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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)

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	e 2009 ca	alendar	year, or tax year begi	nning	, 2009, and	d ending	June	30	, 20 <u>10</u>	
— В	Check if a	applicable	Please	C Name of organization	Ka Huli O Haloa		•	]	) Emplo	yer identification r	number
_	Address		use IRS label or	Doing Business As					75	311524	6
	Name ch		print or	Number and street (or P O	box if mail is not delivered to	street address)	Room/suite	-	Teleph	one number	
			type See	P. O. Box 1159					( 808 )	235-915	6
	Initial ret		Specific	City or town state or o	ountry, and ZIP + 4		·		( 000 /		<u> </u>
	Terminat		instruc- tions.	Kaneohe, Hawaii	•			1.	G Gross re		700 20
닏	Amende	d return	E Nan	ne and address of principa							709.29
Ш	Applicatio	n pending	' '''''	ne and address of principa	ar omioci			H(a) Is this a	group retur	n for affiliates? <b>Yes</b>	Μνο
										ıncluded? <b>∐Yes</b>	∐No
<u></u>		empt status	· [V] 5	501(c) ( 3 ) ◀ (insert no )	4947(a)(1) or	527		If "No	" attach a	a list (see instruction	ons)
J	Websi		_					H(c) Group ex			
		organization	L Corp	oration 🗹 Trust 🔲 Associat	tion L Other ►	L Year o	of formation	2003	M State of	of legal domicile H	<u> </u>
P	art I	Summ	ary								
	1 1	Briefly de	escribe	the organization's m	nission or most signif	cant activities:	Provide	support a	nd ass	istance to	
		commu	nity ba	sed educational init	iatives and commun	ity charter sch	ools; pro	vide supp	ort and	assist in	
Governance	-			ning experiences wh							
īā	-			rary context; perpet				<b></b>			
Ve.	1 2			f the organization disc		disposed of more t	than 25% of	ite net accet	<del></del>		
<del>ဖိ</del>	2 (			=					。   3	1	7
Activities &	3			ng members of the g					_		
Ę	4 1			pendent voting mem		g body (Part VI,	line 1b)		4	<del></del>	
₹	5			f employees (Part V,					5	<del> </del>	0
Ą	6	Total nur	nber of	f volunteers (estimate	e if necessary)				_6_	ļ	<u> </u>
				elated business rever					7a	·	00
	b i	Net unre	lated b	usiness taxable incor	me from Form 990-T,	line 34	<u> </u>	<u> </u>	7b		00
								Prior Yea	ır	Current Ye	ar
	8 (	Contribu	tions ai	168,	444.56	234,8	384.29				
Revenue	9			e revenue (Part VIII, I				110,	130.99		<b>B25.00</b>
eve	10	•		ome (Part VIII, column							
Ě	11 (			(Part VIII, column (A),		•					
				add lines 8 through 11			12)	278.	575.55	235	709.29
_	1			ılar amounts paid (Pa					592.79		240.00
				o or for members (Pa			· ·		002.10		<u> </u>
S	14		•	·		•	<u>.</u>			<del> </del>	
Š	15			ompensation, employe		• •		<del></del> -		<del> </del>	
Expenses	16a			ndraising fees (Part IX,			·  -			<del> </del>	
Ŵ	1 -		_	g expenses (Part IX, co						<del> </del>	
				s (Part IX, column (A),			├-		835.26		627.04
				Add lines 13-17 (mi			5)		428.05	<del></del>	<u>867.04</u>
		Revenue	less ex	penses. Subtract line	18 from line 12				<u> 147.50</u>		<u>842.25</u>
200	<u> </u>			2	-	梁	Be	ginning of Cui	rrent Year	End of Yea	ar
Set	<b>20</b>	Total ass	sets (Pa	art X, line 16) 📈	NOV 1 5 201	0. [2]		112	430.26	203,	120.60
Net Assets	21	Total liab	olities (	(Part X, line 26)		0.		103	724.76	192,	572.85
ž,	22			und balances Subtra	ct line 21 from line 2	. النظامة 1		8	705.50	10,	547.75
Р	art II	Sign	ature	Block L		<u></u>					
		Under pe	enalties of	perjup, declare that I ha	ve examined this return, in	cluding accompanyi	ing schedule	s and statem	ents, and	to the best of my k	nowledge
		and belie	et at is to	ye, corregt/and complete	Declaration of preparer (of	her than officer) is t	based on all	information of	of which p	oreparer has any kn	owledge
Si	gn		Kell	WHITE					Kou	<del>2</del> 2/2	
	ere	Sign	gure	Sticer )	,			Date			
•••	J. Q	1	ill	1 HILLETT	- CHAIR.	VA HUI	40,	481.DA			
		<b>*</b>	e or print	t name and title	Silvin	100		<del></del>			
		1000	<del></del>	7		Date	Chec	k if	D		
		Preparer signature				) all	self-		Preparer's (see instru	identifying number ctions)	
Pai	id	J. Signature	· •				empl	oyed ▶ ∐	_	,	
Pre	eparer's	] <del></del>						1			
	e Only	If self-en	ame (or y nployed),					EIN	<u> </u>	<u> </u>	
_			and ZIP					Phone no	▶ (	)	
Ma	ay the	IRS disc	uss this	s return with the prep	oarer shown above?	(see instruction	s)	<u> </u>	<u> </u>	. Yes	No
Fo	r Privac	cv Act an	d Pape	erwork Reduction Act I	Notice, see the separa	te instructions.	$\sim $	Cat No 112	282Y	Form 99	0 (2009)

