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DLN: 93493172005982

Form **990**

Department of the Treasury

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)

2010

Open to Public
Inspection

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

		e Selvice			4.4	-	Inspection
		2010 ca applicable	lendar year, or tax year begin C Name of organization		11	D Employer	identification number
	dress ch		KANU O KA AINA LEARNING OHA	NA		99-0352	665
	me cha	_	Doing Business As			E Telephone	number
_ Init	ial retu	ım	Number and street /or P.O. hov	f mail is not delivered to street address)	Room/suite	_	
_	mınate		PO BOX 6511	ii IIIaii is not deliveled to stieet address)	Room/suite	(808)88	/-8144
	ended		City or town, state or country, ai	nd ZIP + 4		G Gross recei	pts \$ 4,758,645
		n pending	KAMUELA, HI 96743				
		p =	F Name and address of p	rincipal officer	Ц(а)		liates > Yes V No
			TAFFI WISE	e.par omeer	n(a) is this a	a group return for affi	liates? Yes No
			PO BOX 6511 KAMUELA,HI 96743		H(b) Are all	affiliates include	d?
			,				st (see instructions)
I Ta	x-exen	npt status	501(c)(3) 501(c)()	◀ (insert no)	H(c) Grou	p exemption r	number 🟲
J W	ebsite	e:► WW	W KALO ORG				
K For	m of or	manization.	Corporation Trust Associa	otton Cother In	I Vear of for	mation 2000	M State of legal domicile HI
	rt I		mary	dulif Other F	L real of lo	illiation 2000	11 State of legal doffficile 111
			<u> </u>	sion or most significant activities			
		•	-	HE ADVANCEMENT OF EDUCATION A	AND CULTURE	OFHAWAIIA	N PEOPLE WHILE
%		ALSO PE	ROVIDING CULTURAL AWAI	RENESS OF HAWAIIAN PEOPLE			
Governance	.						
<u>.</u>							
Ş	2	Check th	is box 🖊 if the organization	discontinued its operations or disposed	of more than 2	5% of its net	assets
	3	Number	of voting members of the gove	erning body (Part VI, line 1a)		3	7
Activities &	4	Number	of independent voting membe	's of the governing body (Part VI, line $1\mathrm{l}$)	4	6
Ĭ	5	Total nur	mber of individuals employed	ın calendar year 2010 (Part V, line 2a)		5	48
Ş	6	Total nur	mber of volunteers (estimate	fnecessary)		6	10
	I			Part VIII, column (C), line 12		7a	0
	Ь	Net unre	lated business taxable incom	e from Form 990-T, line 34		7b	0
					Prio	r Year	Current Year
a)	8		butions and grants (Part VIII	•	·	4,290,217	4,390,089
Revenue	9		m service revenue (Part VIII		169,636	143,587	
Š	10			mn (A), lines 3, 4, and 7d)	•	-1,920	4,082
_	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		159,263	156,164
	12			11 (must equal Part VIII, column (A), lu	ne	4,617,196	4,693,922
	13			art IX, column (A), lines 1-3)		0	53,406
	14	Benefit	ts paid to or for members (Pai	t IX, column (A), line 4)		0	0
.	15			oyee benefits (Part IX, column (A), lines		2 24 6 22 5	1 026 250
Expenses		5-10)				2,316,805	1,826,350
<u>₹</u>	16a			X, column (A), line 11e)		0	0
五	b		ndraising expenses (Part IX, column	• • • • • • • • • • • • • • • • • • • •		2 44 2 2 2 2	2.045.204
	17), lines 11a-11d, 11f-24f)	•	2,418,099	2,815,284
	18 19			nust equal Part IX, column (A), line 25) ne 18 from line 12		4,734,904 -117,708	4,695,040
+ φ	19	Nevell	ue less expelises Subtract III	ie 10 ii oiii iiiie 12	Reginning	of Current	
Net Assets or Fund Balances						ear ear	End of Year
9889 888	20	Total a	ssets (Part X, line 16)			7,996,975	9,566,300
4 E	21	Totall	iabilities (Part X, line 26) .			3,352,902	4,905,260
ŽÏ.	22	Netas	sets or fund balances Subtra	ct line 21 from line 20		4,644,073	4,661,040
Pai	rt II	Sign	ature Block				
know		and belief		nined this return, including accompanying te. Declaration of preparer (other than offic			
		****			20	12-06-20	
Sigr		Signa	ture of officer			ite	
Her	е		Y LEVENSON TREASURER				
		F _ ^ · ·	or print name and title				1
		Print/Type		Preparer's signature MARK A HAYES		Check if self- employed F	PTIN
Paid	ŀ		ne CW ASSOCIATES CPAS		<u>l</u>		Firm's EIN
Prep		Fırm's add	ress 700 BISHOP STREET SUITE :				
Use (Only		HONOLULU, HI 96813				Phone no • (808) 531- 1040

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III

Statement of Program Service Accomplishments

L

TO GROW WOMB-TO-TOMB MODELS OF EDUCATION THAT ADVANCE HAWAIIAN CULTURE FOR A SUSTAINABLE HAWAI'I

_ Yes ✓ No Did the organization undertake any significant program services during the year which were not listed on Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these new services on Schedule O the prior Form 990 or 990-EZ? services?

