALAMA CAMPUS

KOHALA MISSION **SCHOOL** 

KONA ADVENTIST

KULA HIGH & INTERMEDIATE

CHRISTIAN SCHOOL

KULA ELEMENTARY AT NA KAMALEI

LA PIETRA - HAWAII SCHOOL FOR GIRLS

LANAKILA BAPTIST **SCHOOLS** 

LE JARDIN ACADEMY

MARYKNOLL SCHOOL

MAUI ADVENTIST **SCHOOL** 

MAUI PREPARATORY

MAUNA LOA SCHOOL

MOLOKAI MISSION

MONTESSORI HALE O

MONTESSORI SCHOOL

NAVY HALE KEIKI

OUR REDEEMER LUTHERAN SCHOOL

PARKER SCHOOL

PUNAHOU SCHOOL

SACRED HEARTS **ACADEMY** 

SAINT ANTHONY JRSR HIGH SCHOOL

SAINT FRANCIS SCHOOL

SAINT LOUIS SCHOOL

ST ANDREW'S PRIORY

ST JOSEPH SCHOOL

Saint Mark Lutheran

TRINITY CHRISTIAN

WINDWARD NAZARENE

PACIFIC BUDDHIST ACADEMY

VARIETY SCHOOL OF

WAIMEA COUNTRY SCHOOL

**CENTRAL UNION** PRESCHOOL &

KINDERGARTEN

HAWAII PACIFIC UNIVERSITY

ST CLEMENT'S SCHOOL

ST PHILOMENA EARLY LEARNING CENTER

STAR OF THE SEA EARLY LEARNING CENTER

RENAISSANCE ACADEMY

CHRISTIAN ACADEMY

CLEARVIEW CHRISTIAN GIRL'S SCHOOL

E MAKA'ALA SCHOOL

**EMMANUEL LUTHERAN** 

FRIENDSHIP CHRISTIAN

HAWAI'I MONTESSORI SCHOOL KAMUELA

HIGH SCHOOL OF THE

HO'OMANA HOU SCHOOL

HORIZONS ACADEMY OF

KA'AHUMANU HOU CHRISTIAN SCHOOLS

KAILUA CHRISTIAN **ACADEMY** 

KAIMUKI CHRISTIAN

KAUAI CHRISTIAN ACADEMY

KONA CHRISTIAN **ACADEMY** 

KOOLAU BAPTIST **ACADEMY** 

MAILI BIBLE SCHOOL

MAKUA LANI CHRISTIAN

MALAMALAMA WALDORF

REDEMPTION ACADEMY

KAWAIAHA'O CHURCH

**SCHOOL** 

**SCHOOLS** 

CAMPUS

**PACIFIC** 

MAUI INC

**SCHOOL** 

**SCHOOL** 

**SCHOOL** 

PLAYMATE KINDERGARTEN DAY CARE CENTER & GRADE

SCHOOL LTD

SOTO ACADEMY

SUNSET BEACH CHRISTIAN SCHOOL

WAOLANI JUDD NAZARENE SCHOOL

WORD OF LIFE **ACADEMY** 

**SCHOOL** 

WINDWARD ADVENTIST

HAILI CHRISTIAN **SCHOOL** 

AKA'ULA SCHOOL

**AMERICAN** 

**CHAMINADE** 

UNIVERSITY

**SCHOOL** 

ACADEMY

**HAWAII** 

SEABURY HALL

OUR SAVIOR LUTHERAN

MONTESSORI COMMUNITY SCHOOL

KEIKI

OF MAUI

SCHOOL

SCHOOL

MID-PACIFIC INSTITUTE

**ACADEMY** 

LUTHERAN HIGH SCHOOL OF HAWAII

SCHOOL

MAUI

HAWAI'I

HAWAII BAPTIST ACADEMY

**ACADEMY** 

**SCHOOL** 

**SCHOOL** 

**SCHOOL** 

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.								
			(iv)	(v)	(vi)			

