Eor	. 99	0	Return	of Org	anizatio	on Exen	not Fr	om l	Inco	me	Tax		L	OMB No 15	45-0047	
FOII			Under section 501	_			-							201	19	
						ime internal r imbers on th						aation				
Dep Inter	artment of rnal Revenu	the Treasury ue Service				for instructi				-		Υ	0	Open to Inspec		
Ā	For the	2019 calend	lar year, or tax yea			7/01	, 2019, a				06/30)	,	20 20		
В	Check if	applicable	C Name of organization	on KAMEHAN	MEHA SCHOOL	S ASSOCIATIO	N OF TEACH	HERS A	ND PARE	ENTS				dentification	n number	
	Address	change	Doing business as										99-0175487			
	Name ch	ange	Number and street	(or P O box if	mail is not del	livered to street	address)		Room/:	'suite		E Telep	hone n	umber	_	
	Initial retu	ırn	2010 PRINCESS D	RIVE									808	-842-8552	!	
님		n/terminated	City or town, state of	•	ountry, and ZIP	or foreign pos	tal code									
님	Amended	1	HONOLULU, HI, 9											receipts \$ 416,640		
ш	Application	on pending	F Name and address of			Matsumoto					-	-		=	∕es ∐ No	
	Tay-even	npt status	2010 Princess Driv 501(c)(3)	<u>ve, нопоші</u>] 501(с) (u, HI 9681/) ◀ (insert	20) 🗆 10	47(0)(1) 05	527						luded? 📙 \ tructions)	∕es ∐ No	
<u>. </u>	Website:	 	<u>▼</u> 301(c)(3)	1 20 (0) (/ (msert	10) 45	47(a)(1) or	<u> </u>			oup exe			•		
<u>-</u> -		rganization 🗸	Corporation Trust	Associa	tion Other	\	I Ye	ar of for		19				al domicile	——	
	art I	Summar				<u> </u>	1 1 2	u. o. ioi	mation	13	,,,,,,	VI Otati	or log.	ar dominale		
	1		cribe the organizat	tion's miss	on or most	significant	activities	AWA	RDED	ENRI	CHME	NT GF	RANTS	TO K-12		
9			AND GROUPS FO													
БE	1		on Schedule O, St						•••••							
Governance	2	Check this	box 🕨 🗌 if the or	ganızatıon	discontinue	ed its operat	ions or d	ispose	ed of m	nore t	han 2	5% o	f its n	et assets.		
Ĝ	. 3 ∣	Number of	voting members o	of the gove	rning body	(Part VI, line	: 1a)			<u> </u>	I) /F	-3-	┢┓		26	
త క	4	Number of	ındependent votır	ng member	s of the gov	verning bod	y (Part VI,	line 1	子で	CE	IVE	94			26	
Ē	5	Total numb	er of individuals e	employed in	n calendar y	/ear 2019 (P	art V, line	(2a)				5	잂		0	
Activities &	1		er of volunteers (e					C23	JAN	n 4	202	6	읻		1,900	
⋖	1		ated business reve			• •		191				7a	21		0	
	b	Net unrelate	ed business taxab	ole income	from Form	990-1, line (39 .	<u> </u>	ΦĠΙ	u-i	vi. T	7b'	-		0	
	8 (Contributio	ns and grants (Pa	rt VIII. lino i	16)			<u> </u>	40 1	الاتلال	<u> </u>		┵	Current Y		
Revenue	Į.		rvice revenue (Pa		•	•		•	-		4	6,908			43,436	
š	1	_		e (Part VIII, column (A), lines 3, 4, and 7d)					<u>0</u> 370		<u>0</u> 194					
æ	1		ue (Part VIII, colu				d 11e)				12	4,399			90,513	
	1		ue—add lines 8 thr				•	ne 12)				1,677			134,143	
	1		sımılar amounts p									9,499			115,724	
	14	Benefits pa	id to or for membe	ers (Part IX	, column (A), line 4)						0			0	
S	15 9	Salaries, oth	er compensation,	employee t	penefits (Par	t IX, column	(A), lines	5–10)				0		0		
penses			al fundraising fees									0			0	
Exp			alsing expenses (F					0		· ·						
ш			nses (Part IX, colu			•					1	1,923			14,864	
			ises. Add lines 13				A), line 25)				1,422			130,588	
_ <u>v</u>		nevenue les	ss expenses Subt	tract line 18	o irom line	12 .		•	Paris			0,255	<u> </u>	E	3,555	
Net Assets or Fund Balances	20 7	Ental accet	s (Part X, line 16)						Begin	ining of	Curren			End of Ye		
Ass 18a1	21		ies (Part X, line 16)				• •	•	-			6,520 9 590			238,216	
를	22		or fund balances	•	ne 21 from	line 20						8,580 7,940			6,721 231,495	
	rt II	Signatur					· -					,,,,,			<u> </u>	
Und	der penalti	es of perjury,	l declare that I have ex	amined this re	eturn, including	accompanying	g schedules	and sta	atements	s, and	to the b	est of r	ny kno	wledge and	belief, it is	
true	e, correct,	and complete	Declaration of prepare	er (other than	officer) is base	d on all informa	ation of whic	ch prepa	arer has a	any kn	owledge	9				
		1	muna & 7	M arxu	mob						<u> </u>	12	11/2	Ю		
Sig	- 1	Signatur	e of officer								Date					
He	re		a A Matsumoto, As	ssistant Tre	asurer											
			print name and title	Т	Droparer's see	notiro		т	Dot-		1		,	DTIN		
Pai		Timb type	oreparer's name		Preparer's sig	niature			Date			heck [elf-emp		PTIN		
	eparer		- .					ļ		- 1			Joyed			
Us	e Only	Firm's name									Firm's E					
Mar	the IRS	Firm's addr	ess ► nis return with the	preparer s	hown above	e? (see instr	ructione)] [Phone n	0		. Yes	. T No	
			on Act Notice, see				detions)	C	1 No 11	282~	•				90 (2019)	
٠.				separat				Uat	LIVO III	-UZ T				1 01111 2	~~ (2019)	