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and Describe the exempt purpose achievements for each of the organization's three largest program services by expenses If "Yes," describe these changes on Schedule O

allocations to others, the total expenses, and revenue, if any, for each program service reported

EDUCATIONAL SUPPORT PRIMARILY ADMINISTERED THROUGH THE KANU O KA 'AINA CHARTER SCHOOL IN WAIMEA ON THE ISLAND OF HAWAII, WHICH SERVED 53,406) (Revenue \$ 218 STUDENTS, AND OTHER CHARTER SCHOOLS IN HAWAII, WHICH SERVED APPROXIMATELY 3,600 STUDENTS 2,908,376 including grants of \$) (Expenses \$

ORGANIZATIONAL DEVELOPMENT PROGRAMS FOCUSED ON DEVELOPING THE STRUCTURE TO SUPPORT AN INTERGENERATIONAL CULTURAL LEARNING CENTER other program services for the advancement of education and culture of hawaiian people while also providing cultural awareness of) (Revenue \$ (Revenue \$ including grants of \$ including grants of \$ 968,792 90,919 (Expenses \$ (Expenses \$ (Code (Code

4

숙

4

m

4

(Revenue \$ including grants of \$ Other program services (Describe in Schedule O) HAWAIIAN PEOPLE (Expenses \$

3,968,087 Total program service expenses►\$

₽

<u>₹</u>

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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^{\bullet}	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 2	8		No
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	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.	11c		No
d	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.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school 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 United States?	14a		No
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</i> "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		N o
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
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		No
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV	Checklist of Required Schedules (continued)			
		e organization report more than \$5,000 of grants and other assistance to governments and organizations in		Yes	
21	the Un	ited States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 📆	21	163	
22		e organization report more than \$5,000 of grants and other assistance to individuals in the United States t IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	organiz	e organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the zation's current and former officers, directors, trustees, key employees, and highest compensated yees? If "Yes," complete Schedule J	23		No
24a	as of tl	e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 he last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and te Schedule K. If "No," go to line 25	24a		No
b	Did the	e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C		e organization maintain an escrow account other than a refunding escrow at any time during the year ase any tax-exempt bonds?	24c		
d	Did the	e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		n 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with palified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	year, a	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior nd that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If complete Schedule L, Part I	25b		No
26	dısqua	loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or lified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	contrib	e organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial outor, or a grant selection committee member, or to a person related to such an individual? If "Yes," te Schedule L, Part III	27		No
28		e organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV tions for applicable filing thresholds, conditions, and exceptions)			
a		ent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV .		28a		No
b		ly member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> te Schedule L, Part IV	28b		No
C		ity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was cer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the	e organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30		e organization receive contributions of art, historical treasures, or other similar assets, or qualified vation contributions? If "Yes," complete Schedule M	30		No
31		e organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		No
32	Schedu	e organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete of the N, Part II	32		No
33	sectio	e organization own 100% of an entity disregarded as separate from the organization under Regulations as 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34		e organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV,	34	Yes	
35	Isany	related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а		e organization receive any payment from or engage in any transaction with a controlled entity within the ang of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot \cdot = \mathbb{F}$ No			
36		n 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related zation? If "Yes," complete Schedule R, Part V, line 2	36		No
37		e organization conduct more than 5% of its activities through an entity that is not a related organization at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38		e organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 28			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
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		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
- -	Months and the second of the s			N
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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).		1	
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
ь	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4.4	Did the example to proper to the control of the con			KI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		N o
	11 163, has it med a rothin 720 to report these payments 11 No, provide an explanation in Schedule O	T+10		

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

itains a response to any question in					

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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	Yes	
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 governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	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	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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		No
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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		No
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		
36	ection C. Disclosure			
17	ection C. Disclosure 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 🔽 Another's website 🔽 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KATIE BENIONI

65-1084E MAMALAHOA HWY KAMUELA,HI 96743

(808) 887-1117

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organiza	•	ated org	janıza	atıor	cor	npens	ated	any current office	, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Cfficer Officer Institutional Trustee or director		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) BARBARA ROBERTSON PRESIDENT	1 00	Х		х				0	0	0
(2) DARRYL WISE VICE PRESIDENT	1 00	Х		Х				0	0	0
(3) NANCY LEVENSON SECRETARY/TREASURER	40 00	X		Х				73,423	0	6,782
(4) HANNAH SPRINGER DIRECTOR	1 00	X						0	0	0
(5) PETER HANOHANO DIRECTOR	1 00	х						0	0	0
(6) ROBERT LINDSEY DIRECTOR	1 00	Х						0	0	0
(7) ROBERT WITT DIRECTOR	1 00	Х						0	0	0
(8) GUY KAULUKUKUI FORMER DIRECTOR	1 00	Х						0	0	0
(9) KU KAHAKALAU FORMER PRESIDENT	40 00	Х		х				16,649	96,655	113
(10) MARY KATIE BENIONI CFO	40 00			х				71,139	0	9,097
(11) TAFFI WISE EXECUTIVE DIRECTOR	40 00			х				0	97,264	5,391