(ii) Name of Supported  ${\sf EIN}$ 

990107223

990350761

996001152

990340922

990290191

990108341

990241019

990151085

990074143

237334963

990301266

990078306

990040572

990211996

990241020

911877098

990200874

990106494

990312113

990073502

680534162

990171474

990206350

990073480

990073480

990073480

990292539

990292541

990313576

990307723

990110027

990117787

990146978

990258180

990110569

990292545

990354508

990222903

990073514

990292535

990150503

990279379

990223419

990299640

990079329

990142627

990329799

990073523

990093012

990148294

990073556

990272260

990110784

990073525

996000779

990090474

990207568

990119558

043660909

990105604

990327838

990076013

990272261

990113930

990119532

990182149

990078514

562393609

260186914

990079322

990327165

990154706

990151567

990304612

990183441

990199335

562469490

237426312

943264165

912159911

912031387

990119608

990317249

990075241

990295677

990170569

990159785

990295441

990192556

990214622

990222152

990075255

996007776

990109400

990235773

990217322

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		( <b>b)</b> Book value
DUE FROM HEC			143,339
-			
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		143,339
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
capital Lease - current	2,014		
Capital Lease - noncurrent	9,452		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) 🕨	11,466		

2		Ident if ier Ret urn Reference Explanat i	on	
2	rart	v, line 4, Part X, Part XI, line 8, Part XII, lines 20 and 40, and Part XIII, lines 20 and 40		Ī
2 1,286,798 3 Excess or (deficit) for the year Subtract line 2 from line 1			rt XI\	, lines 1b and 2b,
2   1,286,798 3   Excess or (deficit) for the year Subtract line 2 from line 1				
2			5	1,286,798
2		<b>.</b>		0
2	b			
2   1,286,7988   2   2   1,286,7988   3   2   2,286,7988   3   2   2   3,286,7988   3   2   2   2   3   3   6   7,931   3   2   3   3   6   7,931   3   3   6   7,931   3   3   6   7,931   3   3   6   7,931   3   3   6   7,931   3   3   6   7,931   3   3   6   7,931   3   3   6   7,931   3   3   6   7,931   3   3   3   3   3   3   3   3   3	а			
2	4			
2 1,286,7988 3 Excess or (deficit) for the year Subtract line 2 from line 1	3	<b>.</b>	3	1,286,798
2 1.286,798 3 Excess or (deficit) for the year Subtract line 2 from line 1	e	·	2e	0
2 1.286,798 3 Excess or (deficit) for the year Subtract line 2 from line 1	d	<u> </u>		
2	c	Losses reported on Form 990, Part IX, line 25		
2 1,286,7983 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Otal adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements With Revenue per Revenue 11 Total revenue, gains, and other support per audited financial Statements With Revenue per Revenue 12 Amounts included on line 1 but not on Form 990, Part VIII, line 12 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Add lines 2a through 2d 2 C Recoveries of prior year grants 2 C C 2	b	Prior year adjustments		
2   1,286,788   3   3   3,287,888   3   3   3,287,888   3   3   3   3   3   3   3   3   3	а	Donated services and use of facilities		
2   1,286,798   3   Excess or (deficit) for the year Subtract line 2 from line 1   3   67,931     4   Net unrealized gains (losses) on investments	2			
2	1	· · · · · · · · · · · · · · · · · · ·	1	1,286,798
2   1,286,788   3   67,931   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   3   67,931   4   1,286,788   4	Part	<u> </u>	per	Return
2   1,286,788   3   67,931   3   67,931   4   1,304,58   5   1,	5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,354,729
2	c	Add lines <b>4a</b> and <b>4b</b>	4c	14,295
2 1,286,798 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements with Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	b	Other (Describe in Part XIV)		
2 1,286,798 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Investments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 11 Inj337,389 12 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
2	4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Total adjustments (net) Add lines 4 - 8  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Total revenue, gains, and other support per audited financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements With Revenue per Return  A mounts included on line 1 but not on Form 990, Part VIII, line 12  A Met unrealized gains on investments	3	Subtract line <b>2e</b> from line <b>1</b>	3	1,340,434
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Total adjustments (net) Add lines 4 - 8  Total revenue, gains, and other support per audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements With Revenue per Return  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments	e	Add lines <b>2a</b> through <b>2d</b>	2e	-3,045
2 1,286,798 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 64,886  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	d	Other (Describe in Part XIV) 2d		
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements With Revenue per Return  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments	c	Recoveries of prior year grants		
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements	b	Donated services and use of facilities		
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements Vith Revenue per Return	а	Net unrealized gains on investments		
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial  2 1,286,798  3 67,931  4 -3,045  53,045  6	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	-		1	1,557,509
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Frior period adjustments  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  10  11,286,798  2 1,286,798  3 67,931  4 -3,045		· · · · · · · · · · · · · · · · · · ·	er K	
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8				<u>'</u>
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other (Describe in Part XIV)			<u> </u>	*
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  2 1,286,798  3 67,931  4 -3,045  5 7		·	<u> </u>	2.045
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  2 1,286,798  4 -3,045			<u> </u>	
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  2 1,286,798  3 67,931  4 -3,045		•	<u> </u>	
Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  2 1,286,798  3 67,931  4 -3,045			<u> </u>	
2 Total expenses (Form 990, Part IX, column (A), line 25)  2 1,286,798  3 Excess or (deficit) for the year Subtract line 2 from line 1  3 67,931			<u> </u>	
2 Total expenses (Form 990, Part IX, column (A), line 25) 2 1,286,798	4	· · · · · · · · · · · · · · · · · · ·	4	<u> </u>
	3		3	
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1,354,729	2		2	
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		-		1,354,729