	20 (2019)	Page 4
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u> </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 OF PRINCESS BERNICE PAUAHI BISHOP.	
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, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 89,554 including grants of \$ 89,554) (Revenue \$	0)
	ENRICHMENT GRANTS ARE AWARDED TO STUDENT CLUBS, ATHLETIC TEAMS, AND ELEMENTARY GRADE LEVE	LS FOR
	CURRICULAR, EXTRA-CURRICULAR, AND CO-CURRICULAR ACTIVITIES IMPACTING APPROXIMATELY 3,200 DAY	AND
	BOARDER STUDENTS ALL KAMEHAMEHA STUDENTS ON THE KAPALAMA CAMPUS MAY APPLY FOR ENRICHME	NT
	GRANTS IN ACCORDANCE WITH THE BYLAWS, GRANT FUNDS ARE APPROPRIATED BY THE EXECUTIVE COUNC	IL TO
	ELEMENTARY, MIDDLE, AND HIGH SCHOOL. EACH UNIT'S COUNCIL CONSISTS OF ELECTED PARENT	
	REPRESENTATIVES, SCHOOL FACULTY, AND ADMINISTRATIVE STAFF THESE COUNCILS REVIEW GRANT	
	APPLICATIONS AND RENDER AWARDS BASED ON THE MERITS OF THE PROPOSAL	
	······	
	•••••••••••••••••••••••••••••••••••••••	
4b	(Code) (Expenses \$	<u>o</u>)
	FUNDED PROGRAMS TO ENGAGE PARENTS AND ENCOURAGE THEIR INVOLVEMENT AND PARTICIPATION IN SC	
	ACTIVITIES SUCH AS CLASS PICNICS, SPIRIT NIGHT, AND OTHER PRESENTATIONS TO ENSURE THAT ALL STUD	ENTS
	OF THE KAPALAMA CAMPUS RECEIVE BENEFITS FROM KS ATP, A \$4 PER STUDENT FUND WAS CREATED (THE	
	AMOUNT WAS RAISED FROM \$2 TO \$4 IN FY 2008) TYPICAL USES OF THESE MONIES INCLUDE VARIOUS ATP ACTIVITIES SUCH AS MOVIES AND CLASS PICNICS THESE FUNDS ARE ACCESSED VIA THE PARENTS AND ALUM	
	RELATIONS OFFICE IN ADDITION, KS ATP PROVIDES SEVERAL SERVICE PROGRAMS INCLUDING SPIRIT NIGHT A	
	SUNSET ON KONIA	
4 .	(O-1	
4c	(Code) (Expenses \$ 3,164 including grants of \$ 3,164) (Revenue \$	2,834)
	PROVIDED EDUCATIONAL NECESSITIES SUCH AS SCHOOL UNIFORMS AND SUPPLIES TO INDIGENT STUDENTS IDENTIFIED BY TEACHERS AND COUNSELORS INDIGENT STUDENTS MAKE UP A SIGNIFICANT PORTION OF THE	
	STUDENT BODY. THE KOKUA AND MAKANA FUNDS SERVE STUDENTS WITH INDIGENT BACKGROUNDS WHO HA	 VF
	SPECIAL OR EMERGENCY FINANCIAL NEEDS THE FUND IS ADMINISTERED BY THE ASSISTANT TREASURER WH	
	TURN RECEIVES REQUESTS AND RECOMMENDATIONS FROM THE RESPECTIVE PRINCIPALS, VICE PRINCIPALS,	
	COUNSELORS. TYPICAL USES FOR THE FUND INCLUDE GRANTS TO NEEDY STUDENTS WHO CANNOT AFFORD D	
	WHITES, SHOES, SCHOOL UNIFORMS, SCHOOL SUPPLIES, OR TO PAY MINOR OUTSTANDING TUITION BALANCE	S AT
	YEAR END ALTHOUGH ALL OF THE RECIPIENTS ARE ON FULL FINANCIAL AID, FINANCIAL AID LIMITATIONS DO	NOT
	COVER THESE TYPES OF EXPENDITURES.	
4 -1	Other program converse (December on Cabi-dide ONE and the Cabi-did	
4d	Other program services (Describe on Schedule O) See Schedule O, Statement 2	
4e	(Expenses \$ 29,950 including grants of \$ 29,950) (Revenue \$ 0) Total program service expenses ▶ 125,674	
	125,074	



Part IV Checklist of Required Schedules

	One of the quired outleadies		T.,	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		-
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			: : : :
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓_
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>√</u>
f 40-	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
13	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 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>✓</u>
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	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>/</u>	

Part	Checklist of Required Schedules (continued)			· ugc
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	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? If "Yes," complete Schedule J	23		1
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	-	
a	to defease any tax-exempt bonds?	24c 24d	+	<u> </u>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	√	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · ·</u>	Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		res	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and]		
	reportable gaming (gambling) winnings to prize winners?	1c		_

->				-90
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		34-30KAN 63	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		24.33	11.2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	E*** 7.79	66487898
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- Charles	<u>GW</u>	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a		✓
_	·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ▶	3000		633
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	18.0		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	22,778	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_ <u>`</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	2	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		j	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		3.76	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			35.34
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	.If "Yes," indicate the number of Forms 8282 filed during the year 7d	~ , Fig. ` .		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u> </u>	whichit
_	sponsoring organization have excess business holdings at any time during the year?	8	শহরেন্ড ড	*********
9	Sponsoring organizations maintaining donor advised funds.	المنافد ا		2006-11
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b	(*) 4° 6' 4' 1	1000 mg/s
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			Ŋ.
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		5	
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	233	, a 2	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		two in the
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	100		
_	the organization is licensed to issue qualified health plans 13b			
C 40	Enter the amount of reserves on hand		774.75	<u> </u>
4a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		./
	If "Ves " see instructions and file Form 4720. Schedule N	15	35 (2)	∀

