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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09										
В	Check if	applicable	Please	C Name of organization					D Em	oloyer identifi	cation number
Ц	Address	change	use (RS label or						_		
Ц	Name ch	hange	print or	Kauai Community						-72090	
Н	Initial ret	turn	type.	Number and street (or P O box, i	f mail is not delivered to street a	ıddress)	Roos	m/suite		ephone numb	
Н	Termina		See Specific	P.O. Box 343						8-245-	
Н	Amende		Instruc-	City or town, state or country, and						up Exemptio	n
Ш		ion pending	tions.	Lihue	HI 96766					nber	▶
	• Sec	tion 501(c)(3		cations and 4947(a)(1) nonexemp		ttacn		Accounting		Cash	X Accrual
_	Websit	te: N/		npleted Schedule A (Form 990 or	990-EZ).		Othe	er (specify)	V		
å				one)— X 501(c) (3) ◀ (ins	ert no) 4947(a)(1) o	<u>. </u>	527	Check ► required to	attach Sci	e organization nedule B (Form	ıs not ı 990,
; <u>v</u>	Check			zation is not a section 509(a)(3) sur			oceinte are r	ormally no	ot more i	han \$251000	. A return
1			-	nization chooses to file a return, be	· -	-	i.	-	A HIOLE I	!	
-				to determine gross receipts, if \$1,000,00			990-F7		• •		24,586
<u>-</u> F	art I			penses, and <u>Changes in N</u>				ne instru			
	1			ts, and similar amounts received				1	1	Oper	
	2			nue including government fees and	l contracts				2	1	22,086
	3	_		d assessments		e St	atemen	it 1	3		1,789
2010	4	Investment	ncome						4	Zoridenia	citin 1
7	5a	Gross amou	ınt from s	ale of assets other than inventory		5a					
Ø	ь	Less cost o	rother ba	sis and cales expenses		5b				4190	17
F===	С	Gain or (oss)	from sale	rassets offier than priventory (Subtract	ine 5b from line 5a) (attach sch)			_5c	Le Pro 1	31
떋	6	Special event	s and activ	ities (complete applicable parts of Scheo	lule G). If any amount is from g a	aming, ch	heck here	▶ 🗌		1-205-	<i>};</i>
<u>~</u>	a								r 11.c	J	
		reported on	line 1)			6a	•			٠ .	` <u>.</u>
Ž	b			other than fundraising expenses		6b			_		-
Z	С			fem special events and activities (Subtract line 6b from line 6a	l !			6c	<u> </u>	
SCANNER DEF	7a			ory, less returns and allowances		7a			4		F v
	b	Less cost o	-			7b	 		⊣′_	,,,,	
r	C	•		from sales of inventory (Subtract lin	ne 7b from line 7a)			· .	7c		
ī	8	Other reven						·	8 9 5	1	24,586
<u>:</u> _	9			ines 1, 2, 3, 4, 5c, 6c, 7c, and 8			3 - 3 7	<u></u> ·	10	or Part	24,360
	10	Benefits pai		nounts paid (attach schedule)			: `	12	11	Figure	
	12	*		ensation, and employee benefits					12.	 	- i,
enses	13			d other payments to independent co	ontractors				13		769
ben	. 14			ties, and maintenance					14	4 (13)	9,312
Expe	15			, postage, and shipping					15		575
	16			cribe > See Stateme	nt 2) 16		10,806
	17			l lines 10 through 16				<u> </u>	17		21,462
-St	18	Excess or (deficit) for	the year (Subtract line 17 from line	9)				18		·3,124
Net Assets	19	Net assets or	fund balar	ces at beginning of year (from line 27, c	olumn (A)) (must agree with end-of-y	ear figure re	eported on pnor y	ear's return)	19		40,094
et A	20	Other chang	ges in net	assets or fund balances (attach ex	planation)				20	<u> </u>	
Z	21			lances at end of year Combine lin			<u> </u>		21		43,218
_ <u>F</u>	Part II	Balan	<u>ce She</u>	ets. If Total assets on line 25, col	umn (B) are \$2,500,000 or r	nore, file			orm 990	-EZ	
•			(See	the instructions for Part II)		<u> </u>	(A) Beginn			(B) End	
		savings, and i	investme	nts				<u>10,19</u>		 	12,228
23		nd buildings				_		30,99			30,990
24		assets (descri	ibe 🕨			—'├-		<u> </u>	24		· 42 010
	Total a			Coo Ctatamant	2	<u> </u>	· · · ·	41,18 1,09		7 727	<u>43,218</u>
26		iabilities (des				——'上		40,09			43,218
<u>27</u>				s (line 27 of column (B) must agree Reduction Act Notice, see the In				30,03	= 21	<u> </u>	990-EZ ₍₂₀₀₈₎
DA.		y Act and Pa	ihei Mote	Mediction Act Motice, See tile il	augunona ioi roini 330.				1/	com 3	(2008)
200	- •										· • / 🗩 ·

