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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

**A** For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 20 13

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization Kamehameha Schools Association of Teachers & Parents  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
2010 Princess Drive 304  
 City, town or post office, state, and ZIP code  
Honolulu, Hawaii 96817

**D** Employer identification number  
99-0175487

**E** Telephone number  
808 842-8663

**F** Name and address of principal officer \_\_\_\_\_

**G** Gross receipts \$ \_\_\_\_\_

**H(a)** Is this a group return for affiliates? ☐ Yes ☐ No  
**H(b)** Are all affiliates included? ☐ Yes ☐ No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**J** Website: ► NA

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

**L** Year of formation \_\_\_\_\_

**M** State of legal domicile \_\_\_\_\_

## Part I Summary

|                         |                                                                |                                                                                                                                                                                                                                                                                                                                           |                                  |                    |
|-------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|
| Activities & Governance | <b>1</b>                                                       | Briefly describe the organization's mission or most significant activities: <u>Support the activities of Kamehameha Schools Kapalama Campus that are intended to assist students in their efforts to be effective participants in contemporary society and thereby perpetuate the legacy and vision of Princess Bernice Pauahi Bishop</u> |                                  |                    |
|                         | <b>2</b>                                                       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                                                                                                                                                                   |                                  |                    |
|                         | <b>3</b>                                                       | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                         | <u>3</u>                         | <u>16</u>          |
|                         | <b>4</b>                                                       | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                             | <u>4</u>                         | <u>9</u>           |
|                         | <b>5</b>                                                       | Total number of individuals employed in calendar year 2012 (Part VII, line 2a)                                                                                                                                                                                                                                                            | <u>5</u>                         | <u>0</u>           |
|                         | <b>6</b>                                                       | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                        | <u>6</u>                         | <u>1800</u>        |
|                         | <b>7a</b>                                                      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                      | <u>7a</u>                        | <u>0</u>           |
| <b>b</b>                | Net unrelated business taxable income from Form 990-T, line 34 | <u>7b</u>                                                                                                                                                                                                                                                                                                                                 | <u>0</u>                         |                    |
| Revenue                 | <b>8</b>                                                       | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                             | <u>69,944</u>                    | <u>59,946</u>      |
|                         | <b>9</b>                                                       | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                              | <u>10,189</u>                    | <u>0</u>           |
|                         | <b>10</b>                                                      | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                             | <u>1,511</u>                     | <u>1,783</u>       |
|                         | <b>11</b>                                                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                  | <u>101,295</u>                   | <u>60,145</u>      |
|                         | <b>12</b>                                                      | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                          | <u>182,939</u>                   | <u>121,874</u>     |
|                         | <b>13</b>                                                      | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                                                                                          | <u>173,301</u>                   | <u>127,839</u>     |
|                         | <b>14</b>                                                      | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                             | <u>0</u>                         | <u>0</u>           |
|                         | <b>15</b>                                                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                         | <u>0</u>                         | <u>0</u>           |
|                         | <b>16a</b>                                                     | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                             | <u>0</u>                         | <u>0</u>           |
|                         | <b>b</b>                                                       | Total fundraising expenses (Part IX, column (D), line 25) ►                                                                                                                                                                                                                                                                               | <u>0</u>                         | <u>0</u>           |
| Expenses                | <b>17</b>                                                      | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                                                                                                                                                              | <u>21,723</u>                    | <u>22,771</u>      |
|                         | <b>18</b>                                                      | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                 | <u>195,024</u>                   | <u>150,610</u>     |
|                         | <b>19</b>                                                      | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                      | <u>-12,085</u>                   | <u>-28,736</u>     |
|                         | <b>20</b>                                                      | Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                            | <u>425,129</u>                   | <u>396,392</u>     |
|                         | <b>21</b>                                                      | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                       | <u>0</u>                         | <u>0</u>           |
|                         | <b>22</b>                                                      | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                                                                | <u>425,129</u>                   | <u>396,392</u>     |
|                         |                                                                |                                                                                                                                                                                                                                                                                                                                           | <b>Beginning of Current Year</b> | <b>End of Year</b> |
|                         |                                                                |                                                                                                                                                                                                                                                                                                                                           | <u>425,129</u>                   | <u>396,392</u>     |
|                         |                                                                |                                                                                                                                                                                                                                                                                                                                           | <u>0</u>                         | <u>0</u>           |
|                         |                                                                |                                                                                                                                                                                                                                                                                                                                           | <u>425,129</u>                   | <u>396,392</u>     |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Brian Chang Date: February 14, 2014

Type or print name and title: Brian Chang, Assistant Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check ☐ if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

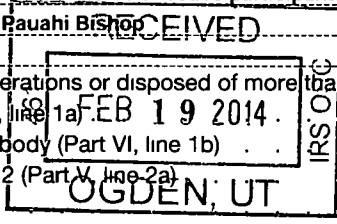
May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

SCANNED MAR 05 2014



**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

Supported the Kamehameha Schools Kapalama Campus by awarding enrichment grants to K-12 grade levels for curricular, co-curricular and extra-curricular activities; funded programs to engage parents including class picnics, Spirit Night and other presentations; funded teacher dinners at Open House, provided educational necessities such as school uniforms and supplies to indigent students.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 127,839 including grants of \$ 107,490 ) (Revenue \$ )

Awarded enrichment grants to student clubs, athletic teams and Elementary Grade Levels for curricular, extra-curricular and co-curricular activities impacting 3,200 day and boarder students.