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

16

	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				V
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	6		
	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				
L	committee, explain on Schedule O	45			
b	Enter the number of voting members included on line 1a, above, who are independent	1b 2	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?		2	N. JAKES	✓
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or of		3		✓
4	Did the organization make any significant changes to its governing documents since the prior For		4	✓	<u> </u>
- 5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		✓
6	Did the organization have members or stockholders?	• •	6	√	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b	/	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	A Timinian India	<i>*</i> -u-te	
	the year by the following	J			
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?	•	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule (9	·	✓
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reve	nue C	ode)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	- ✓-	
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem		10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	✓	VANCOU A
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done.	oolicy? <i>If "Yes,"</i>	12c	1	•
13	Did the organization have a written whistleblower policy?		13	✓	
14	Did the organization have a written document retention and destruction policy?		14	1987 A 1887	<u> </u>
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation			intronomia filmi	
а	The organization's CEO, Executive Director, or top management official .	•	15a		✓
b	Other officers or key employees of the organization	•	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1, 2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	lar arrangement	16a	Managinia i	√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps t			7	
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17) 000 b = 4 000			044
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website. Another's website. Upon request. Other (explain on Science)	apply hedule O)		! }	
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year	iments, conflict	of inter	est po	olicy -
20	State the name, address, and telephone number of the person who possesses the organization PATRICIA MATSUMOTO, (808)842-8552	n's books and re	ecords	>	_ •

Form	aan	/201	2
COLL	990	(20)	91

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above

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

Oneon this box in house the organization no	7				C)					
(A)	(B) Position (do not check more than one					(D)	(E)	(F)		
Name and title	Average					ะ เกลก o ıs both		Reportable	Reportable	Estimated amount
	hours per week	office	er and	_	lirect	or/truste		compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	emp Higt	Former	organization	organizations	from the
	hours for related	leg à	Ĕ	er	em	loye	пer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	학	na		ş	# CG				rolated organizations
	below dotted line)	uste	trus		8	Pen				
	donod milo,	•	æ			Highest compensated employee				
NADINE JACANG	2 00		-							
PRESIDENT		✓		✓				0	0	0
DARREN NII	2.00									
VICE PRESIDENT-HOOLAULEA		✓		1				0	0	0
LYNN AKEO	2 00									
VICE PRESIDENT-KMS/KHS		✓		✓				0	0	0
ALISA ONISHI	2 00									
VICE PRESIDENT-KES		✓		✓				Ō	0	0
JAMIE TANOURA	2 00									
RECORDING SECRETARY		✓		✓				0	0	0
SHERRI NII	2 00									
CORRESPONDING SECRETARY		✓		✓				0	0	0
SONYEI HIJIRIDA	2 00									
TREASURER (1ST)		✓		✓				0	0	0
HANAE GOUVEIA	2 00									
TREASURER (2ND)		✓		✓				0	0	0
ALISA ONISHI	2 00			i						
K-3 UNIT DIRECTOR		✓			_			0	0	0
ALISA ONISHI	2 00									
4-6 UNIT DIRECTOR		✓						0	0	0
MICHELE CADIENTE-CARGO	2 00		ĺ							
Grade 7		✓			_			0	0	. 0
ALICIA LUCAS	2.00									
Grade 8		✓						0	0	0
JESSICA AHMAD	2 00									
Grade 9		✓	Щ	L_				0	0	0
DENICE IWAMOTO	2.00									
Grade 10	L	/						0	Ó	0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	st compe yee yee mployee rr trional trust dual trust				is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LYNN AKEO	2 00									
Grade 11		✓	L	_	ļ			0	0	0
TERRY VISPERAS	2 00								i	
Grade 12		✓_		_				0	0	0
KALAI CAREY	2 00									
WEST HAWAI'I PRESIDENT	ļ		_	_	<u> </u>			. 0	. 0	0
TARA PASCUA	2 00		ŀ							
KAUA'I PRESIDENT		✓			-			0	0	0
KILIA PURDY-AVELINO	2.00									•
MOLOKA'I PRESIDENT		_	<u> </u>	ļ				0	. 0	0
DEEDE SANTIAGO	1 00	_								
ELEMENTARY PRINCIPAL/DIRECTOR	ļ	✓		ļ				0	0	. 0
KULA GAUGHEN-HAILI	1 00	_								,
MIDDLE SCHOOL PRINCIPAL/DIRECTOR		/		ļ	_			0	0	0
WENDY ERSKINE	1 00									
HIGH SCHOOL PRINCIPAL/DIRECTOR		✓						0	0	0
LAYNE RICHARDS	2 00	_								
PAR MANAGER		✓		_				0	. 0	0
PUNAHELE KIKILOI	1.00									
K-1 TEACHER DIRECTOR		✓						0	0	0
VALERIE BLAND	1 00					ĺ				
2 TEACHER DIRECTOR		✓						0	0	0
JULIE GEORGE	1 00									
3 TEACHER DIRECTOR		✓						0	0	0
JUDY CRAMER	1 00									
4 TEACHER DIRECTOR		✓					_	0	0	0
LINDELL 'OHIA	1 00									
5 TEACHER DIRECTOR	L	_✓_						o	0	0

