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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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

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

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public Inspection

		of the Treasury				t the end of								Inspect	lion	
		nue Service		e organizatio										FD 30	10	
A For the 2012 calend					ginning	0	СТОВ	K I	, 20	012, ai	nd endir		PTEMBI	<del></del>		
B Check if applicable			C Name of	organization								DE	mployer ic	tentification num	ber	
Address change				ELEMENT									99-0331077			
$\overline{}$	Name cha Initial retu		Number an	d street (or P	O box, if ma	ail is not deliv	ered to	street addres	s)	'	Room/sur	te E T	elephone r	number		
=	Terminate			<u>MEHAMEH</u>			. <u></u> .						86	08-266-5633		
=	Amended		City or town	n, state or cou	ıntry, and ZI	P + 4						F	aroup Exe	emption		
	Application	on pending	KANEOH	<u>. HI 96744</u>									Number			
G A	Accoun	ting Method	✓ Cash	Accru	al Oth	er (specify)	<u> </u>					H Chec	ck ▶ 🗹	if the organizati	on is no	
1.1	Nebsit	te: ▶										requ	ired to at	tach Schedule E	3	
J T	ax-exer	npt status (che	eck only one)	<b>−</b> 🗸 501(d	c)(3) 🔲 5	01(c)( )	◀ (ins	sert no ) 🔲 4	947(a)(1	1) or	527	(Forr	n 990, 99	0-EZ, or 990-Pi	<del>-</del> )	
K	Check •	► ☐ if the	e organizatio	on is not a s	ection 509	a)(3) suppoi	ting or	ganızatıon o	r a sect	tron 52	7 organi	ization an	d its gros	s receipts are n	ormally	
r	ot mor													(see instruction		
t	he orga	anization choo	ses to file a	a return, be s	sure to file	a complete	return									
LA	dd lines	s 5b, 6c, and 7	b, to line 9 t	o determine	gross recei	pts If gross	receipts	are \$200,00	00 or m	ore, or	ıf total a	ssets (Par	t II,			
lu	ne 25, c	olumn (B) belo	w) are \$500	,000 or more	, file Form 9	990 instead o	of Form	990-EZ					<b>▶</b> 9	5		
P	art I	Revenu	e, Expen	ses, and	Change	s in Net	Asset	s or Fun	d Bala	ance	s (see	the inst	ructions	s for Part I)		
				nization us											. 🗸	
	1	Contribution							•				. 1		7,767	
	2	Program s											2		,,,,,,,,	
	3	Membersh					_		_			-	3			
	4	Investment						•					. 4		12	
	5a	Gross amo		sale of asse	ets other	han inven	torv			5а	•		·		12	
	ь	Less cost					,	•	_	5b			$\dashv$			
	c	Gain or (lo:			•		on/(Su	htract line			9 5 2 1		. 5c			
	6	Gaming an				ian invent	), y (OO	Dudot iiilo	00 110	J111 1111	c oa,	•	.   30			
	a	Gross inc		•		Schedule	G if	oreater th	an							
ē	"	\$15,000)			(attaon t			groutor tr	1	6a						
Revenue	ь	Gross inco	me from f	undraising	avante (n	ot includin	æ \$				ontribu	ıtıons				
ě		from fundr						dula G if i	·he		OHIHDU	1110115				
Œ		sum of suc							- 1	6ь		75.0				
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	d	Less direct Net incom	· ·	•	•	~				6c	Sh and	50,2				
	u	line 6c)	e or (1033)	nom gan	iing and	iuiiuiaisiiig	, even	is (auu iii)	es oa	anu	ob anu	Subirac	1			
	70	•	o of invent	· ·on: loos r	aturno on	مممييمالم ا			١.	<b>-</b> - 1	•		6d		25,383	
	7a	Gross sale			eturns and	allowaric	65 .		_	7a						
	b	Less cost	•			a.a. (Ola.k		. 75 for a 1		7b ∤			_			
	င	Gross prof				ory (Subtra	act ime	e / D trom t	ine /a;	)	•		7c	-		
	8	Other reve	,		. ,	J 7I	<u>,                                    </u>					<b>-</b> 9 .	8			
	9	Total reve			···			-RE	SEI	VE	D	-	9		33,162	
	10	Grants and				cneaule C	"					₹!	10			
	11	Benefits pa					its K	APR	1 6	201		Si	11		· .	
Ses	12	Salaries, of	-		•	-	· · · · ·	<b>`</b> I	1 0	201	٠ ا <sub>ن</sub>		12			
Expenses	13	Profession					ent <b>ç</b> oi	ntractors			· lŏ		13			
Š	14	Occupancy					i	OG	ファ	I I	T	-	14			
ш	15	Printing, pu					٠ ـ	UG		<u>y, U</u>			15	- ,		
	16	Other expe	•					•		•	•		16		54,921	
	17	Total expe					•			·	•		17		54,921	
ts	18	Excess or										•	18		-21,759	
Se	19	Net assets					(trom	line 27, co	olumn	(A)) (ı	must aç	gree witl	ן ר			
Net Assets		end-of-yea			-	•	•						19	·- <u>-</u>	83,220	
ē	20	Other char							•	•			20	<del></del>		
4	21	Net assets	or fund ba	alances at	end of ye	ar Combir	ne lines	s 18 through	ah 20			•	- 21		61.461	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Cat No 10642I

