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Department of the Treasury

# Short Form 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)

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Inter	mal Reve	nue Service		► The organization may have	э to use a copy of this returr	to satisfy state re	porting requiren	nents		mspection
Α	For the	e 2009 calend	ar year,	or tax year beginning	July 1	, 2009,	and ending	J	une 30	, 20 10
В	Check if	applicable	Please	C Name of organization				D Empl	over ider	ntification number
	Address	change	91-2102491							
	Name d	hange	label or print or	Friends of Molokai High  Number and street (or P O be			Room/suite	E Telen	hone nun	
	Initial ref	turn	type.	,		, , , , , , , , , , , , , , , , , , , ,	1.00.,0000	1 .0.06		
	Termina	ited	See Specific	P.O. Box 1618				ļ	808	-553-3673
	Amende	ed return	Instruc-	City or town, state or country	, and ZIP + 4			F Grou	p Exem	ption
Ц	Applicat	tion pending	tions.	Kaunakakai, Hı. 96748				Num	ber 🕨	
	• Sec	ction 501(c)(3)	organiz	ations and 4947(a)(1) non	exempt charitable trus	ts must attach	G Accou	inting Me	ethod	☑ Cash ☐ Accrual
			-	npleted Schedule A (Form	•			(specify)		
_	-									ganization is not
	Websi	ito. N					l l		-	edule B (Form 990,
			abaal, as	-tu>	4 (2224 22)	7(=)(4) ==	— ı ·			edule B (FOIII 990,
	-			<del>, , , , , , , , , , , , , , , , , ,</del>	· · · · · · · · · · · · · · · · · · ·	7(a)(1) or 52		Z, or 990		<del></del>
	Check		_	zation is not a section 509(a		_	•	•		•
_				turn is not required, but if t		-			ete retui	<u>m                                    </u>
				9 to determine gross receipt					\$	120,959
Р	art I	Revenu	e, Exp	enses, and Changes	in Net Assets or F	Fund Balanc	es (See the	instruc	ctions	for Part I.)
	1	Contribution	ns, gift	s, grants, and similar an	nounts received.			[	1	96,816
	2	Program se	ervice r	evenue including govern	ment fees and contra	icts		[	2	
	3	-		and assessments					3	
	4	Investment	•		•			·	4	12,824
	5a			m sale of assets other th	an inventory		ı	ŀ	<del>-</del>	12,024
					,	<u> </u>			ł	
	b			r basis and sales expens			L			
a	C	•	-	sale of assets other that	- ·		•		5c	
Ž	6	Special events	s and act	ivities (complete applicable par	ts of Schedule G). If any am	nount is from gam	ing, check here	▶□│	İ	
Revenue	a	Gross reve	nue (no	ot including \$	11,175 of contrib	utions		ŀ	l	
æ		reported or	n line 1)	)		6a				
	b	Less: direc	t exper	nses other than fundraisi	ng expenses	6b				
	c			s) from special events a			line 6a)		6c	11,175
	7a			entory, less returns and	•	1 1				<del> </del>
	b	_		•		7b			[	
	C		-	ss) from sales of invento	n/ (Subtract line 7h fr/				7c	
	8	Other rever			ry (Subtract mic 75 in	om mic ray .		· ; }	8	144
	9				70 and 9		<del></del>	— <u>'</u>	9	
	+ -			dd lines 1, 2, 3, 4, 5c, 6c		<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>	•		120,959
	10			amounts paid (attach s	Chedule)	IED .			10	80,907
	11			r for members		<b>VED</b>			11	
penses	12			npensation, and employ		S			12	
ű	13			and other payments to II	ndependent contracto				13	
		Occupancy	, rent,	utilities, and maintenanc	se SEP .3.3	'En 10'   W'			14	
ũ	15	Printing, pu	ublication	ons, postage, and shippi	ing . <u></u>	اع الـــــــــاقا		[	15	
	16	Other expe	nses (d	lescribe ▶	APAGA	IIT		) [	16	2,334
$\cong$	17	Total expe	nses. A	Add lines 10 through 16	UGULI			. ▶	17	83,241
<u>5</u>	18	Excess or (	deficit)	for the year (Subtract lin	ne 17 from line 9) .				18	37,718
ğ	19			d balances at beginning		7. column (A))	(must agree	with		
SS				reported on prior year's					19	115,347
7	20	-	_	net assets or fund balan	•	an)			20	
(Net Asset $\$0\%$	21		-	balances at end of year	•	•		·	21	153,065
	art II			ts. If Total assets on line			more file For	m 000		
_	art II	Datarice	- Orice	(See the instructions for		1,230,000 01		inning of		
ij,					·		(A) Beg		-	(B) End of year
<b>22</b>		ash, savings,					·	114	,620 22	
<b>~ 2</b> 3		and and build	-				·		23	
<b>52</b> 4		,	tescrib	e laptop computer &	printer		_)		825 24	
<b>525</b>	5 To	otal assets .						115	,445 25	5 153,164
26		otal liabilities					_)		98 26	698
27	7 M	at accate or	fund h	alances (line 27 of colur	nn (R) must agree unt	h line 21\		445	247 0	152.066