Ident if ier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		NET INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 14295

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493116008130 OMB No 1545-0047

Schedule I (Form 990)

# **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service Name of the organization

Hawaii Association of Independent Schools

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

Hawaii Association of Theepen	23-7067376						
Part I General Infor	mation on Grai	nts and Assistance				•	
<ul><li>Does the organization mathematics the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	ed to award the gran	nts or assistance?					ר Yes Γו
Form 990, Part Part IV and Sch	IV, line 21 for ar ledule I-1 if addi	ny recipient that rece tional space is	erved more than \$5,0	00. Check this box	tes. Complete if the of the first the office of the contract o	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
_							
_							
<ul><li>2 Enter total number of seconganizations</li><li>3 Enter total number of oth</li></ul>					•		•
For Paperwork Reduction Act No				Cat No 50055			hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Hawaii Schools Digital Media Grant	22	23,000	0	FMV	

### Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Grants are managed by the staff person (project manager) who is assigned to the project This staff person must be knowledgeable about the grant procedures to assure compliance with its provisions. All project managers report to the organization's executive director who has overall responsibility for managing grants.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493116008130

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations

Inspection that answered "Yes" to Form 990, Part IV, line 23. **Employer identification number** Name of the organization Hawaii Association of Independent Schools 23-7067376

Pa	rt I Questions Regarding Compensation	on			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "	written policy regarding payment or reimbursement or No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to	reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?			
	officers, directors, trustees, and the CEO/Executiv	re Director, regarding the items checked in line 1a.	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VII, Section A , line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No

Cat No 50053T

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation		
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
ROBERT WITT (1)					10,000	157,809			
(ii)									
(i)									
(iii	)								
(i)									
(iii]	)								
(i)									
(iii]									
(i)									
(iii]									
(i)									
(iii]									
(i)									
(ii)									
(i)									
(ii)									

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493116008130

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization
Hawaii Association of Independent Schools

Employer identification number

23-7067376

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Prior to filing, the Form 990 is reviewed by the HAIS Executive Committee in detail and reported to the HAIS Board of Directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each director, officer, and other employees of the organization signs a statement, which affirms such person (1) Has received and read the Statement of Conflict of Interest policy, (2) Does not have any actual, apparent or potential conflicts of interest, (3) Agrees to abide by the policy, and (4) Understands it is his or her responsibility to inform the organization in writing of any change in circumstances relating to the policy

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

DLN: 93493116008130

OMB No 1545-0047 2008

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** Hawaii Association of Independent Schools 23-7067376 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of Frelated organization		( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		<b>(F)</b> Share of total income		<b>(G)</b> Share of end-of- year assets	( <b>H</b> ) Disproprtion allocations?		Code V—UBI amount on Box 20 of K-1		iral o aging ner?
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V Transactions with Related Organization
---