**4b** (Code: ) (Expenses \$ 127,839 including grants of \$ 7,640 ) (Revenue \$ )

Funded programs to engage parents and encourage their involvement and participation in School activities such as class picnics, Spirit Night and other presentations. Recognized Outstanding Teacher.

**4c** (Code: ) (Expenses \$ 127,839 including grants of \$ 12,709 ) (Revenue \$ )

Provided educational necessities such as school uniforms and supplies to indigent students who are a significant population within the student body. Student were identified by teachers and counselors.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 127,839

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes         | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <b>1</b> ✓  |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                         | <b>2</b>    | ✓  |
| <b>3</b> 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 . . . . .                                                                                                                      | <b>3</b>    | ✓  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .                                                                                                       | <b>4</b>    | ✓  |
| <b>5</b> 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 . . . . .                                                                               | <b>5</b>    | ✓  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 . . . . .                                                    | <b>6</b>    | ✓  |
| <b>7</b> 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 . . . . .                                                                                            | <b>7</b>    | ✓  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <b>8</b>    | ✓  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 . . . . .            | <b>9</b>    | ✓  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                                     | <b>10</b>   | ✓  |
| <b>11</b> 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.                                                                                                                                                                    |             |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <b>11a</b>  | ✓  |
| <b>b</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 . . . . .                                                                                                     | <b>11b</b>  | ✓  |
| <b>c</b> 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 . . . . .                                                                                                     | <b>11c</b>  | ✓  |
| <b>d</b> 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 . . . . .                                                                                                                      | <b>11d</b>  | ✓  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <b>11e</b>  | ✓  |
| <b>f</b> 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 . . . . .                                                            | <b>11f</b>  | ✓  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <b>12a</b>  | ✓  |
| <b>b</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 and XII is optional . . . . .                                                                           | <b>12b</b>  | ✓  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <b>13</b>   | ✓  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <b>14a</b>  | ✓  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . | <b>14b</b>  | ✓  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                    | <b>15</b>   | ✓  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .                                                                                        | <b>16</b>   | ✓  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                                                                            | <b>17</b>   | ✓  |
| <b>18</b> 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 . . . . .                                                                                                                           | <b>18</b> ✓ |    |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <b>19</b>   | ✓  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <b>20a</b>  | ✓  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <b>20b</b>  | ✓  |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                                      | Yes        | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                         | <b>21</b>  | ✓  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                           | <b>22</b>  | ✓  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | <b>23</b>  | ✓  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .                            | <b>24a</b> | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                 | <b>24b</b> | ✓  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                        | <b>24c</b> | ✓  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                           | <b>24d</b> | ✓  |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                     | <b>25a</b> | ✓  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                        | <b>25b</b> | ✓  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                                                   | <b>26</b>  | ✓  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  | ✓  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                              |            |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                    | <b>28a</b> | ✓  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                 | <b>28b</b> | ✓  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                     | <b>28c</b> | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | <b>29</b>  | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | <b>30</b>  | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | <b>31</b>  | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | <b>32</b>  | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | <b>33</b>  | ✓  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | <b>34</b>  | ✓  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                         | <b>35a</b> | ✓  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                          | <b>35b</b> | ✓  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | <b>36</b>  | ✓  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | <b>37</b>  | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b>  | ✓  |

**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                                  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | <b>1a</b>  | 0                                   |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | <b>1b</b>  | 0                                   |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>NOT APPLICABLE</b>                                                                                               | <b>1c</b>  |                                     |
| <b>2a</b>  | 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.                                                                                               | <b>2a</b>  | 0                                   |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          | <b>2b</b>  |                                     |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | <b>3a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | <b>3b</b>  |                                     |
| <b>4a</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)?                                   | <b>4a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                                            |            |                                     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        | <b>5a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             | <b>5b</b>  |                                     |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                            | <b>5c</b>  |                                     |
| <b>6a</b>  | 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 as charitable contributions?                                                                      | <b>6a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                | <b>6b</b>  |                                     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |            |                                     |
| <b>a</b>   | 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?                                                                                                                              | <b>7a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | <b>7b</b>  |                                     |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         | <b>7c</b>  | <input checked="" type="checkbox"/> |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           | <b>7d</b>  |                                     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              | <b>7e</b>  | <input checked="" type="checkbox"/> |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | <b>7f</b>  | <input checked="" type="checkbox"/> |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             | <b>7g</b>  | <input checked="" type="checkbox"/> |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | <b>7h</b>  | <input checked="" type="checkbox"/> |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   | <input checked="" type="checkbox"/> |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |            |                                     |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | <b>9a</b>  | <input checked="" type="checkbox"/> |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | <b>9b</b>  | <input checked="" type="checkbox"/> |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                               |            |                                     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    | <b>10a</b> |                                     |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 | <b>10b</b> |                                     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                              |            |                                     |
| <b>a</b>   | Gross income from members or shareholders.                                                                                                                                                                                                                                   | <b>11a</b> |                                     |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                 | <b>11b</b> |                                     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            | <b>12a</b> |                                     |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | <b>12b</b> |                                     |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |            |                                     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | <b>13a</b> |                                     |
| <b>b</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.                                                                                                                   | <b>13b</b> |                                     |
| <b>c</b>   | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | <b>13c</b> |                                     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   | <b>14a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   | <b>14b</b> |                                     |