Form **990-EZ** (2009)

Part	Statement of Program Service Accor	nplishments (See the instr	uctions for Part II	I.)		Expenses			
	s the organization's primary exempt purpose?					uired for section			
	be what was achieved in carrying out the or					c)(3) and 501(c)(4) hizations and section			
	er, describe the services provided, the number	of persons benefited, and	other relevant info	rmation for		(a)(1) trusts, optional			
each	program title.				for of	thers)			
-	Close UP/Washington DC - support for students pa								
-	ram. Students and staff traveled to Washington DC	to get a first hand look at ou	r government at wo	rk.					
-	······								
		t includes foreign grants, ch			28a	57,215			
-	Project Graduation - All night after graduation even carried out for all seniors. This was the second an	·	it activities were pi	anned and					
-	arried out for all seriors. This was the second and	iudi evenit.							
7	Grants \$ 5,000) If this amoun	29a	16,431						
-	Smithsonian Teacher Training workshop - Middle s				230	10,451			
-	shops on curriculum support for sciencing teacher								
-	vided for by a DOW chemical company grant.								
-		t includes foreign grants, ch	eck here	. ▶ 🗆	30a	1,803			
31 (	Other program services (attach schedule) .								
		t includes foreign grants, ch	eck here	. ▶ 🗆	31a	3,125			
	otal program service expenses (add lines 28a			<u> </u>	32	78,574			
Part	List of Officers, Directors, Trustees, and Ke	<del>`</del>				<del></del>			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	plans &	(e) Expense account and			
	<del></del>	devoted to position	enter -0)	deferred comper	nsation	other allowances			
	Veneciano	President							
	ox 1247, Kaunakakai, Hi 96748 and Alcon		0		0	0			
	ox 1290, Hoolehua, Hi. 96729	- Vice-President	0		0	o			
	Oudoit		0			•			
	ox 784, Kaunakakai, Hi. 96748	Secretary Secretary	ĺ		0	o			
	d Kimball								
HC01	Box 171, Kaunakakai, Hi. 96748	Treasurer	o		0	0			
Camie	Kimball	88							
HC01	Box 171, Kaunakakai, Hi. 96748	Member	0		0	. 0			
Panch	o Alcon	- Member							
P.O. E	ox 1346, Kaunakakaı, Hı. 96748	Member	0		0	0			
Jean I		Member							
	ox 266, Kaunakakaı, Hi. 96748		0		0	0			
Lisa T		Member							
	ox 1911, Kaunakakai, Hi. 96748 Mendija	,,,,,			U	U			
	ox 1618, Kaunakakaı, Hi. 96748	Member	0		0	0			
	on total management the out-to								
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		·1							