Part	Transactions with Related Organizations				
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
<b>1</b> Durn	ng the tax year, did the orgranization engage in any of the following transactions with o	ne or more related organizations listed in Parts II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> G	ıft, grant, or capıtal contrıbutıon to other organızatıon(s)		1b		No
<b>c</b> G	ft, grant, or capital contribution from other organization(s)		1c		No
d L	pans or loan guarantees to or for other organization(s)		1d		No
e L	pans or loan guarantees by other organization(s)		1e		No
f Sa	ale of assets to other organization(s)		1f		No
g P	urchase of assets from other organization(s)		<b>1</b> g		No
h E	xchange of assets		1h		No
i Le	ase of facilities, equipment, or other assets to other organization(s)		11		No
j Le	ase of facilities, equipment, or other assets from other organization(s)		1j		No
<b>k</b> P	erformance of services or membership or fundraising solicitations for other organizatio	on(s)	1k		No
I Pe	rformance of services or membership or fundraising solicitations by other organization	n(s)	11		No
m S	naring of facilities, equipment, mailing lists, or other assets		1m	Yes	
n S	haring of paid employees		1n	Yes	
o R	eimbursement paid to other organization for expenses		10		No
<b>p</b> R	eimbursement paid by other organization for expenses		1р		No
<b>q</b> 0	ther transfer of cash or property to other organization(s)		1q		No
r 0	ther transfer of cash or property from other organization(s)		1r		No
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who m	ust complete this line, including covered relationships and	d transaction thresholds		
	(A) Name of other organization(s)	(B) Transaction type(a-r)	<b>(C)</b> Amount Involved		
(1)	Hawaiian Educational Council	М		44,36	8
(2)	hawaiian Educational Council	N		295,04	7

Name of other organization(s)	Transaction type(a-r)	Amount Involved
(1) Hawaiian Educational Council	М	44,368
(2) hawaiian Educational Council	N	295,047
(3)		
(4)		
(5)		
(6)		
		G       D   F   000\ 2004