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

Check if Schedule O contains a response to any question in this Part VI ☐

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                         | Yes       | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | <b>1a</b> | <b>16</b>                           |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                       |           |                                     |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                             | <b>1b</b> | <b>9</b>                            |
| <b>2</b> 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? . . . . .                                                | <b>2</b>  | <input checked="" type="checkbox"/> |
| <b>3</b> 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? . . . . . | <b>3</b>  | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                               | <b>4</b>  | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                           | <b>5</b>  | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                   | <b>6</b>  | <input checked="" type="checkbox"/> |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | <b>7a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                            | <b>7b</b> | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                              |           |                                     |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                  | <b>8a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                | <b>8b</b> | <input checked="" type="checkbox"/> |
| <b>9</b> 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 . . . . .         | <b>9</b>  | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                                 | Yes        | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                             | <b>10b</b> | <input checked="" type="checkbox"/> |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                          | <b>11a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                           |            |                                     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <b>12a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                                    | <b>12b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | <b>12c</b> | <input checked="" type="checkbox"/> |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b>  | <input checked="" type="checkbox"/> |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                        | <b>14</b>  | <input checked="" type="checkbox"/> |
| <b>15</b> 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?                                                                                  |            |                                     |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <b>15a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <b>15b</b> | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                              |            |                                     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> | <input checked="" type="checkbox"/> |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **Hawaii**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Brian Chang 2010 Princess Drive, Honolulu Hawaii 96817 Ph 808 842-8663**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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. 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; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                    |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Kalani Fronda, President       | P/T                                                                                        |                                                                                                              |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Gerald Andrade, Vice President | P/T                                                                                        |                                                                                                              |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Debbie Wentzel, Secretary      | P/T                                                                                        |                                                                                                              |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Heidi Kim, Treasurer           | P/T                                                                                        |                                                                                                              |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5)                                |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (6)                                |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (7)                                |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (8)                                |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (9)                                |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (10)                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (11)                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (12)                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (13)                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14)                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (16)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (17)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (18)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | ✓  |
| <b>4</b> |     | ✓  |
| <b>5</b> |     | ✓  |

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| None                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

|                                                                   |                                                        |                                                                                                                                              | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>                                              | Federated campaigns . . . . .                                                                                                                | <b>1a</b>            |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Membership dues . . . . .                                                                                                                    | <b>1b</b>            | 31,920                                             |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Fundraising events . . . . .                                                                                                                 | <b>1c</b>            | 10,965                                             |                                         |                                                                           |
|                                                                   | <b>d</b>                                               | Related organizations . . . . .                                                                                                              | <b>1d</b>            |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                               | Government grants (contributions)                                                                                                            | <b>1e</b>            |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                               | All other contributions, gifts, grants,<br>and similar amounts not included above                                                            | <b>1f</b>            | 17,061                                             |                                         |                                                                           |
|                                                                   | <b>g</b>                                               | Noncash contributions included in lines 1a-1f \$                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>h</b>                                               | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                      |                      | 59,946                                             |                                         |                                                                           |
|                                                                   | <b>Business Code</b>                                   |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    | <b>2a</b>                                              |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                               |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                               |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                               | All other program service revenue . . . . .                                                                                                  |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>g</b>                                               | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                      |                      | 0                                                  |                                         |                                                                           |
| <b>Other Revenue</b>                                              | <b>3</b>                                               | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                    |                      | 1,783                                              |                                         | 1,783                                                                     |
|                                                                   | <b>4</b>                                               | Income from investment of tax-exempt bond proceeds                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>5</b>                                               | Royalties . . . . .                                                                                                                          |                      |                                                    |                                         |                                                                           |
|                                                                   |                                                        | (i) Real                                                                                                                                     | (ii) Personal        |                                                    |                                         |                                                                           |
|                                                                   | <b>6a</b>                                              | Gross rents . . . . .                                                                                                                        |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less: rental expenses . . . . .                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Rental income or (loss) . . . . .                                                                                                            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                               | Net rental income or (loss) . . . . .                                                                                                        |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>7a</b>                                              | Gross amount from sales of<br>assets other than inventory . . . . .                                                                          | (i) Securities       | (ii) Other                                         |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less: cost or other basis<br>and sales expenses . . . . .                                                                                    |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Gain or (loss) . . . . .                                                                                                                     |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                               | Net gain or (loss) . . . . .                                                                                                                 |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>8a</b>                                              | Gross income from fundraising<br>events (not including \$ 10,965<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>             | 284,951                                            |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less: direct expenses . . . . .                                                                                                              | <b>b</b>             | 224,806                                            |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Net income or (loss) from fundraising events . . . . .                                                                                       |                      | 60,145                                             |                                         |                                                                           |
|                                                                   | <b>9a</b>                                              | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                       | <b>a</b>             |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less: direct expenses . . . . .                                                                                                              | <b>b</b>             |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Net income or (loss) from gaming activities . . . . .                                                                                        |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>10a</b>                                             | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                           | <b>a</b>             |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less: cost of goods sold . . . . .                                                                                                           | <b>b</b>             |                                                    |                                         |                                                                           |
| <b>c</b>                                                          | Net income or (loss) from sales of inventory . . . . . |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                      |                                                        | <b>Business Code</b>                                                                                                                         |                      |                                                    |                                         |                                                                           |
| <b>11a</b>                                                        |                                                        |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                        |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                        |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
| <b>d</b>                                                          | All other revenue . . . . .                            |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
| <b>e</b>                                                          | <b>Total.</b> Add lines 11a-11d . . . . .              |                                                                                                                                              |                      |                                                    |                                         |                                                                           |
| <b>12</b>                                                         | <b>Total revenue.</b> See instructions. . . . .        |                                                                                                                                              | 121,874              |                                                    | 1,783                                   |                                                                           |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21                                                                                                                                 |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                                                                   | 127,839               | 127,839                         |                                        |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                                                                                      |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                           |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>c</b> Accounting                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>d</b> Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                             |                       |                                 |                                        |                             |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>13</b> Office expenses                                                                                                                                                                                                                        | 5,252                 |                                 | 5,252                                  |                             |
| <b>14</b> Information technology                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>17</b> Travel                                                                                                                                                                                                                                 | 2,412                 |                                 | 2,412                                  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>20</b> Interest                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>23</b> Insurance                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |                                        |                             |
| <b>a</b> Program expenses                                                                                                                                                                                                                        | 15,107                | 15,107                          |                                        |                             |
| <b>b</b>                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>c</b>                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>d</b>                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 150,610               | 142,946                         | 7,664                                  |                             |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 425,129                  | <b>1</b>   | 396,392            |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>2</b>   |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>3</b>   |                    |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |                          | <b>4</b>   |                    |
|                                                                                      | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b>   |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |                          | <b>7</b>   |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |                          | <b>8</b>   |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |                          | <b>9</b>   |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                         | <b>10a</b>               |            |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | <b>10b</b>               | <b>10c</b> |                    |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>11</b>  |                    |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           |                          | <b>12</b>  |                    |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>13</b>  |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>14</b>  |                    |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                           |                          | <b>15</b>  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 425,129                                                                                                                                                                                                                                                                                                                                          | <b>16</b>                | 396,392    |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>17</b>  |                    |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | <b>18</b>  |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |                          | <b>19</b>  |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>20</b>  |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                        |                          | <b>21</b>  |                    |
|                                                                                      | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                         |                          | <b>22</b>  |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |                          | <b>23</b>  |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |                          | <b>24</b>  |                    |
|                                                                                      | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .                                                                                                                                                        |                          | <b>25</b>  |                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>26</b>  |                    |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                       |                          |            |                    |
|                                                                                      | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      | 425,129                  | <b>27</b>  | 396,392            |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>28</b>  |                    |
|                                                                                      | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>29</b>  |                    |
|                                                                                      | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                                                                                |                          |            |                    |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |                          | <b>30</b>  |                    |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                                                                                                                                             |                          | <b>31</b>  |                    |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             |                          | <b>32</b>  |                    |
|                                                                                      | <b>33</b> Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>33</b>  |                    |
|                                                                                      | <b>34</b> Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                               | 425,129                  | <b>34</b>  | 396,392            |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