<u> </u>	90 (2019)														Page 8	
Part	VI Section A. Officers	s, Directors,	Trustees,	Key	Em	plo	yee	s, ar	nd F	lighest Compe	nsated E	mplo	yees (con:	tınued	
•							C)									
	(A)		(8)	(do r	not ch		ition more	e than e	one	(D)	(E)			(F)		
	Name and title		Average	box,	unles	ss pe	s person is bot			Reportable	Reporta				amount	
			hours per week		т —	7		or/trus		compensation from the	compensa from rela			of othe opensa		
			(list any	or d	nstr	Officer	<u>@</u>	휘	Former	organization	organizat		fi	rom th	ne	
			hours for related	ect à	Ę	ğ	<u>_</u>	est	ler.	(W-2/1099-MISC)	(W-2/1099-	MISC)	_		on and hizations	
			organizations	Individual trustee or director	Institutional trustee	l	Key employee	le com						J. 34		
			dotted line)	ste	trus:	ļ	ě	pen					İ			
				6	tee	l		Highest compensated employee					ĺ			
NICOL	_E JONES		1 00		H		-	-	 -							
	CHER DIRECTOR		ļ	1						0		0			0	
AULII	HOPEAU		1.00													
GRAD	E 7 TEACHER			✓						0		0			0	
HAUN	IANI CARVALHO		1 00													
	E 8 TEACHER			✓	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_				0		0			0	
	WILHELM		1 00	,						_						
	EACHER DIRECTOR KALAUKOA		1 00	-				-		0		0			0	
	TEACHER DIRECTOR		11-00	1			•			٥		0			0	
	ICIA MATSUMOTO		1 00	<u> </u>												
ASSIS	TANT TREASURER			✓		✓				0		0			0	
			ļ													
								ļ	_							
			ļ	ł												
				-				ļ	-							
	·			1												
									•				: [
	Subtotal .			l .	<u> </u>			L				_				
C	Total from continuation s	heets to Part	VII. Sectio	n A			•		•	0		0			. 0	
d	Total (add lines 1b and 1c		,						•	0		0			0	
2	Total number of individuals	(including but	not limited	to th	ose	list	ed a	above	e) wl	ho received more	e than \$10	0,000	of			
	reportable compensation fr	rom the organi	zation 🕨							0		_				
														Yes	No No	
3	Did the organization list employee on line 1a? If "Ye								mpl	oyee, or highes	t compen	sated			-	
4													3	 	│ 	
-	For any individual listed on organization and related															
	ındıvıdual		-										4		. 1	
5	Did any person listed on lin										ion or indi	/idual				
01	for services rendered to the		? If "Yes," c	ompl	ete :	Sch	edu	ile J f	or s	uch person			5	<u> </u>	✓	
	on B. Independent Cont															
1	Complete this table for y compensation from the organization															
	Tomponousion nom the orgi	(A)	or compon	<u>outioi</u>	. 101	****		011001	you	(B)	Within the	organ	(C)	3 (4)	year.	
	Name	and business add	ress							Description of serv	ices	C	Compens	ation		
None																
																
		_			_											
2	Total number of independ	lent contracto	rs (includin	g bu	t no	ot li	mite	ed to	the	ose listed above	e) who					
	received more than \$100,00	00 of compens	ation from t	he or	ganı	zatı	on 🕨	<u> </u>		0						

Pa	ŕŧ۷	M	Statement	of	Revenue

,		Check if Schedule O contains a response or note to any line in this Part VIII						· 🗖		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated campaig	ns .	•	1a	0	2 mg (* 142 mg)		90.0	
ons. Gifts, Grants Similar Amounts	b	Membership dues		•	1b	32,110				
S, E	C,	Fundraising events			1c	8,492				
a if	ď	<u></u>			. 0	ricinia de la companio del companio del companio de la companio del la companio de la companio de la companio della companio d			Liquitiquar ancienta qui	
S.E	е	Government grants		•	1e	0			n, Mokad Anna inda i mighiyad	in a de thinne de since a since a since
ons Sin	f	All other contribution					nichternen men der mehren der besteht d	teriote, qualification to the second of the	with nothing and in the many and applications of the second of the secon	ning ang wind in graph and and and when the same of th
tributic Other		and similar amounts no			1f	2,834		2		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	ons in	icluded in	١.				him with days to the transfer of the common	Total Character of the Control of th
Cont		lines 1a-1f.	4.5	٠	1g	<u> \$</u>	Tumonin kasaata atau			
	h	Total. Add lines 1a-	- 11		<u> </u>	Business Code	43,436	3 6 6 6 6	· on the drawning of the same	75.000.000.000
e,	2a					Business Code	\$200 \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\fr	Section 1		WHICH THE RESERVED
∞ ≩	b									
Se	C									
ram Ser Revenue	d									
g &	е									
Program Service Revenue	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a–2f				. •	0	45.245-77-248	MENCY SE	77.47.5
	3	Investment income	(ıncl	uding divid	dend	s, interest, and				
		other similar amoun	,		•	. ▶	194	0	0	194
	4	Income from investment of tax-exem			ipt bo	nd proceeds ►	0	0	0	0
	- 5	Royalties	· · · · · · · · · · · · · · · · · · ·		<u> </u>	0	0	0	0	
	ـ ا			(i) Real		(II) Personal				
	6a	Gross rents	6a							
	b	Less rental expenses Rental income or (loss)	6b 6c			0				
	ď			<u> </u>	<u> </u>		47~5473_644.M+P***C230200			
	7a	Gross amount from	1,000	(i) Securit	ies	(ii) Ùther	allasionicommonicommonicari:			
0	/ a	sales of assets		0			All the second second second	i a maria di manana di man	t and the second	
		other than inventory	7a		,	`	par pout table	Mary grown and and the second		grape language and the Ma
e	b	Less cost or other basis								
ē		and sales expenses	7b	-	1					
er Revenue	С	Gain or (loss)	7c	<u> </u>	0	0				14014
" E	d	Net gain or (loss)				<u> </u>	уьдонини причини причи	se	Millionillissellillillillineshmissillillineshmissillilli	GENERALINIAN CHRONI & C. V.S.
Oth	8a	Gross income from		-						man place of the per-
ر		events (not including of contributions rep		8,492		ب	diament in the second			
		1c) See Part IV, line		on ine	0.	270.050	Land Calculate of the Co.		managa cooling to the comment	
	b	Less direct expense		•	8a 8b	372,359			Time distribution of Asserta	
•	c	Net income or (loss)		fundraisin		282,497	20 00		0	90.963
	9a	Gross income fi			<u> </u>		89,862	Dungalina (III)	<u> </u>	89,862
-	,	activities See Part I			9a	,				
	b	Less: direct expense			9b		Charge		4.	
	С	Net income or (loss)		gaming ac	tivitie	s 🕨		a 27 24 1 12/2000 (110 (110 (110 (110 (110 (110 (110	341.5	- 14 Mar 2 Million 100 Marrie 2 CM
,	10a	Gross sales of in						- quintarin unique qui anno comp		nilocalmatationilo managami
,		returns and allowand	ces		10a					
	b	Less. cost of goods			10b		1.1.1			
	С	Net income or (loss)	from	sales of in	vento	ry . 🕨				
ş		1.1				Business Codo			V19_000000000000000000000000000000000000	
e ge	11a	BOARDER STORAGE	E			900099	651	0	` 0	651
lar en el	b					_				
Miscellaneous Revenue	C 	All other		-						
ž	a,	All other revenue Total. Add lines 11a	. 112		•	<u>. </u>	0	O haddining		O
	<u>е</u> 12	Total revenue. See			,		651 134,143	0	on of the state of	00.707
		- 3.2 3.0					134, 143			90,707 Form 990 (2019)