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		_											
	(A) Name and Title	(B) Average hours per	erage Position (check all burs that apply)							(E) Reportable compensation from related		(F) Estima mount o	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	or	from t ganızatı relatı organıza	:he on and ed
											_		
											+		
		-									-		
											_		
1b	Sub-Total			<u>. </u>	<u> </u>		٠	>			+		
С	Total from continuation sheets	to Part VII, Sec	ction A				>						
d	Total (add lines 1b and 1c) .							•	161,211	193,919			21,383
2	Total number of individuals (inc \$100,000 in reportable compe					ted	above) who	received more tha	n 			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So									ated employee	3		No
4	For any individual listed on line organization and related organization and related organizations.	zations greater t	han \$15	50,00	007	f "Y	es," co				4		No
											_		

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HO'OKAKO'O CORPORATION PO BOX 11685 HONOLULU, HI 96828	SUBCONTRACTOR SUPPORT FOR CHARTER SCHOOL	275,000
FLANSBURGH ASSOCIATES INC 77 NORTH WASHINGTON ST BOSTON, MA 02114	ARCHITECT	195,094
KA WAIHONA O KA NA'AUAO 89-195 FARRINGTON HWY WAIANAE, HI 96792	SUBCONTRACTOR SUPPORT FOR CHARTER SCHOOL	151,600
AHA PUNANA LEO INC PO BOX 129 KEKAHA, HI 96752	SUBCONTRACTOR SUPPORT FOR CHARTER SCHOOL	151,230
HMSA PO BOX 29330 HONOLULU, HI 968201730	MEDICAL PREMIUMS	143,022
2 Total number of independent contractors (including but not limited to those listed a \$100,000 in compensation from the organization ►7	above) who received more than	

Form 99							Р	age 9
Part V	•	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	exclude from
						revenue		tax under sections 512, 513, or
: <u>يو ي</u>	1a	Federated campaigns	1a					514
Contributions, gifts, grants and other similar amounts	b	Membership dues	. 1b					
ე <u>წ</u>	С	Fundraising events	. 1c					
黃海		Related organizations						
% <u>,</u> <u>E</u>			1e	694,049				
돌고						 		ļ
등 축	t	All other contributions, gifts, grants similar amounts not included above	, and 1f e	3,696,040				
텉필	g	Noncash contributions included in li	nes 1a-1f \$					
ပိုခဲ့	h	Total. Add lines 1a-1f			4,390,089			
9				Business Code				
Program Service Revenue		G & A AND TUITION REVE		611710	143,587	143,587		
22	Ь							
M C 0	C							
33	d							
E	e £	All other program service rev	vanua.					
50	•	All other program service re-	venue					
		Total. Add lines 2a-2f			143,587			
;		Investment income (includin			980			98
		and other similar amounts) Income from investment of tax-ex		-				1 30
		Royalties		ŀ				
'			(ı) Real	(II) Personal				
	6a	Gross Rents						
		Less rental expenses						
	С	Rental income						
		or (loss) [Net rental income or (loss)						
			(ı) Securities	(II) O ther				
7		Gross amount from sales of	67,825					
		assets other than inventory						
	b	Less cost or other basis and	64,723					
		sales expenses						
		Gain or (loss)	3,102		2.102			2.10
<u>, </u>		Net gain or (loss) Gross income from fundraisii		_	3,102			3,10
Other Revenue		(not including	ig events					
- -		\$of contributions reported on	line 1c)					
<u>ت</u>		See Part IV, line 18						
를 다			а					
•		Less direct expenses						
-		Net income or (loss) from fur	ctivities See Part IV, line 19 . a					
				ь				
		Net income or (loss) from ga						
[:		Gross sales of inventory, les	s					
		returns and allowances .	a					
	b	Less cost of goods sold .						
		Net income or (loss) from sa						
		Miscellaneous Revenue		Business Code				
[:	11a	REIMBURSEMENTS		900099	156,140	156,140		<u>L</u> _
	b	OTHER INCOME		900099	24			2
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d			156,164			
	4 -							
:	12	Total revenue. See Instructi	ons		4,693,922	299,727	0	4,10