|           |                                                                                                                          |           |                |
|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                      | <b>1</b>  | <b>121,874</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                       | <b>2</b>  | <b>150,610</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .                                                             | <b>3</b>  | <b>-28,736</b> |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b>  | <b>425,129</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                   | <b>5</b>  |                |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                         | <b>6</b>  |                |
| <b>7</b>  | Investment expenses . . . . .                                                                                            | <b>7</b>  |                |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                       | <b>8</b>  |                |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                           | <b>9</b>  |                |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | <b>396,392</b> |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

**2a** ☐ ☒**2b** ☐ ☒**2c** ☐ ☐**3a** ☐ ☒**3b** ☐ ☐

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

Kamehameha Schools Association of Teachers & Parents

Employer identification number

99-0175487

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I    b ☐ Type II    c ☒ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
  - e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|                                                                                                                                                                                        | Yes | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . |     | <input checked="" type="checkbox"/> |
| (ii) A family member of a person described in (i) above? . . . . .                                                                                                                     |     | <input checked="" type="checkbox"/> |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .                                                                                                    |     | <input checked="" type="checkbox"/> |
  - h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |            |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
| (A) Kamehameha Schools             | 99-0073480 | 2                                                                                           | <input checked="" type="checkbox"/>                                    |    | <input checked="" type="checkbox"/>                             |    | <input checked="" type="checkbox"/>                        |    | 150,610                          |
| (B)                                |            |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (C)                                |            |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (D)                                |            |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| (E)                                |            |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| <b>Total</b>                       |            |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    | <b>150,610</b>                   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                          | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                            | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012  | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                        |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                    |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                      |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                          |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                      |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b>                | % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                 | <b>15</b>                | % |
| <b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           | <input type="checkbox"/> |   |
| <b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        | <input type="checkbox"/> |   |
| <b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    | <input type="checkbox"/> |   |
| <b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/> |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                               | <input type="checkbox"/> |   |

**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 in) ►                                                                                                                                             | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . .                                                                                                                           |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .                                                                                                               |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .                                                                                                                                                                |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                          |           |   |
|----------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                               |           |   |
|---------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests—2012.** 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 organization . ☐

**b 33 1/3% support tests—2011.** 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 . ☐

**20 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.** 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).

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Employer identification number