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 or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 20,000 20,000 Grants and other assistance to domestic individuals. See Part IV, line 22 95,724 95,724 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 0 0 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 0 0 0 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 9 Other employee benefits 0 0 0 0 10 Payroll taxes 0 0 0 0 11 Fees for services (nonemployees). а Management O O 0 0 b Legal . 0 0 0 0 C Accounting 0 0 0 0 d Lobbying 0 0 0 凝 Professional fundraising services See Part IV, line 17 0 0 Investment management fees 0 0 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () 0 0 12 Advertising and promotion 0 0 0 0 13 Office expenses 0 70 70 0 14 Information technology 0 0 0 0 15 Royalties 0 0 0 0 16 Occupancy . . 0 0 0 0 17 Travel 0 522 522 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 422 0 422 0 20 Interest 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 0 23 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) PROGRAM/SOCIAL/HOSPITALITY 7,000 7,000 h TEACHER APPRECIATION 2,950 2,950 All other expenses 3,900 3,900 0 Total functional expenses. Add lines 1 through 24e 25 130,588 125,674 4,914 0 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 ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	159,887	1	131,405
	2	Savings and temporary cash investments .	106,583	2	106,761
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	on the angle of the confidence of		
	,	trustee, key employee, creator or founder, substantial contributor, or 35%		900 	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	Thinking Anger (Maliffing)	6	Trininga 1975 Service 1985 Serv
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use .		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	\$60178-14874488	35 87.7	TANK OF THE STATE
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation . 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	50	15	50
	16	Total assets. Add lines 1 through 15 (must equal line 33) .	266,520	16	238,216
	17	Accounts payable and accrued expenses	38,580	17	6,721
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilit es	22	Loans and other payables to any current or former officer director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	and the state of t	22	a
Li	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	38,580	26	6 721
ű		Organizations that follow FASB ASC 958, check here ► ✓	30,380	20	6,721
ğ		and complete lines 27, 28, 32, and 33.	Mary Carry Mary States		
ā	27	Net assets without donor restrictions	227,940	27	231,495
Ba	28	Net assets with donor restrictions	0	28	231,433
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds .		29	
şţs	30	Paid-in or capital surplus, or land, building, or equipment fund		30	· · · · ·
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥.	32	Total net assets or fund balances	227 040	32	221 405
S S	33	Total liabilities and net assets/fund balances	227,940 266,520		231,495 238,216
		Total habilities and flet assets/fully balances .	200,320	55	Eorm 990 (2019)

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orm	990	(2019)	

Page **12**

.Par	XI Reconciliation of Net Assets			
`	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		13	4,143
2	Total expenses (must equal Part IX, column (A), line 25) . 2		13	0,588
3	Revenue less expenses Subtract line 2 from line 1			3,555
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		22	7,940
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O) . 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))		23	1,495
Part	XII. Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 🕜 Cash 🔲 Accrual 🔲 Other			Ī
	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?	2a		$\overline{}$
	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:			
L-	Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>
D	Were the organization's financial statements audited by an independent accountant?	2b		√ ,
	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			
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?	3a		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		
•	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	1 1	000	/a.a.: =:
		Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number KAMEHAMEHA SCHOOLS ASSOCIATION OF TEACHERS AND PARENTS 99-0175487 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 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) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

.Par	Support Schedule for Organiz	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
•	(Complete only if you checked t	he box on lin	e 5, 7, or 8 of	Part I or if th	ne organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	olease comple	ete Part III.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				İ .		
	membership fees received (Do not						
_	include any "unusual grants ") .	 .			ļ		
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			1			
3	The value of services or facilities		 				
3	furnished by a governmental unit to the					1	
	organization without charge						
4	Total. Add lines 1 through 3 .				 / 		
		3362 - 777	MALICA MARKET			75 N X X X X X X X X X X X X X X X X X X	<u> </u>
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly	X1.00	100		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) .		8-31-31				
6	Public support. Subtract line 5 from line 4		/	STATE OF	**************************************		
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) ,2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
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 VI)				i		
11	Total support. Add lines 7 through 10	N. Cower Co.		C409 8 576	2049/58	76 Y Y Y	
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form, 990 is for th	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		•				▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			1, column (f))		14	<u></u> %
15	Public support percentage from 2018 Sch			:		15	%
16a	331/3% support test - 2019. If the organi				nd line 14 is 33	31/3% or more,	check this
L.	box and stop here. The organization qua			_			·
b	331/3% support test—2018. If the organization	zation did not	cneck a box o	n line 13 or 16	a, and line 15	is 331/3% or me	
47-	•						◄
1/a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization	.aoto-and-ono		. The Organi	Lanon quannes	as a publicity .	Sabborrea 🗖
h	· /	110 If the area	anization did =	ot about a be	v on line 10 1	Co 16h 17	
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization m						
	supported organization	iooto trio raci		AGIIOCO (GOL	The Organization	on quamics as	a publicly ▶ □
18	Private foundation. If the organization did	d not check a l	box on line 13	16a. 16b. 17a	ı, or 17b. checi	this box and	see
	instructions				., 2 2, 011001	·	▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	ion A. Public Support	4.140. 110 100	3.0	, p.o	mpiete i dit	···/ .	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(0,7 = 0 : 0	(4) = 4 + 4	
	received (Do not include any "unusual grants")	59,415	47,464	49,388	56,839	43,436	256,542
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	,	·				,
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 .	59,415	47,464	49,388	56,839	43,436	256,542
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				į		
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 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
C1:	line 6.)						256,542
	on B. Total Support dar year (or fiscal year beginning in) ▶	/-\ 0015	(h) 0010	(-) 0017	(-1) 0040	(-) 0040 T	(O.T.)
Galen 9	Amounts from line 6	(a) 2015 59,415	(b) 2016 47,464	(c) 2017 49,388	(d) 2018	(e) 2019	(f) Total
10a	Gross income from interest, dividends,	59,415	47,464	49,366	56,839	43,436	256,542
	payments received on securities loans, rents,						
	royalties, and income from similar sources	321	298	338	370	194	1,521
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b .	321	298	338	370	194	1,521
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	59,736	47,762	49,726	57,209	43,630	258,063
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'					
Section	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2019 (line 8	, column (f), di	vided by line 1	3, column (f))	<u> </u>	15	99.41 %
16	Public support percentage from 2018 Sch					16	99 43 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (I			y line 13, colur	nn (f)) .	17	0.59 %
18	Investment income percentage from 2018			4 4		18	0.57 %
19a	331/3% support tests—2019. If the organi. 17 is not more than 331/3%, check this box a						
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this box a	ation did not ch	eck a box on l	ne 14 or line 19	a, and line 16	is more than 30	31/3%, and
20	Private foundation. If the organization did						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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	10b		

