

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2002**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**A For the 2002 calendar year, or tax year beginning** JULY 1, 2002, and ending JUNE 30, 2003

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

**C** Name of organization: KAMEHAMEHA SCHOOLS PARENTS & TEACHERS DHANA - HI CAMPUS  
 Number and street (or P.O. box, if mail is not delivered to street address): 16-714 VOLCANO RD.  
 City or town, state or country, and ZIP + 4: KEAAU, HI 96749

**D** Employer identification number: 94-3282843

**E** Telephone number: (808) 896-9945

**F** Enter 4-digit (GEN) ▶

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

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Web site: ▶ NIA

**J** Organization type (check only one) —  501(c) (4) (insert no.)  4947(a)(1) or  527

**K** 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, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 99,827.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6,830.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule):		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	89,903.
	6b	Less: direct expenses other than fundraising expenses	6b	31,076.
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	58,827.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ <u>REIMB. EXP. 3,003., MISC. 91.</u> )	8	3,094.	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	68,751.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	23,288.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	6,568.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <u>SUPPLIES 307., MISC. 647.</u> )	16	954.
	17	<b>Total expenses</b> (add lines 10 through 16)	17	30,810.
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	37,941.
	19	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)	19	59,892.
	20	Other changes in net assets or fund balances (attach explanation) <u>Prior period adjustment</u>	20	<1,118.>
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	96,715.

**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 page 39 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,892.	96,715.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 <b>Total assets</b>	59,892.	96,715.
26 <b>Total liabilities</b> (describe ▶ _____)		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	59,892.	96,715.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

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Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>SUPPORT OF LAHEHAMEHA SCHOOLS : PARENTS</b>			
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	<b>SEE ATTACHED</b>	(Grants \$ <b>23,288.</b> )	28a <b>23,288.</b>
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 23,288.</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)				
(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
<b>SEE ATTACHED</b>				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)			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.			<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	N/A		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			<input checked="" type="checkbox"/>
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. ▶	37a N/A		<input checked="" type="checkbox"/>
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.	38b N/A		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a N/A		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities	39b \$		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			<input checked="" type="checkbox"/>
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.			<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶	N/A		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶	N/A		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶			<input checked="" type="checkbox"/>
42	The books are in care of ▶ <b>GREGORY AYAU</b> Telephone no. ▶ <b>(808) 896-9945</b>			<input checked="" type="checkbox"/>
	Located at ▶ <b>1160 LEIHIWAHINA PL., HILO, HI</b> ZIP + 4 ▶ <b>96720</b>			<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>			<input checked="" type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>43 N/A</b>			<input checked="" type="checkbox"/>

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, this return is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: *Emil M...* Date: **7/13/14**

Type or print name and title: **Sarah M. Brennan, President**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_



Kamehameha Schools Parents & Teachers Ohana – HI Campus  
Form 990-EZ, Page 2, Part III, Line 28

The Organization provides enrichment grants to benefit students, groups, teams, clubs or other organizations of Kamehameha Schools – Hawaii Campus. The grants are required to be used for activities which result in an educational benefit to the students. The following are examples of some of the activities for which grant funds were used: theater admission costs for third grade students who could not afford the admission cost, awards for a campus wide book week poster contest, subscription for Weekly Reader, a portion of the airfare cost for a student to attend an enrichment studies program on Oahu, theater admission costs for a drama class field trip, entrance fees for a Maui Academy of Performing Arts presentation and the cost of daily journals for third grade students.

Kamehameha Schools Parents & Teachers Ohana-HI Campus  
 Form 990-EZ, Page 2, Part IV  
 List of Officers, Directors, Trustees, and Key Employees

<b>(A) Name and address</b>	<b>(B) Title and avg hrs per week</b>	<b>(C) Compensation</b>	<b>(D) Contributions to emp benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
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 Alpuni 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'olio Pl. Hilo, HI 96720	Director 1 hour	0	0	0
Mary Toledo 95 Laula Rd. Hilo, HI 96720	Director 1 hour	0	0	0
Jennifer Kuaili 78 Kaulike St. Hilo, HI 96720	Director 1 hour	0	0	0

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Joyee Goo 287 Kapulani 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 Aipuni 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