**Kamehameha Schools Association of Teachers & Parents**

**99-0175487**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply
- |                                                                    |                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |                                                                         |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>Total</b> . . . . . ▶                                  |               |                                                                |    |                                   |                                                                  |                                                   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |                                                                                   | (a) Event #1<br><b>Ho'olaulea</b><br>(event type) | (b) Event #2<br><b>Thrift Shop</b><br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|-----------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|------------------------------------|------------------------------------------------------|
| Revenue         | <b>1</b> Gross receipts . . . . .                                                 | 291,764                                           | 4,152                                              |                                    | 295,916                                              |
|                 | <b>2</b> Less: Contributions . . . . .                                            | 10,965                                            |                                                    |                                    | 10,965                                               |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 280,799                                           | 4,152                                              |                                    | 284,951                                              |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                    |                                                   |                                                    |                                    |                                                      |
|                 | <b>5</b> Noncash prizes . . . . .                                                 |                                                   |                                                    |                                    |                                                      |
|                 | <b>6</b> Rent/facility costs . . . . .                                            |                                                   |                                                    |                                    |                                                      |
|                 | <b>7</b> Food and beverages . . . . .                                             |                                                   |                                                    |                                    |                                                      |
|                 | <b>8</b> Entertainment . . . . .                                                  |                                                   |                                                    |                                    |                                                      |
|                 | <b>9</b> Other direct expenses                                                    | 224,806                                           |                                                    |                                    | 224,806                                              |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                                   |                                                    |                                    | ( 224,806 )                                          |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶ |                                                   |                                                    |                                    | 60,145                                               |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                      | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
| Revenue         | <b>1</b> Gross revenue . . . . .                                                     |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>3</b> Noncash prizes . . . . .                                                    |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>4</b> Rent/facility costs . . . . .                                               |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>5</b> Other direct expenses . . . . .                                             |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>6</b> Volunteer labor . . . . .                                                   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶     |                                                                     |                                                                     |                                                                     | ( )                                               |
|                 | <b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                   |

**9** Enter the state(s) in which the organization operates gaming activities:

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....
- c** If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Kamehameha Schools Association of Teachers & Parents

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                                                        | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (2) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (3) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (4) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (5) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (6) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (7) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (8) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (9) . . . . .                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (10) . . . . .                                                                                              |         |                               |                          |                                   |                                                       |                                        |                                    |
| (11) . . . . .                                                                                              |         |                               |                          |                                   |                                                       |                                        |                                    |
| (12) . . . . .                                                                                              |         |                               |                          |                                   |                                                       |                                        |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . |         |                               |                          |                                   |                                                       |                                        | ▶                                  |
| 3 Enter total number of other organizations listed in the line 1 table . . . . .                            |         |                               |                          |                                   |                                                       |                                        | ▶                                  |

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

Cat No 50055P

Schedule I (Form 990) (2012)

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

99-0175487

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                                                                                                                                                       | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 Student Grants - See Exhibits 1 & 2                                                                                                                                                 | Various                  | 127,466                  |                                   |                                                       |                                        |
| 2 Teacher Recognition                                                                                                                                                                 | 1                        | 373                      |                                   |                                                       |                                        |
| 3                                                                                                                                                                                     |                          |                          |                                   |                                                       |                                        |
| 4                                                                                                                                                                                     |                          |                          |                                   |                                                       |                                        |
| 5                                                                                                                                                                                     |                          |                          |                                   |                                                       |                                        |
| 6                                                                                                                                                                                     |                          |                          |                                   |                                                       |                                        |
| 7                                                                                                                                                                                     |                          |                          |                                   |                                                       |                                        |
| <b>Part IV</b> <b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |                          |                          |                                   |                                                       |                                        |

Part III: All Kamehameha students on the Kapālama Campus are eligible to apply for enrichment grants from KS ATP. In accordance with the Bylaws, grant funds are appropriated by the

Executive Council to each unit at the Elementary, Middle and High School. Each unit has a council consisting of elected parent representatives and school faculty and administrative

staff. These councils review grant applications, determine eligibility and decide on award levels, based on the merits of the proposal. A listing of approved grants is attached as

Exhibit 1.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**Kamehameha Schools Association of Teachers & Parents**

Employer identification number

**99-0175487**

**Part III, 4a:** All Kamehameha students on the Kapālama Campus are eligible to apply for enrichment grants from KS ATP. In accordance with the Bylaws, grant funds are appropriated by the Executive Council to each Unit at the Elementary, Middle and High School. Each Unit has a council consisting of elected parent representatives and school faculty and administrative staff. These councils review grant applications and decide on award levels, based on the merit of the proposal. Listing of grant requests are attached as Exhibit 1.

**Part III, 4b:** To insure that all students of the Kapālama Campus receive benefits from KS ATP, a \$4 per student fund was created. The amount per student increased from \$2 to \$4 in FY 2008. Typical uses of these monies include grade level activities such as movies and class picnics. These funds are accessed by parents and staff members via the Parent Coordinator and a subcommittee of Board members. In addition, KS ATP provides several service programs including Spirit Night and Sunset on Konia.

**Part III, 4c:** The Kamehameha Schools Association of Teachers and Parent's Kōkua Fund serves students with indigent backgrounds who have special or emergency financial needs. The Fund is administered by the Assistant Treasurer, who in turn receives requests and recommendations from the respective school principals, vice principals and counselors. \$3,597 in designated contributions was received during FY2012 for the Kokua Fund. Typical uses of the Fund include grants to needy students who cannot afford dress whites, shoes, school uniforms, school supplies or to pay minor outstanding tuition balances at year end. Although all of the recipients are on full financial aid, financial aid limitations do not cover certain types of expenditures. Books, dress whites, shoes, charges for lost student ID cards, and other miscellaneous school charges are also not covered by Financial Aid. Kōkua Funds are often used to cure billing delinquencies which enables a senior to participate in commencement or keeps an underclassman enrolled.