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Par	t III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:  Provide support and assistance to community based educational initiatives and community charter schools; support and assist in providing learning experiences which integrate Hawaiian knowledge and practice with students					
	in a contemporary content; and perpetuate Hawaiian arts.					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?					
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported					
4a	(Code ) (Expenses \$ 228,890.00 including grants of \$ 228,240.00) (Revenue \$ 228,890.00)  Provide support and assistance to community based educational initiatives and community charter schools to improve options for and to develop the capabilities of students.					
	see attached for details					
4b	(Code: ) (Expenses \$ 4,144.29 including grants of \$ ) (Revenue \$ 4,144.29 )  Support and assist in providing learning experiences which integrate the Hawaiian knowledge and practice with students in a contemporary content.					
	see attached for details					
4c						
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4c						
4d						

Pai	t IV Checklist of Required Schedules			<u> </u>
			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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>✓</b>	
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_		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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 similar funds or 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>√</b>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<b>✓</b>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Some and the state of the state	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
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? If "Yes," complete Schedule F, Part II	15		✓
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? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Га	Checklist of Regulred Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
b	,	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		_	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		✓
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		<b>✓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			· /
_				▼

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			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	i		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
	and the state of t	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
6-	Prohibited Tax Shelter Transaction?	5с 6а	<u> </u>	
	organization solicit any contributions that were not tax deductible?	oa		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		<b>✓</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	✓_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	├	<b>/</b>
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del> -	<del>  '</del> -
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	405	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	1	l	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b   N/A	12a		-

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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	✓	
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		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>\</b>
6	Does the organization have members or stockholders?	6		<b>✓</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following.			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, 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	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b></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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		✓
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U	describe in Schedule O how this is done	12c		✓
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		7
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?		[	
a	The organization's CEO, Executive Director, or top management official	15a	l	
b	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			$\Box$
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		✓
ь	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	L	Ĺ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply	,,-,-	]/	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.	J. 1111	J. 001	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Ka Huli O Haloa, 45-720 Keaahala Road, Cottage #1, Kaneohe, HI 96744 808-235-9156		,,,,	

### 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☑ Check this box if the organization did not co	_	any c	urr			cer, a	irec			
(A)	(B)	Desir	,		C)		-1. ·	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
John Aylett Board Chair	2			١,				00	00	00
	<u> </u>	<del>                                     </del>	$\vdash$	✓	├	-	<del> </del>			
Marylou Foley Vice-Chair	1	1		<b>/</b>				00	00	00
Charlene Hoe Treasure	3	1		1				00	00	. 00
Teresa Makuakane-Drechsel Secty	2	1		<b>✓</b>				00	00	00
Calvin Hoe Director	4	1						00	00	00
Katherine Tibbetts Director	1	1						00	00	00
Gary Paccarro Director	1	<b>√</b>						00	00	00
								200		

