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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form at the end of the year may use this form

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

OMB No 1545-1150

2011

**Open to Public** Inspection

A	For the 2	2011 calenda	r year, or tax year beginning, 2011, and endin	<b>g</b>		, 20
В	Check If ap	plicable	C Name of organization	D Emp	loyer ıd	entification number
	Address cl	hange	Lung Kong Kung Shaw		9	9-0280942
닏	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)  Room/suit	e E Telep	ohone n	umber
님	Initial retur		1428 Liliha Street		80	8-538-3434
H	Terminated Amended	1	City or town, state or country, and ZIP + 4	F Gro	лр Ехе	mption
$\Box$	Application		Honolulu, Hawaii 96817-3504	Nun	nber 🕨	<b>&gt;</b>
G	Account	ing Method	✓ Cash	H Check	<b>▶</b>	f the organization is <b>not</b>
1	Websit	e:► LUNC	GKONG.ORG	required	d to att	ach Schedule B
JΊ	Tax-exen	npt status (che	ck only one) — 📝 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527	(Form 9	90, 99	0-EZ, or 990-PF)
ĸ	Check ▶	lf the	organization is not a section 509(a)(3) supporting organization or a section 527 organi	zation and i	ts gros	s receipts are normally
	not more		0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)			
	the orga	nization choo	ses to file a return, be sure to file a complete return			
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets (Part II,		
1	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	i
	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions	for Part I)
			the organization used Schedule O to respond to any question in this Pa			
	1		ns, gifts, grants, and similar amounts received		1	33480
	2		ervice revenue including government fees and contracts		2	0
	3	-	up dues and assessments		3	1638
	4	Investment	Income		4	50
	5a	Gross amo	unt from sale of assets other than inventory   5a	0		
	Ь		or other basis and sales expenses	0		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6		d fundraising events			
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
e		\$15,000) .		0		
Revenue	ь	Gross inco	me from fundraising events (not including \$ 0 of contribu	tions	1	
ě			aising events reported on line 1) (attach Schedule G if the			
			th gross income and contributions exceeds \$15,000)   6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	1	
		line 6c)			6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold		1	
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	50641
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	85809
_	10		I similar amounts paid (list in Schedule O)	======	10	4840
	11				11	25956
ý	1		ther compensation, and employee benefits RECEIVED		12	0
Expenses	13		al fees and other nayments to independent contractors	SC	13	0
je.	. 14		/, rent, utilities, and maintenance	SO-S) · ·	14	54137
ᄍ	15		ublications, postage, and shipping	[ <b>医</b> ]	15	
•	16		enses (describe in Schedule O)	7— I.	16	3933
1	17		enses. Add lines 10 through 16		17	88866
7	18		(deficit) for the year (Subtract line 17 from line 9)	· · · ·	18	<3057>
) is	19		or fund balances at beginning of year (from line 27, column (A)) (must a	oree with	H-0	\3037>
SS			ir figure reported on prior year's return)	- · · · · · · · · · · · · · · · · · · ·	19	409474
Net Assets	20	=			20	403474
Š			liges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20		21	406417
	21	INCL ASSELS	or fund balances at end of year. Combine lines 18 through 20	▶	41	1 400417