Part	Supporting Organizations (continued)			
٠.		~ ~.(0	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	17.00		\$ 5.000 0.000
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	1	******	أشتك
h		11a	ļ	
b	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	_	
	on B. Type I Supporting Organizations	11c		
3661	on B. Type I Supporting Organizations		V	NI-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1888888 C.	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	7.00 N		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	3 4 20	(X).	250
	controlled the organization's activities. If the organization had more than one supported organization,	2,0%		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		imenint.	Lucian, iii
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	15721
2	Did the organization operate for the benefit of any supported organization other than the supported	700	٠, =	5773
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	, , , , ,		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	88 C		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		W.	V X
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			3.6
	or management of the supporting organization was vested in the same persons that controlled or managed	Gargidia, più	,00° 50,000	carried and
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		2 3 Eg	3,27
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	: 10 digniger	иштоўта	ណក់កាណ្ដាណវុ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		<u> </u>	
_		1		°. ∀ al
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		100	45.7
	the organization maintained a close and continuous working relationship with the supported organization(s)	*****	allings to	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	21	#25%	*******
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	erres.
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	ctions	<u></u>
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-/
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ms	structi	บบร)
2	Activities Test Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		,*··	7.4
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	X 34	W. 6.3	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	X.14	F	T.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			M
	reasons for the organization's position that its supported organization(s) would have engaged in these	20074. 2008	. ```	
	activities but for the organization's involvement	2b		
` 3	Parent of Supported Organizations Answer (a) and (b) below.	3.5	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	- 3
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Ž.		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		25.53	23
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		

Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	-10-	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount		****	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y int	egrated Type III support	ng organization (see

Parc	Type in Non-Functionally integrated 509(a)(3	g Supporting Organ	zations (continued)	Γ
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	-	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdıstributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	の対抗なななが	は複数機能においる影響	
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			
	instructions			Tabilities and the
3	Excess distributions carryover, if any, to 2019	* * * * * * * * * * * * * * * * * * * *	A PARTY TABLES	Cont Name to the Control of the Cont
а	From 2014	2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(1.00 a)	
b	From 2015	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
С	From 2016 .	THE REGION SHIPS AND		. 2 10 (A corpus marchanica) militari dilitari dilitari
d	From 2017	F. Company of the contract of	Barbara Commission of the Comm	a same nation and an artist of the same of
е	From 2018 .	atti ili atmittar tart etc		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		WELVE PS 61 . 7 L . 7 CAWLESTON WHITE	
<u>h</u>	Applied to 2019 distributable amount	A STATE OF THE STA		~ N 42 Y 1.17 (20 Y 10) WYGSLSZYYY N
<u>i</u> _	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	842 / 10 2-6 do / of 10 46 / 10 10 10 10 10 10 10 10 10 10 10 10 10	Section of the second section of the section of the second section of the section	A Trial Manufacture of the Control o
4	Distributions for 2019 from			
	Section D, line 7 \$	28 49 5 C C 6 5 6 7 4 8		
a	Applied to underdistributions of prior years		ZINAMANTENA PER PER PER PER PER PER PER PER PER PER	S. 7-12-26 (1984)
b	Applied to 2019 distributable amount	\$ 100 miles		2 K-18 K-2 K-3 K-3 K-3 K-3 K-3 K-3 K-3 K-3 K-3 K-3
с	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2019, if			
5	any Subtract lines 3g and 4a from line 2. For result			2 (7)
	greater than zero, explain in Part VI. See instructions	100 C 100 C	THE CONTRACT OF THE PERSON OF	600000 A 000000000000000000000000000000
6	Remaining underdistributions for 2019. Subtract lines 3h			'
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			BO SSEN CARRENT
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7:	American de la company de la c	iguiguighnymistracondaabhadhainnin fraigh fraightean Ann ann agus agus agus agus agus agus agus agus	
а	Excess from 2015	to the translation in the state of the state	All Minimizer out to print to the second second second second second second second second second second second	
b	Excess from 2016			And the state of t
С	Excess from 2017			
d	Excess from 2018	The case of the same of the sa	a jarah kabanjanjandan sa maja k	ny itan'i androna primara na Sapania da Ar
· c	Excess from 2019 .			