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   0		ł	ŀ
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	1		l
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► : section 4915 ► : section 4955 ►		,	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	-	✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		
•	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Ronald Kimball Telephone no. ▶ 8	308 55	3-367	3
	Located at ► Kaunakakai, Hi. ZIP + 4 ►	967	748	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	account)?	42b		_•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? .	42c		Ī
	If "Yes," enter the name of the foreign country: ▶	720		. 🗂
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ	162	140
	Form 990-EZ	44	-	1
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
			)-EZ	(2000)

Form **990-EZ** (2009)

Part \	Sèction 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(1) nor 7(a)(1) nonexempt cha d 51.	nexempt charita aritable trusts mu	ble trusts only. A st answer question	II sec	tion 6-49	b			
46	Did the organization engage in direct or indirect	political campaign activ	ities on behalf of o	or in opposition to		Yes	No			
	candidates for public office? If "Yes," complete S				46	ļ	<b>✓</b>			
	Did the organization engage in lobbying activities	•	•		47	<u> </u>	<b>-√</b>			
	Is the organization a school as described in section				48		<b>✓</b>			
	Did the organization make any transfers to an exe	TE CONTRACTOR OF THE CONTRACTO	-		49a		<del>                                      </del>			
	If "Yes," was the related organization a section 5				49b		<b>  √</b>			
	Complete this table for the organization's five hig employees) who each received more than \$100,0									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Expen count a	nse and			
N/A		dovoted to position			ouo					
f	Total number of other employees paid over \$100,	,000 ▶								
	(a) Name and address of each independent contractor p	paid more than \$100,000	(b) Ty	ype of service	( <b>c)</b> Co	mpensa	ation			
N/A										
d	Total number of other independent contractors ea		000 >							
	Under pepalties of perjury, I declare that I have examined and belief, it is true, correct, and complete Declaration of	d this return, including accompa of preparer (other than officer) is	anying schedules and st s based on all informatio	atements, and to the bes	t of my	knowk	 edge e			
Sign Here	Konaid Kunbal	l		9/20/10						
	Signature of officer RONALD KIMBI  Type or print name and title	AU TRE	ASURER	Date						
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nun	dentifying number (See instructions)					
Use Onl	i rimi stiame (or		E	IN ►						
	address, and ZIP + 4			hone no 🕨						
May the	e IRS discuss this return with the preparer shown	above? See instructions		▶ □	Yes		No			

### SCHEDULE A (Form 990 or 990-EZ)

## **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

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Frie	ends	of Molokai	High & Middle S	Schools Foundation					21		2102491	
Pa	rt l	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	st compl	lete this	part.) S	ee instru	ctions.	
The <b>1</b>			*	ndation because it is: irches, or association	•		•	-		•		
2		A school de	scribed in <b>secti</b> o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3		A hospital o	r a cooperative	hospital service organ	nization d	lescribed	ın <b>secti</b> o	on 170(b)	(1)(A)(iii)			
4		A medical re		ation operated in con							I)(A)(iii). Ent	ter the
5			tion operated foi (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II)	ge or uni	versity o	wned or	operated	by a gov	/ernmenta	ıl unıt descr	ıbed ın
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v	<i>'</i> ).		
7	V	An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)											
9		An organizat	ion that normally	receives. (1) more that	an 33⅓ %	6 of its su	pport fro	m contrib	outions, n	nembersh	ip fees, and	gross
				ed to its exempt funct								
			-	ent income and unre						n 511 tax	) from busi	nesses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509	<b>(a)(2).</b> (Co	omplete l	Part III)			
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for pub	lic safety	See sec	ction 509	(a)(4).		
1		-	_	and operated exclusiv	-						r to carry o	out the
				blicly supported organ								
				at describes the type								
		a 🗌 Type	ь Б	Type II c	Tvc	e III–Fun	ctionally	integrate	d	dГ	Type III-C	)ther
е				tify that the organizat			-	-			• •	
•				n managers and other								
			section 509(a)(2)	=			. ,	• • •	<b>J</b>			
f				a written determinati	on from	the IRS	that it is	a Type	I Type II	L or Type	III sunnort	ına
•		_	, check this box		OII ROIII	ine ino	mat it is	a Type	i, Type ii	i, or Type	in support	y
g		•	t 17, 2006, has	the organization acce	pted any	gift or d	ontribution	on from a	any of the	 e	•	
				r indirectly controls, e	either alo	ne or too	ether wit	th persor	s descri	bed in (ii)	Yes	No
			-	ning body of the supp		-					11g(i)	
										11g(ii)		
			ii) A family member of a person described in (i) above?  iii) A 35% controlled entity of a person described in (i) or (ii) above?							11g(iii)	<u> </u>	
h			•	ation about the suppo				• •		•	<u> </u>	
	Name	of supported	(II) EIN	(III) Type of organization		organization		ou notify	(vi)	Is the	(vii) Amou	nt of
.,		anızatıon	, ,	(described on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizat	tion in col	suppor	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?		
				(000	Yes	No	Yes	No	Yes	No		
LI/A						'''	1.00		100	''		
N/A												
						<u> </u>			<del> </del>			
			<del></del>				<del>                                     </del>	<b></b>	<del> </del>	<b>_</b>	<del></del>	
								<del> </del>			· <del></del>	
										ļ		
		-										
							ļ					
							1					