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	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).						
Do no	ot include amounts reported on lines 6b, b, 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	53,406	53,406		· · · · · · · · · · · · · · · · · · ·		
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	332,461	259,086	69,706	3,669		
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	1,242,158	968,014	260,437	13,707		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,454	15,160	4,079	215		
9	Other employee benefits	136,766	106,582	28,675	1,509		
10	Payroll taxes	95,511	74,432	20,025	1,054		
а	Fees for services (non-employees) Management						
b	Legal	32,512		32,512			
С	Accounting	42,068		42,068			
d	Lobbying						
е	Professional fundraising services See Part IV, line 17						
f	Investment management fees						
g	Other	1,782,355	1,708,683	69,988	3,684		
12	Advertising and promotion						
13	Office expenses	72,429	55,763	15,833	833		
14	Information technology						
15	Royalties						
16	Occupancy	223,655	205,409	17,334	912		
17	Travel	98,324	87,328	10,445	551		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	117.610	07.060	10.676			
20	Interest	117,619	97,960	18,676	983		
21 22	Depreciation, depletion, and amortization	280,211	205,844	70,649	2 710		
23	Insurance	200,211	203,644	70,649	3,718		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)						
a	PROGRAM PROJECTS	45,665	45,165	475	25		
b	EQUIP RENTAL & MAINT	41,622	20,469	20,095	1,058		
С	AUTOMOBILE	35,176	35,176				
d	TRAINING	24,967	16,905	7,659	403		
е	MISCELLANEOUS EXPENSE	18,681	12,705	5,677	299		
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	4,695,040	3,968,087	694,333	32,620		
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			614,785	1	766,721
	2	Savings and temporary cash investments			724,435	2	444,748
	3	Pledges and grants receivable, net			154,263	3	401,600
	4	Accounts receivable, net			12,664	4	13,790
	5	Receivables from current and former officers, directors, trustees highest compensated employees $$ Complete Part II of	, key e	mployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	nployer	rs, and			
ets		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			30,267	9	13,747
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	8,706,906			
	ь	Less accumulated depreciation	10b	962,906	6,311,755	10 c	7,744,000
	11	Investments—publicly traded securities			148,806	11	181,694
	12	Investments—other securities See Part IV, line 11	•		12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	$\textbf{Total assets.} \ Add lines \ 1 \ through \ 15 \ (must equal line 34) . .$			7,996,975	16	9,566,300
	17	Accounts payable and accrued expenses .			404,093	17	1,168,988
	18	Grants payable				18	
	19	Deferred revenue				19	
_	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					_
E.		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties $ \\$			2,948,809	23	3,736,272
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,352,902	26	4,905,260
Balances		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete lin	es 27			
lan.	27	Unrestricted net assets			4,014,831	27	3,969,079
8	28	Temporarily restricted net assets			629,242	28	691,961
돧	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	d comp	lete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
As	32	Retained earnings, endowment, accumulated income, or other fur	nds			32	
Net	33	Total net assets or fund balances			4,644,073	33	4,661,040
Z	34	Total liabilities and net assets/fund balances			7,996,975	34	9,566,300

Part)

<u> </u>	(2010)						Page 12
Ξ	Reconcilliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI $$.	•	•				<u> </u>

4,693,922 Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

4,695,040 2 Revenue less expenses Subtract line 2 from line 1

m Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4

m

Ŋ

4

Other changes in net assets or fund balances (explain in Schedule O)

S ဖ Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column

18,085

4,661,040

-1,118

,644,073

Financial Statements and Reporting

	N _o
Ŀ	Yes
•	
•	
•	
Check if Schedule O contains a response to any question in this Part XII	

lf the organization changed its method of accounting from a prior year or checked "Other," explain in Cash V Accrual Accounting method used to prepare the Form 990

ŝ **2**p **2a** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?

م

2a

Yes 20 If the organization changed either its oversight process or selection process during the tax year, explain in audit, review, or compilation of its financial statements and selection of an independent accountant

Yes ä As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Both consolidated and separated basis Consolidated basis Single Audit Act and OMB Circular A-133? on a separate basis, consolidated basis, or both Separate basis

If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued

T

3a

Yes 36 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

Form **990** (2010)

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As Filed Data -

DLN: 93493172005982

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization KANU O KA AINA LEARNING OHANA

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Employer identification number