Par	VII Section A. Officers, Directors, Trustees, Key Employees, and H				d Hig	hest	Compensated	Employees (co	ees (continued)				
	(A)	(B)			(0	•			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee o or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	stimated nount of other pensation the anization d related anization	of ion e on ed
										<del> </del>		·····	
												_	
				i									
					_								
						<u></u>	<u> </u>						
			}										
1b	Total			<u>'-</u>	-		٠.	<b>•</b>			<del> </del>		-
2	Total number of individuals (including but i					ed a	above	) wh	no received mo	ore than \$100,0	00 in		
	reportable compensation from the organization	ation ►	NC	NE								<del></del> -	•
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest c	ompensated	3	Yes	No.
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of repo	ortabl	le c	omp	ens	sation	and	d other compe onplete Schedu	nsation from le J for such	4		Ţ
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com <sub>l</sub>	en Sch	satio	on i	from <i>I for</i> s	 any such	_	anization for	5	-	
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	ende	ent o	contra	acto	rs that received	d more than \$1	00,000	) of	
	(A) Name and business add	dress							(B) Description of s	ervices	(C Compe		)
	NONE							├					
								$\Box$	_				
2	Total number of independent contractors (i						those	liste	ed above) who	received			

Par	VIII	Statement of Revenue				T
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants	ь	Federated campaigns 1a 00  Membership dues 1b 00  Fundraising events 1c 00				
Contributions, gifts, grants and other similar amounts	d e	Related organizations 1d 00 Government grants (contributions). 1e 00 All other contributions, gifts, grants,	-1 1			
Contribu	g	and similar amounts not included above 1f 234,884.29  Noncash contributions included in lines 1a-1f. \$ 00  Total. Add lines 1a-1f	234,884.29			
Revenue	2a b	Student Activity Fee Business Code	825.00	825.00		
Program Service Revenue	c d					
Prograi	e f g	All other program service revenue .  Total. Add lines 2a–2f	825.00			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	00			
	6a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	00			
	7a	Gross amount from sales of assets other than inventory  Less cost or other basis				
		and sales expenses .  Gain or (loss) .  Net gain or (loss)	00			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
Ş	С	Less: direct expenses b  Net income or (loss) from fundraising events ▶  Gross income from gaming activities	00			
	ь	See Part IV, line 19 a  Less: direct expenses b  Net income or (loss) from gaming activities ▶	00			
	10a b	Gross sales of inventory, less returns and allowances a Less. cost of goods sold b				
		Net income or (loss) from sales of inventory	00		<u>-</u>	
	11a b c					
		All other revenue	00			
	12	Total revenue. See instructions	235,7009.29	825.00	L	<u> </u>

