

**Short Form**  
**Return of Organization Exempt From Income Tax**

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

**1997**

**This Form is Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 1997 calendar year, OR tax year beginning** SEPT. 11, 1997, and ending JUNE 30, 1998

- B Check if:**
- Change of address
  - Initial return
  - Final return
  - Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <u>KAMEHAMEHA SCHOOLS PARENTS &amp; TEACHERS OHANA - HI CAMPUS</u>	
	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
	<u>16-714 VOLCANO RD.</u>	
City or town, state or country, and ZIP + 4 <u>KEAAU, HI 96749</u>		

**D Employer identification number**  
94 : 3282843

**E State registration number**

**F Check**  if exemption application is pending

**H Enter four-digit group exemption number (GEN)**

**G Accounting method:**  Cash  Accrual  Other (specify) ▶

**I Type of organization—**  Exempt under section 501(c)( 4 ) ◀ (insert number) OR  section 4947(a)(1) nonexempt charitable trust

**Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**J Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. **Some states require a complete return.**

**K Enter the organization's 1997 gross receipts (add back lines 5b, 6b, and 7b, to line 9)** ▶ \$ 8,769.  
**If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 28.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<u>520.</u>
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule):		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	<u>8,249.</u>
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	<u>4,198.</u>
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	<u>4,051.</u>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	<u>4,571.</u>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<u>425.</u>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ _____)	<b>16</b>	
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	<u>425.</u>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	<u>4,146.</u>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<u>0</u>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	<u>4,146.</u>

**Part II Balance Sheets—**If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 32.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>22</b>	<u>4,146.</u>
<b>23</b> Land and buildings	<b>23</b>	
<b>24</b> Other assets (describe ▶ _____)	<b>24</b>	
<b>25 Total assets</b>	<b>25</b>	<u>4,146.</u>
<b>26 Total liabilities</b> (describe ▶ _____)	<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>27</b>	<u>4,146.</u>

FIRST YEAR

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 32.)		Expenses
What is the organization's primary exempt purpose? <u>SUPPORT OF KAMEHAMEHA SCHOOLS; PARENTS</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>GRANTS TO SUPPORT VARIOUS GRADES AT KAMEHAMEHA SCHOOLS HAWAII CAMPUS FOR STUDENT'S ACTIVITIES.</u> (Grants \$ <u>425.</u> )	28a <u>425.</u>
29	(Grants \$ _____)	29a
30	(Grants \$ _____)	30a
31	Other program services (attach schedule) (Grants \$ _____)	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b> <u>425.</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 32.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED</u>				

Part V Other Information (See Specific Instructions on page 33.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <u>N/A</u>		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>N/A</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b> <u>N/A</u>		
39	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9 <b>39a</b> <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> <u>0</u>		
40a	501(c)(3) organizations.—Enter: Amount of tax imposed during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>N/A</u>		
d	Enter: Amount of tax in 40c, above, reimbursed by the organization ▶ <u>N/A</u>		
41	List the states with which a copy of this return is filed. ▶ _____		
42	The books are in care of ▶ <u>GREGORY AYAU</u> Telephone no. ▶ <u>(808) 896-9945</u> Located at ▶ <u>1160 LEI HUAHINA PL., HILO, HI</u> ZIP + 4 ▶ <u>96720</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> <u>N/A</u>		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See General Instruction U, page 10.)		
	<u>[Signature]</u> Signature of officer	<u>7/13/06</u> Date	<u>Shel M. Cronin, President</u> Type or print name and title.
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address ▶		Preparer's SSN
			EIN ▶
			ZIP + 4 ▶



Kamehameha Schools Parents & Teachers Ohana-HI Campus  
 Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and avg hrs per week	(C) Compensation	(D) Contributions to emp benefit plans & deferred compensation	(E) Expense account and other allowances
Sarah Guerrero P.O. Box 5607 Hilo, HI 96720	President 2-3 hours	0	0	0
Danette Aiwohi P.O. Box 11460 Hilo, HI 96721	Vice-President 2-3 hours	0	0	0
Gregory Ayau 1160 Lei Hinahina Pl. Hilo, HI 96720	Treasurer 2-3 hours	0	0	0
Jenn Kuhohara 289 Aipuni St. Hilo, HI 96720	Secretary 2-3 hours	0	0	0
Michelle Pabingwit 1700 Maunakai St. Hilo, HI 96720	Director 1 hour	0	0	0
Robin Lindsey P.O. Box 1152 Hilo, HI 96721	Director 1 hour	0	0	0
Loretta Montibon P.O. Box 11432 Hilo, HI 96721	Director 1 hour	0	0	0
Wendy Volivar 533 Ho'oiho Pl. Hilo, HI 96720	Director 1 hour	0	0	0
Mary Toledo 95 Lauia Rd. Hilo, HI 96720	Director 1 hour	0	0	0
Jennifer Kualii 78 Kaulike St. Hilo, HI 96720	Director 1 hour	0	0	0

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(A) Name and address	(B) Title and avg hrs per week	(C) Compensation	(D) Contributions to emp benefit plans & deferred compensation	(E) Expense account and other allowances
Joyee Goo 287 Kapualani St. Hilo, HI 96720	Director 1 hour	0	0	0
Kathy Pung 435 Kipuni St. Hilo, HI 96720	Director 1 hour	0	0	0
Cheryl Brzezowski 168 Kuakolu Pl. Hilo, HI 96720	Director 1 hour	0	0	0
Tracy Pa P.O. Box 6915 Hilo, HI 96720	Director 1 hour	0	0	0
Melva Ahu 241 Alipuni St Hilo, HI 96720	Director 1 hour	0	0	0
Stan Fortuna 16-714 Volcano Rd Keaau, HI 96749	Director 1 hour	0	0	0
Ninia Aldrich 16-714 Volcano Rd Keaau, HI 96749	Director 1 hour	0	0	0
Karen Coon 16-714 Volcano Rd Keaau, HI 96749	Director 1 hour	0	0	0
Carey Masuko 16-714 Volcano Rd Keaau, HI 96749	Director 1 hour	0	0	0
Wendell Kam 16-714 Volcano Rd Keaau, HI 96749	Director 1 hour	0	0	0