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

**Additional Data** 

Hawaiian Educational Council

ACADEMY OF THE PACIFIC

ADVENTIST MALAMA ELEMENTARY SCHOOL

Honolulu, HI96814

99-0142666

913 Alewa Drive

Honolulu, HI96817 99-0107223

86-072 Farrington Hwy

Waianae, HI96792 99-0350761 ASSETS SCHOOL One Ohana Nui Wav

Honolulu, HI96818 99-6001152

1840 Komo Mai Drive

Pearl City, HI96782 99-0340922

16-675 Milo Street

Honolulu, HI96817 99-0108341

519 Baldwin Avenue

4160 Lower Kula Road

HANAHAU'OLI SCHOOL

Kula Mauı, HI96790 99-0151085

1922 Makıkı Street

Honolulu, HI96822 99-0074143

HANALANI SCHOOLS

94-294 Anania Drive

HAWAII BAPTIST ACADEMY

HAWAII PREPARATORY ACADEMY

65-1692 Kohala Mountain Road

HAWAIIAN MISSION ACADEMY

HAWAIIAN MISSION ELEMINTER SCHOOL

Mılılanı, HI96789 23-7334963

21 Bates Street

Honolulu, HI96817 99-0301266

Kamuela, HI96743 99-0078306

1438 Pensacola Street

Honolulu, HI96822 99-0040572

1415 Makıkı Street

Honolulu, HI96814 99-0211996 HO'ALA SCHOOL

Wahiawa, HI96786 99-0241020

Honolulu, HI96821 91-1877098

1728 Palı Hıghway

Honolulu, HI96813 99-0200874

350 Ulua Street

Honolulu, HI96821 99-0106494

**HUALALAI ACADEMY** 

KailuaKona, HI96740

563 Kamoku Street

Honolulu, HI96826 99-0073502

909 Haumea Street

Kapolei, HI96707 68-0534162 ISLAND SCHOOL

Lihue, HI96766 99-0171474

Lawai, HI96765 99-0206350

270 Aapueo Parkway

16-716 Volcano Road

1887 Makuakane Street

Captain Cook, HI96704

KOHALA MISSION SCHOOL

KONA ADVENTIST CHRISTIAN SCHOOL

KULA ELEMENTARY AT NA KAMALEI

Honolulu, HI96817 99-0073480

PO Box 99

PO Box 739

99-0292541

4480 Hookui Road

Kılauea, HI96754 99-0313576

Hawı, HI96719 99-0292539

Keaau, HI96749 99-0073480

Pukalanı, HI96768 99-0073480

PO Box 480

99-0312113 'IOLANI SCHOOL

74-4966 Kealakaa Street

ISLAND PACIFIC ACADEMY

3-1875 Kaumualıı Hıghway

KAHILI ADVENTIST SCHOOL

KAMEHAMEHA SCHOOLS MAUI

KAMEHAMEHA SCHOOLS HAWAI'I

KAMEHAMEHA SCHOOLS - KAPALAMA CAMPUS

1067 A California Avenue

HOLY NATIVITY SCHOOL

5286 Kalanıanaole Highway

HONGWANJI MISSION SCHOOL

HONOLULU WALDORF SCHOOL

Paia, HI96779 99-0241019

Keaau, HI96749 99-0290191

THE CHILDREN'S HOUSE

CHRISTIAN LIBERTY SCHOOL

DAMIEN MEMORIAL SCHOOL

HALEAKALA WALDORF SCHOOL

DORIS TODD MEMORIAL CHRISTIAN SCHOOL

1401 Houghtailing Street

1585 Kapıolanı Blvd Suite 1212

Return to Form

Direct Controlling

Entity

Name, address, and EIN of related organization

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

me:	Hawaii Association of Independent Schools	

(C)

Legal Domicile

(State

or Foreign Country)

ΗΙ

ΗΙ

ΗI

НΙ

ΗΙ

ΗI

ΗI

ΗΙ

ΗΙ

ΗΙ

ΗΙ

ΗΙ

ΗΙ

ΗI

ΗI

ΗΙ

ΗΙ

ΗΙ

ΗΙ

ΗI

ΗΙ

ΗΙ

НΙ

ΗI

ΗΙ

ΗI

ΗΙ

ΗΙ

ΗI

ΗΙ

(D)

Exempt Code

section

501(c)(3)

(E)

Public charity

status

(if 501(c)(3))

9

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

**EIN:** 23-7067376

Na

(B)

Primary Activity

To establish and

programs

School

conduct educational

- Software Version:

Software ID:

Form 990, Schedule R, Part II - Identification of Related Ta	x-Exempt Organiz		_		
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
KULA HIGH & INTERMEDIATE  4551 Kapuna Road Kilauea, HI96754 99-0307723	School	ні	501(c)(3)	2	
LA PIETRA - HAWAII SCHOOL FOR GIRLS  2933 Poni Moi Road  Honolulu, HI96815  99-0110027	School	HI	501(c)(3)	2	
LANAKILA BAPTIST SCHOOLS 94-1250 Waipahu Street Waipahu, HI96797 99-0117787	School	HI	501(c)(3)	2	
LE JARDIN ACADEMY 917 Kalanianaole Hwy Kailua, HI96734 99-0146978	School	ні	501(c)(3)	2	
LUTHERAN HIGH SCHOOL OF HAWAII  1404 University Avenue Honolulu, HI96822 99-0258180	School	ні	501(c)(3)	2	
MARYKNOLL SCHOOL  1526 Alexander Street Honolulu, HI96822 99-0110569  MAUI ADVENTIST SCHOOL	School	HI	501(c)(3)	2	
261 S Puunene Avenue Kahului, HI96732 99-0292545 MAUI PREPARATORY ACADEMY	School	ні	501(c)(3)	2	
PMB 186 5905 Napilihau Street 109B Lahaina, HI96761 99-0354508 MAUNA LOA SCHOOL	School	ні	501(c)(3)	2	
172 Kapıolanı Street Hılo, HI96720 99-0222903 MID-PACIFIC INSTITUTE	School	ні	501(c)(3)	2	
2445 Kaala Street Honolulu, HI96822 99-0073514 MOLOKAI MISSION SCHOOL	School	HI	501(c)(3)	2	
PO Box 248 Kaunakakai, HI96748 99-0292535 MONTESSORI COMMUNITY SCHOOL	School	HI	501(c)(3)	2	
1239 Nehoa Street Honolulu, HI96822 99-0150503 MONTESSORI HALE O KEIKI	School	ні	501(c)(3)	2	
PO Box 2348 Kihei, HI96753 99-0279379 MONTESSORI SCHOOL OF MAUI	School	ні	501(c)(3)	2	
2933 Baldwin Avenue Makawao, HI96768 99-0223419 NAVY HALE KEIKI SCHOOL	School	ні	501(c)(3)	2	
153 Bougainville Drive Honolulu, HI96818 99-0299640 OUR REDEEMER LUTHERAN SCHOOL	School	HI	501(c)(3)	2	
2428 Wilder Avenue Honolulu, HI96822 99-0079329 OUR SAVIOR LUTHERAN SCHOOL	School	ні	501(c)(3)	2	
	School	ні	501(c)(3)	2	
65-1224 Lindsey Road Kamuela, HI96743 99-0329799 PUNAHOU SCHOOL	School	ні	501(c)(3)	2	
1601 Punahou Street Honolulu, HI96822 99-0073523 SACRED HEARTS ACADEMY	School	ні	501(c)(3)	2	
3253 Waialae Avenue Honolulu, HI96816 99-0093012 SAINT ANTHONY JRSR HIGH SCHOOL	School	HI	501(c)(3)	2	
1618 Lower Main Street Wailuku, HI96793 99-0148294 SAINT FRANCIS SCHOOL	School	HI	501(c)(3)	2	
2707 Pamoa Road Honolulu, HI96822 99-0073556 SAINT LOUIS SCHOOL	School	HI	501(c)(3)	2	
3142 Waialae Avenue Honolulu, HI96816 99-0272260 SEABURY HALL	School	HI	501(c)(3)	2	
480 Olinda Road Makawao, HI96768 99-0110784 ST ANDREW'S PRIORY SCHOOL	School	HI	501(c)(3)	2	
224 Queen Emma Square Honolulu, HI96813 99-0073525 ST JOSEPH SCHOOL	School	HI	501(c)(3)	2	
1000 Ululanı Street Hılo, HI96720 99-6000779 SAINT MARK LUTHERAN SCHOOL	School	ні	501(c)(3)	2	
45-725 Kamehameha Hwy Kaneohe, H196744 99-0090474 TRINITY CHRISTIAN SCHOOL	School	ні	501(c)(3)	2	
875 Auloa Road Kailua, HI96734 99-0207568 WINDWARD ADVENTIST SCHOOL	School	ні	501(c)(3)	2	
160 Mookua Street Kailua, HI96734 99-0217322	School	ні	501(c)(3)	2	
WINDWARD NAZARENE ACADEMY  45-232 Puaae Road POBox 1633  Kaneohe, HI96744  99-0119558	School	ні	501(c)(3)	2	