Pac	ıe	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OMB No 1545-0047

	EHAMEHA SCHOOLS ASSOCIATIO						0175487
Par	Fundraising Activities. Form 990-EZ filers are				vered "Yes" on I	Form 990, Part IV,	line 17.
1 a b c d 2a b	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a written or key employees listed in Form If "Yes," list the 10 highest paic compensated at least \$5,000 by	ons tten or oral agre 1990, Part VII) o I individuals or e	e [f [g [ement with r entity in c	Solicitat Solicitat Special any individ	ion of non-govern ion of government fundraising events dual (including offi with professional f	ment grants grants cers, directors, trust undraising services	? Yes No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(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
1			Yes	No		···	
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3	List all states in which the orga registration or licensing	nization is regis	stered or lic	ensed to s	olicit contributions	s or has been notifie	ed it is exempt from
·							

P	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	tion answered "Yes" o and gross income on	n Form 990, Part IV, I Form 990-EZ, lines 1	ine 18, or reported more and 6b. List events with
			(a) Event #1 HO'OLAULE'A (event type)	(b) Event #2 THRIFT SHOP/UNIFORM (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	369,195	11,656		380,851
Œ	2	Less Contributions .	8,492	0		8,492
	3	Gross income (line 1 minus line 2)	360,703	11,656		372,359
	4	Cash prizes .	0	0	,	0
	5	Noncash prizes	0	0		0
nses	6	Rent/facility costs	0	0		0
Direct Expenses	7	Food and beverages .	0	0		0
Direct	8	Entertainment	0	0		0
	9	Other direct expenses	282,305	462		282,767
	10 11	Direct expense summary. Ad Net income summary. Subtra			>	282,767 89,592
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-EZ		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue .				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	Subtract line 7 from li	ne 1, column (d) .		
9	En a Ist b If "	ater the state(s) in which the ord the organization licensed to co 'No," explain				
10			amıng licenses revokec	-	ated during the tax year	r? ☐ Yes ☐ No

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct 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 conducted in.		
а	The organization's facility		%
b	An outside facility . 13b		%
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 ► \$		
С	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
		· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

Open to Public

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✓ Yes

Employer identification number 99-0175487 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. KAMEHAMEHA SCHOOLS ASSOCIATION OF TEACHERS AND PARENTS General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

the selection criteria used to award the grants or assistance?

Part·II

Part		sistance to Do	mestic Organiza	ations and Dom an \$5,000. Part I	l estic Governm Il can be duplica	Organizations and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	f the organization answespace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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)	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 noncash assistance	(h) Purpose of grant or assistance
(1) S	Sch I, Stmt 1							
(2)								
(3)								
(4)								
(2)								
(9)					,			
(2)								
(8)								
6				:				
(10)								
(11)								
(12)								
3 2	Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin	501(c)(3) and gov ganizations listed	ernment organizat I in the line 1 table	organizations listed in the line 1 table ie 1 table	ne 1 table			- O

Schedule I (Form 990) (2019)

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 See Schedule I, Part IV, Statement 2			:		
2					
3					
4					•
5					
9					
7					
School Boot Line 2 Englandment Charte Mount Finance		equired in Part I, lir	le 2; Part III, columi	nation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
SCHEQUIE I, PARTI, LINE Z. ENRICHMENT GRANTS, RORDA FUNDS, AND \$4/STUDENT FUNDS ALL INVOLVE AN APPLICATION PROCESS. APPLICATIONS ARE SUBMITTED FOR REVIEW ENRICHMENT GRANTS ARE REVIEWED BY THE UNIT COUNCILS WHO DETERMINE ELIGIBILITY AND DECIDE ON AWARD LEVELS. \$4/STUDENT FUND REQUESTS		WHO DETERMINE ELI	GIBILITY AND DECIDE	AND \$4'STUDENT FUNDS ALL INVOLVE AN APPLICATION PROCESS. APPLICATIONS ARE SUBMITTED FOR UNCILS WHO DETERMINE ELIGIBILITY AND DECIDE ON AWARD LEVELS. \$4/STUDENT FUND REQUESTS	ONS ARE SUBMITTED FOR DENT FUND REQUESTS
ARE SUBMITTED BY CLASS REPRESENTATIVES AND ARE REVIEWED BY A COMMITTEE TO ENSURE THAT EXPENDITURES MEET REQUIREMENTS AND ARE REASONABLE.	ARE REVIEWED BY	A COMMITTEE TO EN	SURE THAT EXPENDIT	URES MEET REQUIREMENT	S AND ARE REASONABLE.
SCHOOL PRINCIPAL THE PROPOSED RECIPIENTS ARE THEN FORWARDED TO THE PARENT AND ALUMNI RELATIONS MANAGER AND ASSISTANT TREASURER WHO ALSO	E THEN FORWARD	ED TO THE PARENT A	ND ALUMNI RELATION	S MANAGER AND ASSISTAN	BY THE RESPECTIVE T TREASURER WHO ALSO
REVIEWS FINANCIAL AID INFORMATION TO CONFIRM ELIGIBILITY FOR ASSISTANCE	ELIGIBILITY FOR A	SSISTANCE.			
					Schedule (Earn 000) (2010)
					מהוובמתום ולו חווו אחל להחים!

SCHEDULE O (Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for the latest information.

20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KAMEHAMEHA SCHOOLS ASSOCIATION OF TEACHERS AND PARENTS

Employer identification number

99-0175487

Form 990, Part VI, Section A, Line 4 - Effective May 2020, the bylaws were revised as follows: BOARD OF DIRECTORS: 1) The number of officers has increased from 1 to 3 vice presidents, from 1 secretary to a recording secretary and a corresponding secretary, and to increase from 1 Treasurer to a 1st Treasurer and 2nd Treasurer, 2) Unit council directors from increased from 5 to 13 (one per grade level);

3) Teacher directors increased from 5 to 9; and 4) Administrative directors reduced from 5 to 4 MEMBERSHIP: the 'ohana level of membership was removed

Form 990, Part VI, Section A, Line 6 - PARENTS, LEGAL GUARDIANS, AND SPONSORS (ADULTS LIVING ON THE ISLAND OF O'AHU
DESIGNATED BY THE PARENTS OR LEGAL GUARDIANS TO OVERSEE THE WELFARE OF NON-O'AHU STUDENTS AT KSK) OF
STUDENTS ENROLLED AT KSK, AND TEACHERS, ADMINISTRATORS, AND STAFF LOCATED ON THE KSK CAMPUS, SHALL BE
ELIGIBLE FOR FULL MEMBERSHIP IN THE ASSOCIATION TIMELY PAYMENT OF ANNUAL DUES IS A REQUIREMENT OF
MEMBERSHIP. A FULL MEMBER MAY PARTICIPATE IN ALL ASSOCIATION- SPONSORED ACTIVITIES AND IS ENTITLED TO VOTE
AS PROVIDED BY THESE BYLAWS PARENTS, LEGAL GUARDIANS, SPONSORS AND TEACHERS WHO ARE FULL MEMBERS ARE
ELIGIBLE TO BE NOMINATED FOR, AND TO HOLD ELECTIVE OFFICE, SUBJECT TO THE LIMITATIONS OF THESE BYLAWS.

