

**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)

▶ 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

**2003**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2003 calendar year, or tax year beginning 1/1/2003 and ending 12/31/2003

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

Please use IRS label or print or type. See Specific Instructions

**C** Name of organization  
Grassroot Institute of Hawaii, Inc  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
1314 South King Street 1163  
 City, town, or country State ZIP + 4  
Honolulu HI 96814

**D** Employer identification number  
99-0354937

**E** Telephone number  
808-864-1776

**F** Group Exemption Number ▶

**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** Website: ▶ http://www.GrassrootInstitute.org

**J** Organization type (check only one)—  501(c) ( 3 ) ◀ (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 ▶ \$ 87,336

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	70,065
	2	Program service revenue including government fees and contracts . . . . .	2	4,291
	3	Membership dues and assessments . . . . .	3	0
	4	Investment income . . . . .	4	0
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	5b	Less: cost or other basis and sales expenses . . . . .	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	6a	a Gross revenue (not including 70,065 of contributions reported on line 1) . . . . .	6a	12,980
6b	b Less: direct expenses other than fundraising expenses . . . . .	6b	13,111	
6c	c Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	6c	-131	
7a	a Gross sales of inventory less returns and allowances . . . . .	7a	0	
7b	b Less: cost of goods sold . . . . .	7b	380	
7c	c Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	7c	-380	
8	8 Other revenue (describe ▶ _____) . . . . .	8	0	
9	9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	73,845	
Expenses	10	10 Grants and similar amounts paid (attach schedule) . . . . .	10	0
	11	11 Benefits paid to or for members . . . . .	11	0
	12	12 Salaries, other compensation, and employee benefits . . . . .	12	15,368
	13	13 Professional fees and other payments to independent contractors . . . . .	13	6,868
	14	14 Occupancy, rent, utilities, and maintenance . . . . .	14	6,270
	15	15 Printing, publications, postage, and shipping . . . . .	15	11,516
	16	16 Other expenses (describe ▶ <u>See attached statement.</u> ) . . . . .	16	17,324
17	17 <b>Total expenses</b> (add lines 10 through 16) ▶	17	57,346	
Net Assets	18	18 Excess or (deficit) for the year (line 9 less line 17) . . . . .	18	16,499
	19	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	11,789
	20	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21	21 <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20) ▶	21	28,288

**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 40 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	11,789	28,288
23 Land and buildings . . . . .	0	0
24 Other assets (describe ▶ _____) . . . . .	0	0
25 <b>Total assets</b> . . . . .	11,789	28,288
26 <b>Total liabilities</b> (describe ▶ _____) . . . . .	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	11,789	28,288

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2003)

SCANNED MAY 20 2004

RECEIVED  
MAY 27 2004  
CASH UNIT  
RSP

22

Part III Statement of Program Service Accomplishments (See page 41 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? <u>To improve the relationship between and effectiveness of</u>			
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	Grassroot Institute of Hawaii (GRHI) Anniversary Dinner, honoring citizens with awards like the first George Washington Award for outstanding public service and the Unsung Hero Awards. (Grants \$ _____)	28a	7,396
29	The Customer Choice Health Care Conference covered the Hawaii Prepaid Health Care Act (HPHCA), its negative effect on the market for insurance, and employment and employer costs. (Grants \$ _____)	29a	2,339
30	GRIH sponsored a number of presentations from experts in Economics, Human Services, Transportation, and Health Care. Many speakers were co-sponsored by other community organizations. (Grants \$ _____)	30a	4,236
31	Other program services (attach schedule) (Grants \$ _____)	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>13,971</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 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
Name <u>See Attached</u> Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK _____	0	0	0
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK _____			

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		X
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		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	0
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
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		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		0
41	List the states with which a copy of this return is filed		
42	The books are in care of Name <u>Guy Monohan</u> Business check here <input type="checkbox"/> Telephone no <u>808-864-1776</u> Located at <u>1314 S. King St., S 1163</u> City <u>Honolulu</u> ST <u>HI</u> ZIP + 4 <u>96814</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 <u>43</u> <u>N/A</u>		

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.

Please Sign Here: Signature of officer [Signature] Date 5/3/04  
Type or print name and title Richard O. Rowland President

Paid Preparer's Use Only: Preparer's signature [Signature] Date XXXXXXXXXXXX Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst W) XXXXXXXXXXXX  
Firm's name (or yours if self-employed), address, and ZIP + 4 XXXXXXXXXXXX EIN XXXXXXXXXXXX Phone no XXXXXXXXXXXX

**Line 6 (990-EZ) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Slom Dinner	Health Care Conf	Skousen Breakfast	Special Events	
1a Number of special events					
2 Gross receipts	7,590	3,620	415	1,355	12,980
3 Less contributions					0
4 Gross revenue	7,590	3,620	415	1,355	12,980
5 Less direct expenses	4,984	525	271	7,331	13,111
6 Net income or (loss)	2,606	3,095	144	-5,976	-131

**Line 16 (990-EZ) - Other expenses**

1 Fund Raising	1	0
2 Office Supplies, Web site, and Telecommunications	2	6,606
3 Organization Membership Dues	3	1,880
4 Conference and Conventions	4	1,388
5 Calabash (morning networking & program) meetings	5	1,192
6 Development	6	192
7 Travel	7	6,066
8	8	
9	9	
10	10	
11 Total other expenses	11	17,324