99-0352665

he o	rganı			te foundation becaus			-						
1			•	on of churches, or as				ection 170((b)(1)(A)(i).				
2				d in section 170(b)(1			· ·						
3		A hospit	al or a coo	perative hospital sei	rvice organiz	ation desci	nbed in sectio	n 170(b)(1	.)(A)(iii).				
4	Γ			h organization operat ity, and state	ed in conjun	ction with a	hospital desc	cribed in se	ection 170(b)	(1)(A)(iii)). Ente	r the	
5	Γ	An orga	nızatıon op	erated for the benefit	t of a college	or univers	ty owned or o	perated by	a governmer	ntal unit de	escribe	ed in	
		section :	170(b)(1)(A)(iv). (Complete P	art II)								
6	Γ	A federa	l, state, or	local government or	government	al unit desc	cribed in secti	on 170(b)(1)(A)(v).				
7	⊽	describe	ed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governm	ental unit or	from the g	eneral	public	:
8	Г			described in section		A)(vi) (Co	mplete Part II)					
9	Ė								ibutions, mei	mbership f	ees. ai	nd aro	SS
An organization that normally receives (1) more than 331/3% 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													
		•		oss investment incoi	•	-			, ,				
			_	ganızatıon after June				•		,			
LO	\sqcap	-	-	, ganızed and operated	-			•	•				
1		An orgai	nızatıon org	ganızed and operatec	d exclusively	for the ben	iefit of, to perf	orm the fur	nctions of, or	to carry o	ut the	purpos	ses of
		one or m	nore public	ly supported organiza	ations descr	ıbed ın sect	ion 509(a)(1)	or section	509(a)(2) S				
				bes the type of supp						. □	una II	T 0+1	
_	_		Type I	b Type II			I - Functional	-			ype II		
е	ļ			ox, I certify that the on managers and oth									
			509(a)(2)	on managers and on	ior chan one	or more par	silery support	ca organiza				<i>5</i> 5 (4)(.	_, 0.
f				received a written de	etermination	from the IR	RS that it is a	Type I, Typ	oe II or Type	III suppo	rtıng o	organız	zatio <u>n,</u>
		check th		2006 has the sesses				-					J
g			ugust 17, 2 persons?	2006, has the organı	zation accep	oted any gin	t or contribution	on from any	y or the				
		_		rectly or indirectly c	ontrols, eith	er alone or	together with	persons de	scribed in (ii)		Yes	No
				governing body of th				•			L1g(i)		
				er of a person descril		_					.1g(ii)		
				lled entity of a persoi			above?				1g(iii)		
h				ng information about									
				-		-							
				(iii)	(iv)								
				Type of	Is the	e	(v)		(vi				
	(i)			organization	organizat		Did you no	•	Ist			(1	/ii)
	Name		(ii)	(described on	col (ı) lıs		col (ı) of		col (ı) or				unt of
	suppo ganız	I .	EIN	lines 1- 9 above or IRC section	your gove		suppor	•	in the	_		sup	port
01	gamz	411011		(see	docume	nt?							
				inst ruct ions))	Yes	No	Yes	No	Yes	No			
					I								

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	c organization i	ans to quamy c	macr the tests i	isted below, pi	case complete	<u>urc III.</u>
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,639,137	5,657,982	5,807,931	4,290,217	4,390,089	26,785,356
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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	6,639,137	5,657,982	5,807,931	4,290,217	4,390,089	26,785,356
	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						26,785,356
	ection B. Total Support		1		<u> </u>	L	
	endar year (or fiscal year	(2) 2006	(b) 2007	(a) 2008	(4) 2000	(a) 2010	(f) Total
	beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4	6,639,137	5,657,982	5,807,931	4,290,217	4,390,089	26,785,356
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	10,019	23,296	27,430	1,345	980	63,070
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on				647		647
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		1,188	858	1,254	24	3,324
11	Total support (Add lines 7 through 10)						26,852,397
12	Gross receipts from related activit					12	832,815
13	First Five Years If the Form 990 is check this box and stop here		, 	, thırd, fourth, or fı	Ifth tax year as a	501(c)(3) organiz	zation, ▶ T
	ection C. Computation of Pu			4.4 1 (5)			
14	Public Support Percentage for 201			11 column (f))		14	99 750 %
15	Public Support Percentage for 200	9 Schedule A, Pa	rt II, line 14			15	99 740 %
b	33 1/3% support test—2010. If the and stop here. The organization qu 33 1/3% support test—2009. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me	alifies as a publicle organization did in qualifies as a puince as a puince as a puince at the organization meets the "fa	ly supported orga not check the bo iblicly supported anization did not o acts and circums	nization x on line 13 or 16 organization check a box on lin tances" test, chec	a, and line 15 is e 13, 16a, or 16l ck this box and st	33 1/3% or more, b and line 14 cop here. Explain	check this
b 18	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization Private Foundation If the organization	nization meets the ation meets the "fa	e "facts and circu acts and circums	mstances" test, o tances" test The	check this box an organization qua	d stop here. lifies as a publicly	▶ □
	instructions		= = 7	, , , = . = .	,	-	▶ ┌

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME

DLN: 93493172005982

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities)	,
then	
0 1 504/ 1/01 1 0 1	