Form 990, Schedule R, Part II - Identification of Related Ta	x-Exempt Organiz				
(A) Name, address, and EIN of related organization	(B) Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
PACIFIC BUDDHIST ACADEMY  1710 Pali Highway  Honolulu, HI96813  04-3660909	School	HI	501(c)(3)	2	
VARIETY SCHOOL OF HAWAII  710 Palekaua Street Honolulu, HI96816 99-0105604  WAIMEA COUNTRY SCHOOL	School	ні	501(c)(3)	2	
PO Box 399 Kamulea, HI96743 99-0327838	School	ні	501(c)(3)	2	
CENTRAL UNION PRESCHOOL & KINDERGARTEN  1660 South Beretania Street Honolulu, HI96826 99-0076013	School	ні	501(c)(3)	2	
CHAMINADE UNIVERSITY  3140 Waialae Ave Honolulu, H196816 99-0272261  HAWAII PACIFIC UNIVERSITY	School	ні	501(c)(3)	2	
1164 Bishop St Honolulu, HI96813 99-0113930	School	ні	501(c)(3)	2	
ST CLEMENT'S SCHOOL  1515 Wilder Avenue Honolulu, HI96822 99-0119532	School	ні	501(c)(3)	2	
ST PHILOMENA EARLY LEARNING CENTER  3300 Ala Laulanı Street Honolulu, HI96818 99-0182149	School	ні	501(c)(3)	2	
STAR OF THE SEA EARLY LEARNING CENTER  4470 Aliikoa Street 100 Honolulu, HI96821 99-0078514  AKA'ULA SCHOOL	School	HI	501(c)(3)	2	
PO Box 2098 Kaunakakai, HI96748 56-2393609	School	ні	501(c)(3)	2	
AMERICAN RENAISSANCE ACADEMY PO Box 75357 Kapolei, HI96707 26-0186914	School	ні	501(c)(3)	2	
Honolulu, HI96819 99-0079322	School	HI	501(c)(3)	2	
CLEARVIEW CHRISTIAN GIRL'S SCHOOL  PO Box 835 Kula, HI96790 99-0327165	School	ні	501(c)(3)	2	
E MAKA'ALA SCHOOL 440 W Lanıkaula Street Hilo, HI96720 99-0154706	School	HI	501(c)(3)	2	
EMMANUEL LUTHERAN SCHOOL  520 West One Street Kahului, HI96732 99-0151567	School	ні	501(c)(3)	2	
FRIENDSHIP CHRISTIAN SCHOOLS  91-1130 Renton Road Ewa, HI96706 99-0304612	School	ні	501(c)(3)	2	
HAILI CHRISTIAN SCHOOL  190 Ululanı Street Hılo, HI96720 99-0183441	School	HI	501(c)(3)	2	
Kamuela, HI96743 99-0199335	School	HI	501(c)(3)	2	
HIGH SCHOOL OF THE PACIFIC  79-7486 Mamalahoa Hwy  Kealakekua, HI96750  56-2469490	School	HI	501(c)(3)	2	
HO'OMANA HOU SCHOOL  PO Box 2047  Kaunakakai, HI96748 23-7426312	School	HI	501(c)(3)	2	
HORIZONS ACADEMY OF MAUI INC  PO Box 1308  Haiku, HI96708  94-3264165	School	ні	501(c)(3)	2	
KA'AHUMANU HOU CHRISTIAN SCHOOLS  777 Mokulele Highway Kahului, HI96732 91-2159911	School	ні	501(c)(3)	2	
KAILUA CHRISTIAN ACADEMY 1110 A Kailua Road Kailua, HI96734 91-2031387	School	ні	501(c)(3)	2	
KAIMUKI CHRISTIAN SCHOOL  1117 Koko Head Avenue Honolulu, HI96816 99-0119608	School	ні	501(c)(3)	2	
KAUAI CHRISTIAN ACADEMY PO Box 1121 Kilauea, HI96754 99-0317249	School	ні	501(c)(3)	2	
KAWAIAHA'O CHURCH SCHOOL  872 Mission Lane Honolulu, HI96813 99-0075241	School	ні	501(c)(3)	2	
KONA CHRISTIAN ACADEMY PO Box 1179 KailuaKona, HI96745 99-0295677	School	ні	501(c)(3)	2	
KOOLAU BAPTIST ACADEMY  45-633 Keneke Street PO Box 1642 Kaneohe, HI96744 99-0170569	School	ні	501(c)(3)	2	
MAILI BIBLE SCHOOL  87-138 Gilipake Street Waianae, HI96792 99-0159785	School	ні	501(c)(3)	2	
MAKUA LANI CHRISTIAN SCHOOL  74-4947 Mamalahoa Highway Holualoa, HI96725 99-0295441	School	НІ	501(c)(3)	2	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
MALAMALAMA WALDORF SCHOOL					
HC 3 Box 13068 Keaau, HI96749 99-0192556	School	HI	501(c)(3)	2	
PLAYMATE KINDERGARTEN DAY CARE CENTER & GRADE SCHOOL LTD					
1704 Keeaumoku Street Honolulu, HI96822 99-0214622	School	ні	501(c)(3)	2	
REDEMPTION ACADEMY					
355 N Kainalu Drive Kailua, HI96734 99-0222152	School	ні	501(c)(3)	2	
SOTO ACADEMY					
1708 Nuuanu Avenue Honolulu, HI96817 99-0075255	School	ні	501(c)(3)	2	
SUNSET BEACH CHRISTIAN SCHOOL					
59-578 Kamehameha Hwy Haleiwa, HI96712 99-6007776	School	HI	501(c)(3)	2	
WAOLANI JUDD NAZARENE SCHOOL					
408 North Judd Street Honolulu, HI96817 99-0109400	School	ні	501(c)(3)	2	
WORD OF LIFE ACADEMY					
550 Queen Street Honolulu, HI96813 99-0235773	School	HI	501(c)(3)	2	
	•		•	•	