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	228,240.00	228,240.00					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
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							
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 salanes and wages							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				·			
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):		İ					
а	Management							
b	Legal				<del></del>			
C	Accounting							
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion		<del>-</del> ·	<u> </u>	<del></del>			
13	Office expenses							
14	Information technology			-				
15	Royalties							
16	Occupancy				····			
17	Travel		<del>-</del>					
18	Payments of travel or entertainment expenses							
40	for any federal, state, or local public officials  Conferences, conventions, and meetings.	650.00	650.00					
19 20	Interest							
21	Payments to affiliates				<del></del>			
22	Depreciation, depletion, and amortization.				<del></del>			
23	Insurance							
					<del></del>			
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.)							
а	Insurance	832.75		832.75				
b	Student Activities	4,144.29	4,144.29					
c								
d								
е								
f	All other expenses							
<u>25</u>	Total functional expenses. Add lines 1 through 24f	_233,867.04	233,034.29	832.75				
26	Joint costs. Check here ▶ ☐ If following 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		Т	
		(A) Beginning of year		(B) End of year
1 C	Sash-non-interest-bearing	72,004.94	1	203,120.60
2 S	avings and temporary cash investments		2	<del></del>
3 P	ledges and grants receivable, net		3	
	ccounts receivable, net	40,425.32	4	<del> </del>
e	Receivables from current and former officers, directors, trustees, key mployees, and highest compensated employees. Complete Part II of inchedule L	-	5	
6 R	deceivables from other disqualified persons (as defined under section 958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	lotes and loans receivable, net		7	
ונ	nventories for sale or use		8	
2 9 P	Prepaid expenses and deferred charges		9	<del></del>
10a L	and, buildings, and equipment: cost or ther basis. Complete Part VI of Schedule D			
	ess accumulated depreciation 10b		10c	
	nvestments—publicly traded securities		11	
	nvestments—other securities. See Part IV, line 11		12	
	nvestments-program-related. See Part IV, line 11		13	
	ntangible assets		14	<u> </u>
	Other assets. See Part IV, line 11		15	
	otal assets. Add lines 1 through 15 (must equal line 34)	112,430.26	16	203,120.60
17 A	accounts payable and accrued expenses		17	
	Grants payable	92,287.89	18	51,450.27
	Deferred revenue	11,436.87	19	141,122.50
1	ax-exempt bond liabilities		20	
	scrow or custodial account liability. Complete Part IV of Schedule D		21	
22 F	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<b>]</b>   p	persons. Complete Part II of Schedule L		22	
23 8	Secured mortgages and notes payable to unrelated third parties		23	
24 L	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
	otal liabilities. Add lines 17 through 25	103,724.76	26	192,572.8
	complete lines 27 through 29, and lines 33 and 34.	6,066.59	27	7,908.8
<u>10</u> 27 ∪	Inrestricted net assets	2.638.91	28	2,638.9
28 T 2 29 F	emporarily restricted net assets	2.000.31	29	2,030.3
5 29 7	Permanently restricted net assets	<del></del>		
5 a	and complete lines 30 through 34.		20	
2 30	Capital stock or trust principal, or current funds	· · ·	30	<del></del>
31 F	Paid-in or capital surplus, or land, building, or equipment fund		31	
32 F	Retained earnings, endowment, accumulated income, or other funds	0 705 50	32	40.545.5
2 33 7 34 7	Total net assets or fund balances	8,705.50		10,547.75
1 34	otal liabilities and net assets/fund balances	112,430.26	34	203,120.60

_		
Form	990	(2009)

Page 12

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.   Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	_ ~	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	ŀ		
	issued on a consolidated basis, separate basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_	
За	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		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Ka Huli O Haloa 3115246 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** ☐ Type II c Type III-Functionally integrated e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . |11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (n) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of the organization in organization (described on lines 1-9 in col (i) listed in your organization in col support col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) support? Yes Yes No Yes No

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 314,159 404,746 673,441 278,576 235,709 1,906,631 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 314,159 404,746 673,441 278.576 235,709 1.906.631 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,906,631 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) ▶ (d) 2008 (e) 2009 (f) Total 314,159 404,746 673,441 278,576 235,709 1,906,631 Amounts from line 4 . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . 1,906,631 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 100 % 15 100 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the

Par	t III Support Schedule for Orga (Complete only if you checke				)(2)	/A	
Sec	tion A. Public Support					/	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	any "unusual grants.")						
	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 through 5					<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				· · · · · · · · · · · · · · · · · · ·		<del> </del>
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support					<u> </u>	· <del></del>
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts 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 June 30, 1975						
11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)					<u> </u>	<u></u>
14	First five years. If the Form 990 is for organization, check this box and stop						ion 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lir					15	%
16	Public support percentage from 2008			<u></u>	<del></del> _	16	%_
	tion D. Computation of Investme					T	
17	Investment income percentage for 200				, , , ,	17	<u>%</u>
18	Investment income percentage from 26 33% % support tests – 2009. If the org						<u>%</u>
198	17 is not more than 331/3 %, check this b	ox and stop h	<b>ere.</b> The organ	izatıon qualıfie:	s as a publicly	supported org	janization 🕨 🛘
b	33½ % support tests – 2008. If the organ line 18 is not more than 33½ %, check this	s box and <b>stop</b>	here. The orga	ınızatıon qualifie	es as a publicly	supported org	anization 🕨 🔲
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	o, check this b	ox and see in	structions 🕨 🔲