The ATP also administers a Makana Fund for destitute students. Counselors and Administrators identify potential families in indigent circumstances and ATP purchases \$100 gift cards from a local supermarket to provide a Christmas meal. The gift cards exclude purchases alcohol and tobacco. KS staff members are solicited for Makana Fund donations; \$13,244 was received in FY2012.

**Part VI, Section A:** Seven members of the Board are KS employees: Principals of the High, Middle and Elementary School, Director of Boarding and three Teacher representatives. The remaining nine members are parents.

All parents are dues paying members of ATP. Parents elect class representatives who in turn elect Unit Council Directors. Teacher representatives elect Directors and Neighbor Island Presidents are designated directors.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Employer identification number

Kamehameha Schools Association of Teachers &amp; Parents

99-0175487

**Part VI, Section B, 10a:** KSATP has Neighbor Island Affiliates on West Hawaii, Kauai and Molokai. Parents on these islands elect officers who participate in ATP Board Meetings and have an active role in the annual Ho'olaulea Fundraiser.

**Part IV, Section B, 11a & b:** Drafts of this year's Form 990 were circulated electronically to all members of the ATP Board prior to submittal. Board members were given the opportunity to comment or make changes to this filing.

**Part VI, Section B, 12a:** KSATP maintains a written conflict of interest policy. All incoming Board members receive training upon induction. Conflicts and potential conflicts are then self-identified. The policy is enforced during meetings by the Board by ensuring that members with conflicts or potential conflicts abstain from voting.

**Part VII, Section A:** No officers receive any form of compensation from ATP; all are volunteers.

**Part IX, 24:** Program expenses are class related expenses such as class T-shirts, class trolley rides, snow day, etc.

**Part XII, 2a:** The annual cost of an audit is cost prohibitive and would reduce the amount of resources available to students. The books and records are maintained by the Assistant Treasurer who also serves as the Fiscal Administrator for the Kapalama Campus. Segregation of duties is maintained as all checks and deposits are processed by the KS Parent Coordinator.

**Part VI, Section C, 19:** The Association's governing documents and conflict of interest policy are distributed annually to parent representatives. Financial statements are reviewed and approved by board members. All documents are available for review by association members upon request through the Association.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

99-0175487

Kamehameha Schools Association of Teachers & Parents

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) .....                                                           |                         |                                                  |                     |                           |                                  |
| (2) .....                                                           |                         |                                                  |                     |                           |                                  |
| (3) .....                                                           |                         |                                                  |                     |                           |                                  |
| (4) .....                                                           |                         |                                                  |                     |                           |                                  |
| (5) .....                                                           |                         |                                                  |                     |                           |                                  |
| (6) .....                                                           |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                                         | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|---------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
|                                                                                                               |                         |                                                  |                            |                                                     |                                  | Yes No                                       |
| (1) TRUSTEES OF THE ESTATE OF BERNICE PAUAAHI BISHOP<br>567 S. King Street, Honolulu, HI 96813 EIN 99-0073480 | School                  | Hawaii                                           | 501(c)3                    | 2 NA                                                |                                  | ✓                                            |
| (2) .....                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (3) .....                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (4) .....                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (5) .....                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (6) .....                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |
| (7) .....                                                                                                     |                         |                                                  |                            |                                                     |                                  |                                              |

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

Cat No 50135Y

Schedule R (Form 990) 2012

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                         |                                 |                                        | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| (1) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (2) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (3) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (4) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (5) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (6) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (7) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------|----|
|                                                       |                         |                                                     |                                     |                                                     |                                 |                                       |                                | Yes                                                | No |
| (1) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (2) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (3) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (4) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (5) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (6) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (7) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .   |     |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                |     | ✓  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                              |     | ✓  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                     |     | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                            |     | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .                                                         |     |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                      |     | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                |     | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                |     | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                     |     | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                   |     |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . . |     | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .  |     | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .  |     | ✓  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                         |     | ✓  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                     |     |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                     |     | ✓  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                  |     |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                |     | ✓  |

**2** 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.

|                        | (a)<br>Name of other organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) Kamehameha Schools |                                   | M                             | N/A                    | N/A                                          |
| (2)                    |                                   |                               |                        |                                              |
| (3)                    |                                   |                               |                        |                                              |
| (4)                    |                                   |                               |                        |                                              |
| (5)                    |                                   |                               |                        |                                              |
| (6)                    |                                   |                               |                        |                                              |

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>section 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                         |                         |                                                        |                                                                                                     | Yes                                                               | No |                                 |                                          | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| (1) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (2) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (3) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (4) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (5) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (6) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (7) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (8) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (9) .....                               |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (10) .....                              |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (11) .....                              |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (12) .....                              |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (13) .....                              |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (14) .....                              |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (15) .....                              |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
| (16) .....                              |                         |                                                        |                                                                                                     |                                                                   |    |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |

**Part VII** **Supplemental Information**

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

**Part V, Section 2:** KSATP utilized the facilities of Kamehameha Schools to conduct meetings and hold it's annual fundraiser. It also uses

KS facilities to conduct Board meetings. KS does not assess a facilities use fee.