Pai	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			83,220	22	61,461
23	Land and buildings			_	23	
24	Other assets (describe in Schedule O) .		• •		24	
25	Total assets	•		83,220		61,461
26	Total liabilities (describe in Schedule O)	- (D)t	 h luna 01)	0	26	
27 Par	Net assets or fund balances (line 27 of colum  Statement of Progran Service Accon			83,220	27	61,461
rar	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	SUPPLEMENT ELEM				quired for section (c)(3) and 501(c)(4)
	ribe the organization's program service accompl				orga	anizations and section 7(a)(1) trusts, optional
	easured by expenses. In a clear and concise rons benefited, and other relevant information for e		e services provide	d, the number of		others)
28	MUSIC PROGRAM - PROVIDES RESOURCES TO HE					Į.
	APPROX 650 STUDENTS PARTICIPATE AND BENEI		RAM THAT INCLUDE	S SEVERAL		
	STUDENT PERFORMANCES THROUGHTOUT THE S					
29	·	t includes foreign gra			28a	16,200
29	SCHOOL IMPROVEMENT PROJECT - COORDINATE WHILE PERMANENT LIBRARY FACILITY IS BEING!					
	FROM USE OF THE TEMPORARY LIBRARY FACILITY	·	X 030 310DEN13 0	SE AND BENEFII		
		t includes foreign gra	ents check here	▶ □	29a	11,147
30	ONLINE SUBSCRIPTIONS - ANNUAL SUBSCRIPTIO			NE LEARNING		11,147
	PROGRAMS APPROX 650 STUDENTS USE AND BI					İ
	WEBSITES					
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here	▶ □	30a	8,843
31	Other program services (describe in Schedule O)		•			
	·	t includes foreign gra	ints, check here	. ▶□	31a	16,201
	Total program service expenses (add lines 28a			•	32	52,391
Par					struc	tions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this	(d) Health benefits		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	contributions to employ benefit plans, and	0	Estimated amount of other compensation
JULI	MIJO	PRESIDENT - 5				
	5 KAMEHAMEHA HWY, KANEOHE, HI 96744	HRS / WEEK		0	0	0
	CY CUMMINGS					
	5 KAMEHAMEHA HWY, KANEOHE, HI 96744	VP - 5 HRS / WEEK		0	0	0
	E FUJINAKA	SECRETARY5				
	5 KAMEHAMEHA HWY, KANEOHE, HI 96744	HRS / WEEK		0	0	0
	MATSUMOTO 5 KAMEHAMEHA HWY, KANEOHE, HI 96744	TREASURER - 5		o	^	0
10-10	S NAMEDIAMEDA 11881, NAMEONE, 111 30744	TIKS / WEEK		0	0	0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		N <sub>C</sub>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		./
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>✓</b>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ► HAWAII			
42a		308-23	3-5633	3
	Located at ► 45-495 KAMEHAMEHA HWY, KANEOHE, HI ZIP + 4 ►	967		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority—over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year   • 43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	r	Yes	No
	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a		<b>√</b>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	. TUD		~