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Balance Sheets. (see the instructions			<u></u>		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		(B) End of year
22	Cook assumes and investments		-	<del></del>	00	
22 23	Cash, savings, and investments Land and buildings			71417	1	68360
24	<del>-</del>	•	}	338057	+	338057
	Other assets (describe in Schedule O)	•		400.47.4	24	400447
25	Total assets	•		409474	+==+	406417
26	(			400474	26	
27	Net assets or fund balances (line 27 of column	<del></del>		409474	[27]	406417
Par		•		•		Expenses
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III L		quired for section
Wha	is the organization's primary exempt purpose?				1	(c)(3) and 501(c)(4) anizations and section
	ribe the organization's program service accompl					7(a)(1) trusts, optional
	leasured by expenses In a clear and concise rooms benefited, and other relevant information for e		e services provide	d, the number of	for	others)
28	PROVIDE SCHOLARSHIPS TO FURTHER EDUCATION	ONAL GOALS, PROVI	DE SMALL GIFTS TO	VOLUNTEERS		
	IN ORGANIZATIONAL GOAL TO LEARN AND PRAC	TICE CHINESE CULT	JRAL ACTIVITIES			
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here	▶ □	288	3600
29	PROVIDE CONTRIBUTIONS TO CHURCHES AND O			R EXEMPT		
	PURPOSES				1	
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here	▶ □	298	1240
30	EXPENDITURES ATTRIBUTABLE TO ORGANIZATION					
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	30	84026
31	Other program services (describe in Schedule O)			<u></u>		
	. •	t includes foreign gra		▶ □	318	,
32	Total program service expenses (add lines 28a	through 31a) .		<b>&gt;</b>	32	
Par						
	Check if the organization used Schedule					
		(b) Title and average	(c) Reportable	(d) Health benefits,		
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		) Estimated amount of other compensation
		devoted to position	(If not paid, enter -0-)			other compensation
BAR	BARA S.K. CHONG	PRESIDENT				
941	OLENA STREET, HONOLULU, HI 96817	MINIMAL HOURS			o	0
	NY C. LAU	VICE-PRESIDENT			-	
395	KUPAU PLACE, HONOLULU, HI 96821	MINIMAL HRS			0	0
	NYDEAN QUON		-			
	JNIVERSITY AVE , #104, HONOLULU, HI 96826	SECRETARY MINIMAL HRS		o	0	0
	NEY K F. CHONG	TREASURER			1	
	61 PUNAWAI STREET, KANEOHE, HI 96744	MINIMAL HRS	ĺ	<u>,</u>	0	0
	PM LAU	CHINESE SEC	· · · · · · · · · · · · · · · · · · ·		╅	
	AHIKAU STREET, HONOLULU, HI 96825	MINIMAL HRS		1	0	0
	NDON CHONG	-	· · · · ·	<del>'</del>	∸ -	
	OLENA STREET, HONOLULU, HI 96817	AUDITOR MINIMAL	į ,	<u>, </u>	0	0
	OLLINA STREET, HOROLOGIG, HI 30017	lik3		, 	╩	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>√</b>
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		<b>√</b>
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9	304		* 1,
b 40a	Gross receipts, included on line 9, for public use of club facilities	S	- 'F-	- *
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	[; 		,
d e	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		6. 1	
	transaction? If "Yes," complete Form 8886-T	40e		1
41 42a	The organization's books are in care of ▶ Telephone no. ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	***		
c 43	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	42c		<b>√</b> <b>►</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<u> </u>	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	1
d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>

Sign Signature of officer Here **RODNEY CHONG, TREASURER** Type or print name and title Date Preparer's signature Print/Type preparer's name Paid Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? See instructions ► 12 Yes □ No

## **Consolidated FINANCIAL REPORT FOR 2011**

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	
ACTIVITIES													TOTAL
EXPEND													
UTILITIES	285.52	420.55	147.56	429.92	202.85	450.71	234.79	520.92	226.40	1297 92	364.84	1062 90	5644.88
DONATIONS	240 00		300 00	225.00	200 00		200 00		20 00		25 00		1240 00
MAIN		150 00								   			150 00
SCHOLARSHIP				3600 00						İ		   	3600 00
TAXES	469 71	153 43		490.05			535 01	150.00		535 01			2333 21
BANQUET				10226.00									10226.00
DIN/LUNCH	1229.13	2459 50	1865 91	1312.60	996.15	989 65	850.72	963 14	1480 09	1054 54	1053 55	1475 15	15730 13
EQUIP/SUP	628.29		11.00		690 15	209.00				215 27	60.35	474 19	2338 55
RENOVATION	6483 00	400.00	3441.50	3441.50	3441.50	3441.50	3441.50	3441.50	6483.00	400.00	3441 50	5813 08	43669.58
MISC		3.00	426.18	8.00	3.00	211.00	2115.80	1153 00	3 00	3 20	3 50	3 50	3933.48
SUBTOTAL	9385.95	3586.48	6192.15	19733 07	5533.65	5301.86	7377 82	6228 56	8242.49	3506.24	4948.74	8828.82	88865 83
REVENUES													
CONTRIB	4512.00	8956.00	4379.00	1689 00	978.00	678.00	768 00	00 686	756.00	1165.00	267.00	798.00	26235 00
PROG. SVCS													000
MEMBERS	420.00		392.00	300.00			95 00		258.00	173 43			1638 43
BANQUET			6097.50	1147.30									7244.80
INVESTMENT	24 80		12.40							12 40			49 60
RENTALS	4219.00	12331.00	3783.55	2963 00	3763 00	3363 00	3363.00	3363.00	4395.00	2331 00	3363.00	3366 00	50603.55
INTEREST	2.59	3 14	3.06	3.51	3 26	2 90	2 92	3.56	2 82	2 80	3.67	3.56	38 09
													00 0
SUBTOTAL	9178 39	9178 39 21290.14 14667.51	14667.51	6102.81	4744 56	4043 90	4228.92	4355 56	4355 56 5411 82	3684 63	3933 67	4167 56	85809 47