**KAMEHAMEHA SCHOOLS ASSOCIATION OF TEACHERS & PARENTS  
HIGH SCHOOL  
FY 2012 - 2013 Enrichment Grant Requests**

|                            |           |             |          |
|----------------------------|-----------|-------------|----------|
| TOTAL:                     | 62,000.00 | 62,000.00   | 3,200.00 |
| HIGH SCHOOL ALLOCATION     |           | \$90,000.00 |          |
| RESERVE FOR FUTURE GRANTS: |           | 28,000.00   |          |

| EXHIBIT 1<br>KAMEHAMEHA SCHOOLS ASSOCIATION OF TEACHERS & PARENTS<br>MIDDLE SCHOOL<br>FY 2012 - 2013 Enrichment Grant Requests |        |               |                    |               |                                   |                  |                |             |                 |              |              |
|--------------------------------------------------------------------------------------------------------------------------------|--------|---------------|--------------------|---------------|-----------------------------------|------------------|----------------|-------------|-----------------|--------------|--------------|
| EG #                                                                                                                           | Status | Activity Type | Number of Students | Activity Date | Activity                          | Amount Requested | Amount Granted | Amount Paid | Amount Returned | Check Number | Report Rec'd |
| 13-MS-01                                                                                                                       | Y      | Indiv         | 2                  |               | STEM Summer Program               | \$400 00         | \$400 00       | \$400 00    |                 | 6370, 71     |              |
| 13-MS-02                                                                                                                       |        |               | 3                  | 11/27-12-3    | Chess Club State Tournament       | 600 00           | 600 00         | 600 00      |                 | 6454         |              |
| 13-MS-03                                                                                                                       |        |               |                    |               | KMS Choral Music & 808 Faith Club | 5,000 00         | 5,000 00       | 5,000 00    |                 | 6385, 87     |              |
| 13-MS-04                                                                                                                       | Y      | Club          | 14                 | Mar 12-17     | KMS Choral Music trip to Dallas   | 2,200 00         | 2,200 00       | 2,200 00    |                 | 6368         |              |
| 13-MS-05                                                                                                                       |        |               |                    |               | Papa Oli me Hula                  | 1,000 00         | 1,000 00       | 1,000 00    |                 | 6390, 91-94  |              |
| 13-MS-06                                                                                                                       |        | Club          |                    |               | KS Meat Club Trip to Koa Planting | 700 00           | 700 00         | 700 00      |                 | 6560         |              |
| 13-MS-07                                                                                                                       | Y      | Club          |                    |               | Japanese Club to Japan            | 4,000 00         | 4,000 00       | 4,000 00    |                 | 6398         |              |
| 13-MS-08                                                                                                                       |        | Club          | 34                 | 4/19-4/21     | KMS Advanced Band to Big Island   | \$3,400 00       | \$3,400 00     | \$3,400 00  |                 | 6457         |              |
| 13-MS-09                                                                                                                       |        | GL            | 320                | May           | Gr 8 Ballroom Dancing             | 1,700 00         | 1,700 00       | 1,700 00    |                 | 6562         |              |
| 13-MS-10                                                                                                                       |        |               |                    |               |                                   |                  |                |             |                 |              |              |
| 13-MS-11                                                                                                                       |        |               |                    |               |                                   |                  |                |             |                 |              |              |
| 13-MS-12                                                                                                                       |        |               |                    |               |                                   |                  |                |             |                 |              |              |
| 13-MS-13                                                                                                                       |        |               |                    |               |                                   |                  |                |             |                 |              |              |
| 13-MS-14                                                                                                                       |        |               |                    |               |                                   |                  |                |             |                 |              |              |
| 13-MS-15                                                                                                                       |        |               |                    |               |                                   |                  |                |             |                 |              |              |
| 13-MS-16                                                                                                                       |        |               |                    |               |                                   |                  |                |             |                 |              |              |
|                                                                                                                                |        |               |                    |               | EG 12-MS-08                       |                  |                |             | 800 00          |              |              |
|                                                                                                                                |        |               |                    |               | EG 12-MS-02                       |                  |                |             | 2,600 00        |              |              |
|                                                                                                                                |        |               |                    |               | EG 12-MS-03                       |                  |                |             | 400 00          |              |              |
|                                                                                                                                |        |               |                    |               | EG 12-MS-05                       |                  |                |             | 400 00          |              |              |
|                                                                                                                                |        |               |                    |               | Total                             | \$19,000 00      | \$19,000 00    | \$19,000 00 | \$4,200 00      |              |              |
|                                                                                                                                |        |               |                    |               | CAP                               |                  | \$45,000 00    |             |                 |              |              |