Form 990, Part VI, Section A, Line 7a - THE PRESIDENT, VICE PRESIDENT - HO'OLAULE'A, VICE PRESIDENT - KES, VICE PRESIDENT - KMS & KHS, RECORDING SECRETARY, CORRESPONDING SECRETARY, TREASURER 1ST, TREASURER 2ND SHALL BE NOMINATED FROM AMONG THE CURRENT OFFICERS OR PARENT REPRESENTATIVES OF THE UNIT COUNCILS, AND ELECTED BY THE CURRENT OFFICERS AND PARENT REPRESENTATIVES OF THE UNIT COUNCILS TO SERVE FOR THE NEXT TERM OF OFFICE. THERE SHALL BE THIRTEEN (13) VOTING UNIT COUNCIL DIRECTORS CONSISTING OF ONE (1) DIRECTOR FOR EACH GRADE LEVEL. UNIT COUNCIL DIRECTOR(S) SHALL BE PARENT REPRESENTATIVES SELECTED BY AND FROM THE PARENT REPRESENTATIVES OF EACH UNIT COUNCIL PRIOR TO EACH MEETING OF THE BOARD OF DIRECTORS TO REPRESENT THE BEST INTERESTS OF THE UNIT COUNCIL EACH UNIT COUNCIL DIRECTOR OR THEIR DESIGNATED REPRESENTATIVE SHALL HAVE ONE (1) VOTE. THERE SHALL BE ONE (1) VOTING TEACHER DIRECTOR FOR EACH OF THE FOLLOWING GRADE LEVEL GROUPS: K-1,2,3,4,5,6,7-8, 9-10, 11-12. EACH TEACHER DIRECTOR SHALL BE SELECTED BY THE TEACHER REPRESENTATIVES FROM EACH UNIT COUNCIL FROM AMONG THE TEACHER REPRESENTATIVES FOR THAT UNIT COUNCIL. EACH TEACHER DIRECTOR GROUP OR THEIR DESIGNATED REPRESENTATIVE SHALL HAVE ONE (1) VOTE. THE PRESIDENTS OF NEIGHBOR ISLAND AFFILIATES ORGANIZATIONS, OR THEIR DESIGNATED REPRESENTATIVES, WHO ARE FULL MEMBERS, SHALL BE NEIGHBOR ISLAND DIRECTORS EACH NEIGHBOR ISLAND DIRECTOR OR THEIR DESIGNATED REPRESENTATIVE SHALL HAVE ONE (1) VOTE ADMINISTRATIVE DIRECTORS OF THE ASSOCIATION SHALL INCLUDE THE HIGH SCHOOL PRINCIPAL, THE MIDDLE SCHOOL PRINCIPAL, THE ELEMENTARY SCHOOL PRINCIPAL, A BOARDING ADMINISTRATOR AND THE DIRECTOR OF BOARDING, OR THEIR DESIGNATED REPRESENTATIVES THE HIGH SCHOOL PRINCIPAL OR REPRESENTATIVE SHALL HAVE ONE (1) VOTE THE HIGH SCHOOL BOARDING ADMINISTRATOR OR REPRESENTATIVE SHALL HAVE ONE (1) VOTE THE MIDDLE SCHOOL PRINCIPAL OR REPRESENTATIVE ALONG WITH THE BOARDING ADMINISTRATOR OR REPRESENTATIVE SHALL HAVE ONE (1) VOTE THE ELEMENTARY PRINCIPAL OR REPRESENTATIVE SHALL HAVE ONE (1) VOTE THE VOTE OF AT LEAST ONE (1) ADMINISTRATIVE DIRECTOR SHALL BE REQUIRED TO PASS ANY MOTION, WHICH MAY AFFECT THE TAX-EXEMPT STATUS OF KSK OR THE ASSOCIATION, CREATE POTENTIAL LEGAL OR FINANCIAL EXPOSURE FOR KSK, OR POTENTIALLY BE INTERPRETED AS INCONSISTENT WITH THE MISSION, VISION OR GOALS OF KS. THE KSK PAR MANAGER OR ITS DESIGNEE SHALL SERVE AS AN EX-OFFICIO NON-VOTING MEMBER OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Section A, Line 7b - SEE DESCRIPTION FOR FORM 990, PART VI, SECTION A, LINE 7A ABOVE

Form 990, Part VI, Section B, Line 11b - THE FORM 990 IS PREPARED BY THE TREASURER AND THE ASSISTANT TREASURER IT IS

DISTRIBUTED TO THE OFFICERS OF THE BOARD AND THE PARENTS AND ALUMNI RELATIONS MANAGER. THE FORM IS

DISTRIBUTED FOR REVIEW BY ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Section B, Line 12c - KS ATP 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 ENSURING THAT MEMBERS WITH CONFLICTS OR POTENTIAL CONFLICTS ABSTAIN FROM VOTING.

Form 990, Part VI, Section C, Line 19 - THE ASSOCIATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE DISTRIBUTED ANNUALLY TO PARENT REPRESENTATIVES. FINANCIAL STATEMENTS ARE REVIEWED AND APPROVED BY

Supplemental Information (Continued)

BOARD MEMBERS. ALL DOCUMENTS ARE AVAILABLE FOR REVIEW BY ASSOCIATION MEMBERS UPON REQUEST THROUGH THE ASSOCIATION.
ADDOUGNION.
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