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**Part II Balance Sheets. (see the instructions for Part II.)**

**Check if the organization used Schedule O to respond to any question in this Part II.**

| Check if the organization uses Schedule O to respond to any question in this Part II  |                       |                 |               |
|---|-----------------------|-----------------|---------------|
|   | (A) Beginning of year | (B) End of year |               |
| 22 Cash, savings, and investments   | 13,146                | 22              | 27,962        |
| 23 Land and buildings   |                       | 23              |               |
| 24 Other assets (describe in Schedule O)  | 21749                 | 24              | 0             |
| <b>25 Total assets</b>  | <b>34,895</b>         | <b>25</b>       | <b>27,962</b> |
| <b>26 Total liabilities (describe in Schedule O)</b>                                  | <b>10,443</b>         | <b>26</b>       | <b>0</b>      |
| <b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> | <b>24,452</b>         | <b>27</b>       | <b>27,962</b> |

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

Check if the organization used Schedule O to respond to any question in this Part III.

## Expenses

quired for section  
(c)(3) and 501(c)(4)  
nizations and section  
(a)(1) trusts, optional  
hers )

**What is the organization's primary exempt purpose?**

What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

|   |   |     |        |              |
|---|---|-----|--------|--------------|
| the services provided, the number of persons benefited, and other relevant information for each program line. |   |     |        | for others ) |
| 28  | Grants were used to help restore an endangered 70-acre dryland forest, sharing its historical, cultural restoration and scientific aspects with West Hawaii's youth. Activities included planting seedlings, collecting and distributing native seeds, building and enhancing trails and pulling invasive weeds.<br>(Grants \$ 61,000 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 28a | 60,820 |              |
| 29  | Forest demonstration project<br>-----<br>(Grants \$ 5,000 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>   | 29a | 2,500  |              |
| 30  | -----<br>-----<br>(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>  | 30a |        |              |
| 31  | Other program services (describe in Schedule O)<br>(Grants \$ 1,911 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>   | 31a | 1,080  |              |
| 32  | Total program service expenses (add lines 28a through 31a) . . . ► <input type="checkbox"/>   | 32  | 64,400 |              |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and address           | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--------------------------------|--|--|---|--|
| Heather Gallo-Simmons          | Executive Director                                       | 20   | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
| Dr. Travis Idol                | President  | 4  | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
| Dr. Bob Osgood                 | Vice President   | 4  | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
| Peter D. Simmons               | Secretary  | 4  | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
| William Yuen                   | Treasurer  | 4  | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
| Dr. J.B. Friday                | Director   | 3  | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
| Mike Robinson                  | Director   | 3  | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
| Aileen Yeh                     | Director   | 3  | 0   | 0  |
| P.O. Box 66, O'okala, HI 96774 |  |  |   |  |
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