		•						Yes	No is	
46		he organization engage, directly or in			on behalf of o	or in oppositi	on 🗌			
	`to ca	ndidates for public office? If "Yes," c		, Part i		<u> </u>	4	6	✓	
Part	VI	Section 501(c)(3) organizations								
		All section 501(c)(3) organizations	s must answer que	stions 47-49b and	d 52, and c	omplete the	tables	s for lir	nes	
		50 and 51							_	
		Check if the organization used Sch	nedule O to respond	to any question in	this Part VI		<u> </u>		<u>. 🗆</u>	
							_	Yes	No	
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elect	tion in effect	during the t	ax			
	•	If "Yes," complete Schedule C, Part		•	•		4	7	✓	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a		he organization make any transfers to	•	•	nization? .		49	)a	✓	
b		es," was the related organization a se				•	49		J	
50	Com	plete this table for the organization's	five highest compen	sated employees (c	ther than off	icers, directo	ors, trus	stees a	nd key	
	empi	oyees) who each received more than	\$100,000 of comper	isation from the org			, enter	"None.	."	
	(a)	Name and title of each employee	(b) Average	(c) Reportable		h benefits, s to employee	(e) Estim	ated amo	ount of	
		paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	benefit plans	, and deferred		ompensa		
			· <u>-</u>	`	compe	ensation				
NONE	<b>-</b>									
				<u> </u>						
	•									
						i				
						1				
			<b></b>							
f		number of other employees paid over		. <b>&gt;</b> Nor						
51	Com	plete this table for the organization's	s five highest compe	ensated independer	nt contractor	s who each	receive	ed more	e than	
	\$100	,000 of compensation from the organ	nization il there is no	Te, enter None		T				
(a)	Name a	ind address of each independent contractor pai	d more than \$100,000	(b) Type of se	ervice	(c) (	Compens	ation		
NONE	··									
NONE										
						-				
	• • • • • • • •									
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d	Total	number of other independent contra	otoro ocob rosovino			100				
		•		· · · · · · · · · · · · · · · · · · ·	- 40.47/	NOI	VE.			
52		he organization complete Schedule A xempt charitable trusts must attach a			ns and 4947(	a)(1)	- [] v		M.	
		<del></del>	<del></del>	·			·		No	
		of perjury, I declare that I have examined this re id complete. Declaration of preparer (other than					wledge a	ind belief	, it is	
		Sell Kell IN-	-		1	1/12/11				
Sign		Supplied of the supplied of th		<del></del>		¥12/14				
Here		Signatured once			Ua	ie .				
. 1616	}	Type or print name and title		<del></del>						
	L		Preparer's signature	····	Date		PTIN	i		
Paid		Print/Type preparer's name	opaior o signaturo	'		Check	ıf	•		
Prepa			.1			self-employed				
Use (	Only	▼ I = 1					-			
		Firm's address ▶		<del></del>	Ph	one no				
Mayth	a IDC	discuss this return with the preparer	shown above? See i	nstructions		▶	'     Ye		No	

Form 990-EZ (2012)

Page 4

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

OMB No 1545-0047

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.