Schedule A (F	offin 990 of 990-EZ).	2009				Page +
Part IV	Supplementa Part II, line 1	al Information. 7a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other	e explanations required radditional information	by Part II, line 10; See instructions.
	-					
		· · · · · · · · · · · · · · · · · · ·				
	·					
	<del></del>			·		
*						
						,

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use see attached see attached Employer Identification number 3115246 Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to D Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . (g) Description of non-cash assistance 75 NONE NIN (f) Method of valuation (book, FMV, appraisal, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 00 8 (e) Amount of non-cash assistance (d) Amount of cash grant 149,000.00 78,240.00 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 99-0347698 99-0347698 (P) EIN 1 (a) Name and address of organization Hakipuu Learning Center Hakipuu Learning Center or government Name of the organization Ka Huli O Haloa Part II

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Cat No 50055P

Schedule I (Form 990) 2009

#### Ka Huli O Haloa Year Ending June 30, 2010 - EIN # 75-3115246

990 - Part IV Checklist of Required Schedules - Line 21 Grants and Other Assistance 990 - Schedule I - Part II

The public Charter School listed below was recipient of the following two grants managed by Ka Huli O Halao:

Hakipu'u Learning Center P.O. Box 1159 Kaneohe, HI 96744

1. Ho'olako Like Grant

\$135,000 - paid

\$14,000 - Accounts payable upon final

report

Grant to enhance educational services at Hakipu'u Learning Center during SY 09-10 by providing the funding for the following:

- a. Part-time community resource specialists who provided students with a range of hands on electives in art, technology and culture and partial funding for community learning lab staff:
- b. Staff development in project based learning, Project Foundry (student tracking system), cultural training, web-based math curriculum;
- c. Support for an Administrative Team approach to management; and
- d. Classroom and instructional supplies to support electives and labs, which benefited 77 students.
- 2. Office of Hawaiian Affairs through an MOA with Kanu o ka 'Aina Learning Center 'Ohana (KALO): \$78,240 paid

Grant to enhance educational services at Hakipu'u Learning Center during SY 09-10 by providing the funding for the following:

- a. Part time Math Coach who provided a Project based approach to math with applied application, individual tutoring and mentoring of other staff;
- b. Partial funding of our Family Support Specialist;
- c. Partial funding for our e2020 web based math curriculum:
- d. Partial funding of administrative positions for our Administrative Team approach to management.

#### Ka Huli O Haloa Year Ending June 30, 2010 - EIN # 75-3115246

990 - Schedule I Part I

Grants are determined through the following procedure:

- 1. Educational organizations present a concept proposal which includes a description of their organization with mission and vision, fiscal capabilities, etc.; a description of the identified funding source and requirements for proposal; and a summary of proposed activities with budget.
- 2. Ka Huli Board reviews request with entity and may request further information the following criteria is used to evaluate.
  - a. Does proposal meet the mission and vision of Ka Huli o Haloa?

To provide support and assistance to community-based educational initiatives and community charter school(s) to improve educational options and to perpetuate and preserve the arts, culture, history and traditions of Hawaii through education.

- b. Does proposal enhance, not supplant, programs already offered?
- c. Does the organization have good fiscal policies and procedures?
- d. Can the organization meet all of the deadlines and reporting requirements of the funding source?
- 3. After review by Ka Huli Board, if the concept proposal is approved the presenting organization is invited to prepare and submit a full proposal for funding and or collaboration for final Ka Huli review and action.

#### Ka Huli O Haloa Year Ending June 30, 2010 EIN #75-3115246

#### 990 - Part III - Statement of Program Service Accomplishments

4a. Provide Support and assistance to community based educational initiatives and community charter schools to improve educational options for and to develop the capabilities of students.