- ◆ 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ 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

	me of the organization IU O KA AINA LEARNING OHANA			Employer	r identification number
KAN	O O RA AINA LEARNING OHANA			99-0352	.665
ar	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section	527 organization.
L	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	ivities in Part IV	
2	Political expenditures			-	s
3	Volunteer hours				
ar	Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1		e tax incurred by the organization	•		▶ ¢
- 2	•	e tax incurred by organization mar			. ↓ • ¢
3		ection 4955 tax, did it file Form 4			「Yes
4a	Was a correction made?	rection 1999 tax, are refine Form	1720 101 till3 year		「Yes
b	If "Yes," describe in Part IV				, 100 , 110
		ganization is exempt unde	er section 501(c) except section	501(c)(3).
1		ended by the filing organization for	_		▶ \$
2	Enter the amount of the filing of exempt funtion activities	rganization's funds contributed to	other organization	s for section 527	* \$
	exempt function activities				
3	·	tures Add lines 1 and 2 Enter he	ere and on Form 112	0-POL, line 17b	▶ \$
3 4 5	Total exempt function expendi Did the filing organization file I Enter the names, addresses as	Form 1120-POL for this year? nd employer identification number	· (EIN) of all section	1527 political organiza	
4	Total exempt function expending Did the filing organization file in Enter the names, addresses an organization made payments is amount of political contribution	Form 1120-POL for this year?	(EIN) of all section the amount paid fro d directly delivered	i 527 political organiza om the filing organizati to a separate political	ations to which the filing on's funds Also enter the I organization, such as a
4	Total exempt function expending Did the filing organization file in Enter the names, addresses an organization made payments is amount of political contribution	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an	(EIN) of all section the amount paid fro d directly delivered	i 527 political organiza om the filing organizati to a separate political	ations to which the filing on's funds Also enter the lorganization, such as a formation in Part IV Tom (e) A mount of political contributions received
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expending the filing organization file in Enter the names, addresses an organization made payments of amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	i 527 political organization the filing organization a separate political is needed, provide info	r-0- (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	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		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

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 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

6.809

6,809

No

Yes

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Yes

Yes

1

2a

2b

2c 3

4

5

Sched	ıle C (Form 990 or 990-EZ) 2010			Page 3
Part	Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT fi	led Fo	rm 5768
		(i	a)	(b)
		Yes	No	Amount
_	Ouring the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or referendum, hrough the use of			

- Volunteers?
- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- Media advertisements?
- Mailings to members, legislators, or the public?
- Publications, or published or broadcast statements?
- Grants to other organizations for lobbying purposes?
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- Other activities? If "Yes," describe in Part IV
- Total lines 1c through 1i i
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a
- **b** 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
- d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2
- Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- Dues, assessments and similar amounts from members
- Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- Current year
- Carryover from last year
- Total
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

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As Filed Data -

DLN: 93493172005982

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** KANU O KA AINA LEARNING OHANA 99-0352665 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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 for any other purpose conferring 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 Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 **▶**\$_____ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe										<u>rontinuea)</u>
,	items (check all that apply)	records, effect at	19 01 61	101	iowing	chac ar	c a signific	unc u	se of its concett	011	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
b	Scholarly research		е	\vdash	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	v furthe	er the c	organization	ı's ex	cempt purpose in	1	
•	Part XIV	mootions and expit		.,	,	0, 1,,0	, ga <u>L</u> acio		.cmpc parpose n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	□ No
Pai	t IV Escrow and Custodial Arrang		•						· ·		, 110
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions	or other ass	ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving t	able		г				
							-	_	Am	ount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	e 21?						Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete						Form 990, o Years Back			/a\Eaur\	Voore Pock
1a	Beginning of year balance	(a)Current Year	(D) Prior	rear	(c) w	to reals back	(a)	Tillee feats back	(e)rour	Years Back
b	Contributions										
c	Investment earnings or losses					+		+			
d	Grants or scholarships										
_											
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			•			•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and a	dministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(i		
	(ii) related organizations							•	3a(ii)	<u> </u>
_	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	Зь		<u> </u>
4 Dat	t VI Investments—Land, Buildings					000 D:	art V line	10			
i (tvi investments—Land, Buildings	s, and Equipme	:III. 3						(-)	T	
	Description of investment) Cost oi is (inves		(b)Cost or o basis (other		(c) Accumulated depreciation	(d) B	ook value
	Land		•							1	
	Buildings		•				5,509	9,031	377,084	-	5,131,947
	Leasehold improvements		•								
c d	Equipment							2,778		5	188,182
c d e	·	· · · · · ·	•					5,097	61,226	+	188,182 2,423,871 7,744,000

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-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, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	100	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,693,922
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,695,040
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,118
4	Net unrealized gains (losses) on investments	4	18,085
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	18,085
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	16,967
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	4,649,288
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	18,085
3	Subtract line 2e from line 1	3	4,631,203
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 62,719		
C	Add lines 4a and 4b	4c	62,719
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,693,922
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	
1	Total expenses and losses per audited financial statements	1	4,695,040
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,695,040
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,695,040
Par	t XIV Supplemental Information	<u> </u>	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT HAS EVALUATED KALO'S TAX POSITIONS AS OF AUGUST 31, 2011 AND 2010 AND FOR THE YEARS THEN ENDED BY REVIEWING ITS INCOME TAX RETURNS AND CONFERRING WITH ITS TAX ADVISORS, AND DETERMINED THAT KALO HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH SUCH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES SUCH RETURNS ARE OPEN FOR EXAMINATION UNTIL THE STATUTE OF LIMITATIONS (GENERALLY THREE YEARS) EXPIRES
PART XII, LINE 4B - OTHER ADJUSTMENTS		INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 62,719