Open to Public

Name of the organization Employer identification number KANEOHE ELEMENTARY SCHOOL OHANA 99-0331077 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of 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). 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 c Type III-Functionally integrated **b** Type II **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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box . 🗆 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(u) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s). (i) Name of supported (u) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization in col (i) listed in your the organization in (described on lines 1-9 organization in col support col (i) of your governing document? above or IRC section (i) organized in the support? (see instructions)) Yes Yes No Nο Yes No (A) (B) (C) (D) (E)

	<u> </u>						
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked th	ne box on lini	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		r	<b>,</b>			
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						<del></del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc			:	•	12	
13	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	i, or fifth tax y	ear as a sectio	on 501(c)(3)
Cooki	organization, check this box and stop he		·	·			
	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6			i, column (t))		14	<u>%</u>
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organiz			on line 13 and	d line 14 is 331	15 nove nove o	%
104	box and <b>stop here</b> . The organization qua					73 70 OI 111016, C	. <b>•</b> □
b	331/3% support test—2011. If the organ check this box and stop here. The organ	nization did no	ot check a box	c on line 13 or	16a, and line	e 15 is 33½% -	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b> I	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization memory supported organization in the organization in the supported organization in the supported organization in the supported organization in the support organization in the support of the support	tion meets the	e "facts-and-c	rcumstances"	test, check th	nis box and st	, and line t <b>op here</b>
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")	33,690	29,584	34,782	6,125	7,767	111,949
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	74,013	49,187	41,725	94,069	75,677	334,671
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	107,703	78,771	76,507	100,194	83,444	446,620
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from						
	line 6)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6 .	107,703	78,771	76,507	100,194	83,444	446,620
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	185	231	78	11	12	517
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b .	185	231	78	11	12	517
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						-
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	107,888	79,003	76,585	100,205	83,456	447,136
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization					n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2012 (line 8	3, column (f) div	rided by line 13	3, column (f))		15	99 9 %
16 _	Public support percentage from 2011 Sch					16	998 %
Secti	on D. Computation of Investment Inc	come Percer	itage				
17	Investment income percentage for 2012 (I				nn (f))	17	01%
18	Investment income percentage from 2011					18	02%
19a	331/3% support tests—2012. If the organi						
	17 is not more than 331/3%, check this box		-	=		_	
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	n not check a c	ox on line 14,	тэа, or т9D, C	HECK THIS DOX	and see instruc	ctions

	orm 990 or 990-EZ) 2012	Page
Part IV	<b>Supplemental Information.</b> 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)	
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

KANEOHE ELEMENTARY SCHOOL OHANA	99-0331077
FORM 990EZ, PART I, LINE 16 OTHER EXPENSES	
. AMOUNT REPRESENTS PROGRAM COSTS (SEE FORM 990, PART III) AND OTHER ADMINISTRATIVE	EXPENSES
Aire	
ورين FORM 990EZ, PART III, LINE 31	
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - OTHER PROGRAM SERVICES	
\$8,253 - STUDENT SUPPORT - PROVIDES RESOURCES FOR BOOKS, MAGAZINES AND NEWSPAPER	SUBSCRIPTIONS, SUPPLIES AND
ACTIVITIES TO SUPPLEMENT VARIOUS CURRICULUM AND EDUCATIONAL PROGRAMS IN THE CLAS	SSROOM APPROX 650 STUDENTS
BENEFIT FROM THESE RESOURCES	
\$5,017 - TEACHER AND:STAFF SUPPORT - PROVIDES RESOURCES FOR COMPUTER SUPPLIES/EQU	iPMENT. LIBRARY AND OTHER
MATERIALS USED BY APPROX 80 TEACHERS AND STAFF APPROX 650 STUDENTS BENEFIT FROM	
TO TEACHERS AND STAFF	
\$2,931 - STUDENT REWARDS / TEACHER APPRECIATION - PROVIDES RESOURCES TO REWARD STU	JDENTS THAT DISPLAY GOOD
CITIZENSHIP, SCHOOL SERVICE, ACADEMIC ACHIEVEMENT AND ATHLETIC PARTICIPATION REWA	ARDS ENCOURAGE RESPONSIBILITY,
PARTICIPATION AND ACHIEVEMENT RESOURCES ALSO PROVIDE EXPRESSIONS OF APPRECIATION	
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Schedule O (Form 990 or 990-E∠) (2012)	Page ∠
Name of the organization	Employer identification number
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