Through two managed grants to **Hakipuu Learning Center: A Public Charter School** educational services were enhanced, complimented and supplemented during SY 09-10 for the 77 students, their families and the greater community. These two grants provided funding for the following purposes:

- 1. Part-time staffing of hands on electives and learning labs in art, ocean/ agriculture science, technology and culture;
- 2. Part-time staffing to provide cultural training for students and staff of oli used during protocol events and senior transitioning support;
- 3. Part-time staffing of a family support position to coordinated family involvement and community service projects resulting in families contributing 1528 hours of service:
- 4. Partial funding support for staff development in project based learning, Project Foundry (student tracking system), and web-based math curriculum;
- 5. Staffing support for an Administrative Team approach to management;
- 6. Staffing of a part-time math coach and funding of our e2020 web-based math program;
- 7. Partial funding classroom supplies to support electives and learning labs, which benefited 77 students.
- 4b. Support and assist in providing learning experiences which integrate the Hawaiian knowledge and practices with the students' contemporary context.

Volunteer board members provided support to over 20 students who participated in a variety of activities. Six students participated in a Hula Festival on Maui, as well as two other performances on Oahu. They performed an ancient form of hula — Ho'olua, in collaboration with the Hula Preservation Society. With the help of a board member, two students wrote a proposal — Save the Iwi — to buy sand bags and other supplies to help protect Hawaiian beach burial sites from erosion. Students worked on a native plant nursery. Also with board support, students provide cultural workshops in nose-flute making and poi pounding to various groups totaling over 100 participants. All of these activities increase awareness and knowledge of Hawaiian cultural practices.

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employ	er identification number
Ka Huli O Haloa	75	3115246
Part VI, Section A, Line 11 - Process for 990 review		***************************************
After 990 and supporting schedules are prepared, they are reviewed by Board Chair and	Traccur	or against the
After 990 and supporting schedules are prepared, they are reviewed by board Chair and	ITEASUIT	er agamst the
financials. If acceptable the 990 is then presented to the full board at the next scheduled	meeting	g. Then it is
signed and mailed.		
signed and maned.		
Line 19 -		
Documents are made available to the public upon request and are required to accompany	y any gr	ant request.
Part VI, Section A, Line 2		
Charlene and Calvin Hoe are married.		
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# Ka Huli o Haloa Board of Directors Roster 2009-2010

Office Held	Name Address	Telephone/fax	e-mail	Occupation / Job Title	Length of Term (dates)
Vice- Chairperson	Marylou Foley		maryloufoley@w aquarıum.org	Wakiki Aquarium	10/2006-
1	41-874 Laumilo Street	440-9027			
	Waimanalo, Hawaii 96795				
Chairperson	John Aylett	263-3001	keikioniau@ yahoo com	Self-employed Power Engineer	10/2006-
	3553 Maunalei Ave	349-1617		Hakipuu Learning Center School Board Director	
	Honolulu, Hawaii 96816				
Director	Calvin Hoe	382-1842	calvinhoe hlc@ yahoo com	Self-employed	10/2006-
	P.O. Box 4321			Hakipuu Learning Center School Board Director	
	Kaneohe, Hawaii 96744				
Director	Gary Pacarro	262-2233		Investor Morgan Stanley	10/2006- 10/2009
	1001Bishop ASB Tower, Honolulu, HI 96813	525-6900			
Director	Katherine Tibbetts	285-4822	katibbet@ksbe. edu	Senior Research Analyst	10/2007-
	3349 B Anoai Place Honolulu, Hawaii 96822	541-5981			

# Ka Huli o Haloa Board of Directors Roster 2009-2010

Treasurer	Charlene Hoe	<u>chhoe h</u> 239-6518 <u>00. com</u>	chhoe hlc@yah	<u>chhoe hlc@yah</u> HLC community resource <u>oo. com</u> specialist	10/2008- 2011
	P.O. Box 4321 Kaneohe, HI 96744	3921847			
			_ teresa96813@g	ieresa96813@g Educational Consultant TMD	10/2008-
Secretary	Teresa Makuakane-Drechsel	271-0742 <u>mail.com</u>		and Associates	2011
	2230 Kapahu St				
	Honolulu, Hawaii 96813				