| KAMEHAMEHA SCHOOLS ASSOCIATION OF TEACHERS & PARENTS<br>ELEMENTARY SCHOOL<br>FY 2012 - 2013 Enrichment Grant Requests |        |               |                    |                 |                                                      |                    |                    |                    |                 |                    |              |  |
|-----------------------------------------------------------------------------------------------------------------------|--------|---------------|--------------------|-----------------|------------------------------------------------------|--------------------|--------------------|--------------------|-----------------|--------------------|--------------|--|
| EXHIBIT 1                                                                                                             | Status | Activity Type | Number of Students | Activity Date   | Activity                                             | Amount Requested   | Amount Granted     | Amount Paid        | Amount Returned | Check Number       | Report Rec'd |  |
| 13-E01                                                                                                                |        | GL            | 144                | Feb, Mar 2013   | Grade 6 Big Island Huakai                            | \$14,400 00        | \$14,400 00        | \$14,400 00        |                 | 6349               |              |  |
| 13-E02                                                                                                                |        | GL            | 80                 | Nov 6 & 13      | Gr 1 Karen Heckler Storytelling                      | 603 20             | 603 20             | 603 20             |                 | 6350               |              |  |
| 13-E03                                                                                                                |        |               |                    |                 | Robotics Team                                        | 1,710 82           | 1,710 82           | 1,710 82           |                 | 6372, 73, 6522, 23 |              |  |
| 13-E04                                                                                                                |        | GL            | 80                 | TBD             | Puppet Performance - Maui Academy of Perf Arts, Gr 1 | 360 00             | 360 00             | 360 00             |                 | 6455               |              |  |
| 13-E05                                                                                                                |        | GL            | 320                | Jan 31          | KES Science Amazing Bubbleman                        | 300 00             | 300 00             | 300 00             |                 | 6432               |              |  |
| 13-E06                                                                                                                |        | Club          | 100                | Mar 26-29       | KSCC Big Island Trip                                 | 10,000 00          | 10,000 00          | 10,000 00          |                 | 6352               |              |  |
| 13-E07                                                                                                                |        | GL            | 160                | April 29        | Ohia Productions-Science curriculum                  | 800 00             | 800 00             | 800 00             |                 | 6528               |              |  |
| 13-E08                                                                                                                |        | GL            | 144                | Oct - March '13 | Rebecca Kim Math Olympiads, Gr 4                     | 594 00             | 594 00             | 594 00             |                 | 6351               |              |  |
| 13-E09                                                                                                                |        | GL            | 288                | Feb 10-13       | David Eyre Presentation, Grades 4 & 5                | 318 18             | 318 18             | 318 18             |                 | 6541               |              |  |
| 13-E10                                                                                                                |        | GL            | 80                 | April 9         | Puppet Performance - Maui Academy of Perf Arts, Gr 4 | 360 00             | 360 00             | 360 00             |                 | 6521               |              |  |
| 13-E11                                                                                                                |        | GL            | 80                 | Mar 5           | Patricia Murray Storytelling, Grade K                | 500 00             | 500 00             | 500 00             |                 | 6520               |              |  |
| 13-E12                                                                                                                |        | Club          | 316                | SY13-14         | Robotics Tournament                                  | 3,943 63           | 3,943 63           | 3,943 63           |                 | 6561, 81, 87       |              |  |
|                                                                                                                       |        |               |                    |                 | <b>Total</b>                                         | <b>\$33,889 83</b> | <b>\$33,889 83</b> | <b>\$33,889 83</b> | <b>\$0 00</b>   |                    |              |  |
|                                                                                                                       |        |               |                    |                 | <b>CAP</b>                                           | <b>\$45,000 00</b> |                    |                    |                 |                    |              |  |

## EXHIBIT 2

## KAMEHAMEHA SCHOOLS ASSOCIATION OF TEACHERS &amp; PARENTS

FY 20011-2012 \$4 per Student Programs

| #     | Status | Activity Type | Number of Students | Activity Date | Activity     | Amount Requested | Amount Paid | Check Number |
|-------|--------|---------------|--------------------|---------------|--------------|------------------|-------------|--------------|
| 1     |        |               |                    |               | Grade 9      | \$10 14          | \$10 14     | 6335         |
| 2     |        |               |                    |               | Grade 8      | 10 15            | 10.15       | 6335         |
| 3     |        |               |                    |               | Grade 12     | 235 60           | 235 60      | 6340         |
| 4     |        |               |                    |               | Grades 4 & 2 | 112 00           | 112 00      | 6346         |
| 5     |        |               |                    |               | Grades 4 & 5 | 503 82           | 503 82      | 6348         |
| 6     |        |               |                    |               | Grade 8      | 225 87           | 225.87      | 6363         |
| 7     |        |               |                    |               | Grade 8      | 257 70           | 257 70      | 6365         |
| 8     |        |               |                    |               | Grade 6      | 243 37           | 243 37      | 6369         |
| 9     |        |               |                    |               | Grade 3      | 56 00            | 56 00       | 6436         |
| 10    |        |               |                    |               | Grade 3      | 570 00           | 570 00      | 6438         |
| 11    |        |               |                    |               | Grade 2      | 55 22            | 55 22       | 6443         |
| 12    |        |               |                    |               | Grade 6      | 31 70            | 31 70       | 6443         |
| 13    |        |               |                    |               | Grade 4      | 250 05           | 250.05      | 6460         |
| 14    |        |               |                    |               | Grade 1      | 104 19           | 104 19      | 6527         |
| 15    |        |               |                    |               | Grade K      | 145 86           | 145 86      | 6557         |
| 16    |        |               |                    |               | Grade 10     | 562 89           | 562.89      | 6556         |
| 17    |        |               |                    |               | Grade 8      | 370 00           | 370.00      | 6570         |
| 18    |        |               |                    |               | Grade 2      | 205 15           | 205 15      | 6576         |
| 19    |        |               |                    |               | Grade 2      | 221 62           | 221 62      | 6577         |
| 20    |        |               |                    |               | Grade 7      | 370.00           | 370 00      | 6578         |
|       |        |               |                    |               | Grade 1      | 213 81           | 213.81      | 6582         |
|       |        |               |                    |               | Grade 9 & 10 | 2,000 00         | 2,000 00    | 6569         |
|       |        |               |                    |               | Grade 6      | 376 96           | 376 96      | 6584         |
|       |        |               |                    |               | Grade 6      | 70 68            | 70 68       | 6586         |
|       |        |               |                    |               | Grade 11     | 64 00            | 64 00       | 6590         |
| Total |        |               |                    |               |              | \$7,266 78       | \$7,266 78  |              |