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, 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

OMB No 1545-0047

DLN: 93493172005982

Inspection

Employer identification number

KANU O KA AINA LEARNING OHANA 99-0352665 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered "Yes" to 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. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable arant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal other) (1) KANU O KA 'AINA NEW 99-0349760 501(C)(3) 53,406 NET BOOK VALUE 3 VEHICLES TO PROVIDE **CENTURY PUBLIC** STUDENT CHARTER SCHOOLPO TRANSPORTATION BOX 398 AND LUNCH SERVICE TRANSPORTATION KAMUELA, HI 96743

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(f)Description of non-cash assistance (e)Method of valuation FMV, appraisal, other) non-cash assistance (d)A mount of (c)A mount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (**b)**Number of recipients (a)Type of grant or assistance Part III

Part IV	Suppleme	e ntai information. Complete i	Zalisty Supplemental information. Complete this part to provide the information required in Part 1, line 2, and any other additional information.
Identifier		Return Reference	Explanation
PROCEDURE FOR	FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 KALO IS THE FISCAL AGENT FOR KANU O KA AINA THE GRANTEE, THUS
MONITORING GRANTS	GRANTS		MONITORING OCCURS ON A DAILY BASIS

IN THE U S

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PRO	nt - DO NOT PROCE	OCESS As Filed Data - DLN:	DLN: 93493172005982
SCHEDULE O (Form 990 or 990-EZ)	Supplem	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to F	e to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.	Open to Public Inspection
Name of the organization KANU O KA AINA LEARNING OHANA	n HANA	Employer identii	Employer identification number 99-0352665
			,
Identifier	Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2		DARRYL WISE AND TAFFI WISE HAVE A FAMILY RELATIONSHIP BARBARA ROBERTSON AND MARY KATIE BENIONI HAVE A FAMILY RELATIONSHIP	ARA ROBERTSON

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		KALO REVISED ITS BYLAWS IN NOVEMBER OF 2010 AS FOLLOWS REMOVED THE REQUIREMENT FOR DIRECTORS TO RESIDE ON HAWAII ISLAND METINGS MAY BE HELD BY PHONFONLINE CONFERENCING ADVISORY BOARDS ADVISE AND HAVE NO POWER TO ACT INDEMNIFICATION SECTION EXPANDED TO INCLUDE ADVANCES FOR EXPENSES

ldentifier	Return Reference	Explanation
FORM 990, PART VI		THE FORM 990 WILL BE COMPLETED BY AN INDEPENDENT AUDITOR ANNUALLY AND COPIES OF THE DRAFT WILL BE PROVIDED TO THE FATIRE GOVERNING BOARD OF DIRECTORS AS WIEL AS THE EXECUTIVE
SECTION B.		DIRECTOR THE EXECUTIVE DIRECTOR WILL REVIEW THE FORM 990 WITH THE BOARD OF DIRECTORS AND
LINE 11		CHIEF FINANCIAL OFFICER ANY NECESSARY CHANGES WILL THEN BE UPDATED ON THE FORM ONCE ALL
		NECESSARY CHANGES ARE MADE AND THE EXECUTIVE DIRECTOR IS IN A GREEMENT WITH THE BOARD AND
		CFO ON THE FINISHED FORM 990, IT WILL BE SIGNED BY THE BOARD TREASURER, DATED AND SUBMITTED
		BY THE FILING DEADLINE A COPY OF THE APPROVED FORM 990 WILL BE PROVIDED TO ALL OF THE
		OFFICERS AND DIRECTORS BEFORE THE RETURN IS FILED

Identifier	dentifier Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	FORM 990, PART VI, THE BOARD OF DIRECTORS CONFLICT OF INTEREST POLICY CLEARLY DEFINES THE ORGANIZATIONS SECTION B, LINE 12C CONFLICT OF INTEREST POLICY, IT ALSO CONTAINS AN ANNUAL ACKNOWLEDGEMENT AND DISCLOSURE FORM TO ENSURE THE BOARD AGREES TO THEIR RESPONSIBILITIES

Identifier	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 18,085

(g) Section 512(b)(13) DLN: 93493172005982 Schedule R (Form 990) 2010 OMB No 1545-0047 organization ŝ Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Open to Public Inspection controlled õ 2010 Yes (f)
Direct controlling
entity (f)
Direct controlling
entity Employer identification number ΑV (e)
Public charity status
(if section 501(c)(3)) LINE 2 99-0352665 (e) End-of-year assets Identification of Disregarded Entities (Complete of the organization answered "Yes" on Form 990, Part IV, line 33.) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Complete if the organization form 990. ► See separate instructions. Related Organizations and Unrelated Partnerships (d) Exempt Code section (**d)** Total income 501(C)(3) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) Ξ Primary activity (b)
Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. or more related tax-exempt organizations during the tax year.) PUBLIC CHARTER SCHOOL efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | (1) KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL (a)
Name, address, and EIN of disregarded entity (a)
Name, address, and EIN of related organization Name of the organization KANU O KA AINA LEARNING OHANA SCHEDULE R Department of the Treasury Internal Revenue Service KAMUELA, HI 96743 99-0349760 (Form 990) Part I Part II PO BOX 398