Total

	(Complete only if you chec					and 1/U(b)(1	)(A)(VI)
	tion A. Public Support						
Ca	llendar 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 any "unusual grants.")	87,903	45,915	45,454	41,872	96,816	317,960
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	87,903	45,915	45,454	41,872	96,816	317,960
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	ll					<del></del>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		87.903	45,915	45,454	41.872	96,816	317,960
7	Amounts from line 4	07,303	43,313	73,734	41,072	30,010	317,300
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,105	10,308	-3,339	-5,375	12,824	18,523
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	500		962		11,175	12,637
11	Total support. Add lines 7 through 10 .						349,120
12	Gross receipts from related activities, etc.	(see instruction	ns) , ,		[	12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	ere	<u> </u>	d, third, fourth,		ear as a sectio	n 501(c)(3)
<u> </u>	Public support percentage for 2009 (line	· • · · · · · · · · · · · · · · · · · ·		solumn (fl)		14	91 %
15	Public support percentage for 2009 (line Public support percentage from 2008 Sci	, ,,	•			15	91 %
16a	33½ % support test—2009. If the organi			 on line 13 and li			
iva	and <b>stop here.</b> The organization qualifies					o or more, chec	► Z
b	331/3 % support test—2008. If the organi					31/3 % or more.	
_	box and <b>stop here.</b> The organization qua						▶ ☑
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circum	stances" test,	check this box a	ind stop here.	Explain in Part	IV how the _
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance" Private foundation. If the organization did	acts-and-circums	stances" test, c organization qua	heck this box at difies as a publicl	nd <b>stop here.</b> I y supported org	Explain in Part janization	V how the

Pa	Support Schedule for Organ				)(2)		-
Sac	(Complete only if you checke tion A. Public Support	d the box or	n line 9 of Pa	irt I.)			
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	nondal year (or lisear year beginning in,	(4) 2005	(6) 2000	(0) 2007	(u) 2000	(e) 2003	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, 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 through 5 .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				<del></del>		
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			·			
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning ın) 🕨 📙	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 0a	Amounts from line 6 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						
с 1	Add lines 10a and 10b						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11, and 12)				_		
4	First five years. If the Form 990 is for the organization, check this box and stop h					ear as a section	on 501(c)(3)

_	organization, check this box and stop here		, . ▶ 凵
Sec	tion C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	<u>%</u>
19a	33\% % support tests—2009. If the organization did not check the box on line 14, and line 15 is r 17 is not more than 33\% %, check this box and stop here. The organization qualifies as a publicly		
b	33% % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 1 line 18 is not more than $33%$ %, check this box and stop here. The organization qualifies as a publicly		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, II Part II, Iine 17a or 17b; and Part III, Iine 12. Provide any other additional information. See instruct	Page 4
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