Schedule R	Schedule R (Form 990) 2010)2010									Page 2
Part III	Identifi	ication of Relat	ed Org	art III Identification of Related Organizations Taxable as a Par	ıble as a Partner	artnership (Complete If the organization answered "Yes" on Form 990, Part IV, line 34	the organization a	answered "Ye	s" on Form 990, 1	Part IV, line	s 34
	becanse	t had one or m	ore rela	because it had one or more related organizations treated as a	treated as a partn	partnership during the tax year.)	ax year.)				

(k) Percentage ownership					
(j) General or managing partner?	s No				
Ge ne	Yes				
nate Code V—UBI Ge s? amount in box 20 of m: Schedule K-1 p (Form 1065)					
(h) roprtionate cations ²	oN s				
Disp ar allo	Yes				
(g) Dispropritionate Share of end-of-year allocations? assets					
(f) Share of total income					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" on Form 990, Part IV,	of Relate	d Organ	vizations Tax	able as	a Corpo	ration o	r Trust (C	omplete if the	organizat	ion answ	ered "Yes" o	n Form 9	90, Part	IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	it had one	or more	e related organ	nzations	treated a	is a corpo	ration or t	rust during the	tax year.	<u> </u>				

	ח	-		1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
		country)					
						Schedule R (Schedule R (Form 990) 2010

Schedule R	Schedule R (Form 990) 2010	Pa
Part V	ITEN Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)	

Note. Complete l	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	2
1 During the tax year	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) int	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		Š
b Gift, grant, or ca	Gift, grant, or capital contribution to other organization(s)	1 b	Yes	
c Gift, grant, or cal	Gift, grant, or capital contribution from other organization(s)	10		ટ
d Loans or loan gu	Loans or loan guarantees to or for other organization(s)	1d		ટ્ટ
e Loans or loan gu	Loans or loan guarantees by other organization(s)	1e		2
f Sale of assets to	Sale of assets to other organization(s)	1£		ટ્ટ
g Purchase of ass	Purchase of assets from other organization(s)	1g		ž
b Exchange of assets	ets	1h		8
i Lease of facilities	Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities	Lease of facilities, equipment, or other assets from other organization(s)	1,		ž
k Performance of s	Performance of services or membership or fundraising solicitations for other organization(s)	1,	Yes	
Performance of s	Performance of services or membership or fundraising solicitations by other organization(s)	11		§
m Sharing of faciliti	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	mployees	1n	Yes	
• Reimbursement	Reimbursement paid to other organization for expenses	10	Yes	
p Reimbursement	Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of	Other transfer of cash or property to other organization(s)	14		ટ
r Othertransfer of	O ther transfer of cash or property from other organization(s)	1		ž
2 If the answer to	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	splo		
	(a) (b) (c) (d) Transaction Name of other organization Method of determining amount type(a-r)	(d) of determini involved	ıng amo	ount
(1)				
See Addıtıonal Data Table				
(2)				
(3)				
(4)				
(5)				
(9)				

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

revenue) tnat was not a related organization. See instructions regarding exciusion for certain investment partnersnips	ee instructions regarding exciu	Ision for certain inve	estment pa	irtnersnips				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproprtionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	<u>-</u> _
			Yes No		Yes No		Yes No	اها
								ı
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								l
								1
						Schodulo D (Form 990) 2010	0C (UDD w.	10

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Part WII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Explanation
Return Reference
Identifier

Explanation
Return Reference
Identifier

Software ID:

Software Version:

EIN: 99-0352665

Name: KANU O KA AINA LEARNING OHANA

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	В	53,406	53,406 NET BOOK VALUE
(2)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	В	210,586	210,586 ACTUAL AMOUNT ON ACCRUAL BASIS
(3)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	Ι	156,000	156,000 FAIR MARKET VALUE
(4)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	У	89,475	89,475 ACTUAL AMOUNT ON ACCRUAL BASIS
(2)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	М	149,515	149,515 ACTUAL AMOUNT ON ACCRUAL BASIS
(9)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	Z	177,675	177,675 ACTUAL AMOUNT ON ACCRUAL BASIS
(2)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	0	700,472	700,472 ACTUAL AMOUNT ON ACCRUAL BASIS
(8)	KANU O KA 'AINA NEW CENTURY PUBLIC CHARTER SCHOOL	۵	227,966	227,966 ACTUAL AMOUNT ON ACCRUAL BASIS