	mmunity Players		3-7209017	<u> </u>			Page 2
	am Service Accomplishments	(See the instruct	ions for Part III			penses	\
What is the organization's primary exempt	purpose?					d for 501(d	
Community Theatre Describe what was achieved in carrying or	ut the organization's evernt numbers. It	a aloar and concine m	00005			rganizatio	
describe the services provided, the number	_					(a)(1) trus or others	
28 See Statement 4	e percene perionica, er oarer recevant	intermediation country	ogram title		T	or others	'
20 See Statement 4				-)	1		
				ŀ			
(Grants \$)	If this amount includes foreign grants,	check here	•	28a		. 21	.,462
29					1		
•			;		1 7-		بر در در
•							
(Grants \$)	If this amount includes foreign grants,	check here	<u>, , , , , , , , , , , , , , , , , , , </u>	29a			B
30			7 17	~			- 1 3 S. C.
				-			8
				<u> </u>			
(Grants \$	If this amount includes foreign grants,	check here	>	30a	 		
31 Other program services (attach schedu	•		3	<u> </u>			:
(Grants \$	If this amount includes foreign grants,	check here		31a		ornses for 5- 21	1.62
32 Total program service expenses (ad Part IV List of Officers, Director	s, Trustees, and Key Employees. List	anch and aven if not as	manageted (See t	▶ 32			.,402
List of Officers, Director	s, Trustees, and Key Employees. List	(b) Title and average	(c) Compensation	(d) Contri	butions to::7		pense
(a) Nam	e and address	hours per week devoted to position	(If not paid, enter -0)	employee ber deferred con		accoun	
Wil Welsh	Kapaa	President	0		pomococii	outer and	
5940 Kini Place	HI 96746	4	0		О		, о
·Winston Kawamoto	Kapaa	V President			,		
4-1322 Kuhio Highway	HI 96746	2	0		0		'- <u>'</u> Ó
Pat Hillegonds	Kapaa	Secretary					<u>, </u>
210 Nalomeli Place	ні 96746	4	: 0		0		· LÒ
Dottle Bekeart	Kapaa	Treasurer			ل- يون		شهم -
4636 Iwaena Loop	HI 96746	4	<u>`</u> `O	1 - 9,0	<u> o</u>		!
Brenda Turville	Kapaa	Director	:			-	\hat{s}_i
6971 Pomaikai Street	HI 96746	1	0		. 0		50
Lana Coffman	Kalaheo	Director		,			
P.O. Box 252	HI 96741 Kalaheo	1	0		0		<u>0_</u>
Karen Firl	Kalaneo HI 96741	Director 1	١ .	· .		·	0
P.O. Box 831 Loll: Hagen	Lihue	Director			:	; ; ; ; .	
3429 Hinahina Street	ні 96766	1	. 0	į.	41 OF 0	5,50 Mz x	.0.
Scott Viguie	Lihue	Director	:		, .	ربر (۱۱) ، بر	
3-2600 Kaumualıı Hıghway	ні 96766	1	0	,	0		<i>(</i> 0
Jeff Marshall	Lihue	Director					
P.O. Box 343	ні 96766	1	0		0		<u> </u>
Ina Berger-Deyerl .	Lihue	Director		ļ	•		
P.O. Box 343	ні 96766	1	0	· ·	0	<u> </u>	. 0
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			<u> </u>	<u> </u>			
DAA					Fo	m 990-E	=Z (2008)
•					•		٠,

Pa	Other Information (Note the statement requirements in the instructions for Part VI.)			
	•		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	33		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			-
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36	•	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.			
b	Did the organization file Form 1120-POL for this year?	37b		X
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?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
۰ b	Gross receipts, included on line 9, for public use of club facilities 39b	1 1		, "`
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1 , 1 , .		(°,
	section 4911 ▶, section 4912 ▶, section 4955 ▶	***		1
ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	34		<u> </u>
-	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40Ь		X:
С	Enter amount of tax imposed on organization managers or disqualified persons during	100		
·	the year under sections 4912, 4955, and 4958	11		^.
А	Enter amount of tax on line 40c reimbursed by the organization	-		**
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	[,	
e	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None	400	•	
41 42a	The books are in care of Wil Welsh Telephone no	3	,	
42a	5920 Kini Place	٠.		
		746		
_		40		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	N _a
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	425	Yes	No X
	account)?	42b	-	A
,	If "Yes," enter the name of the foreign country			2.
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			X.
	and Financial Accounts.	1		*
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	1-42c		Α
	if res, enter the name of the foliage country	<u>:</u>		. :
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	<u> </u>		▶4.
	and enter the amount of tax-exempt interest received or accrued during the tax year	1		
	· ·····	!	.,	
		[Yes	. No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	١,		ŧ
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	L	X
			0-EZ	(2008)

no > 808-822-7731

Form 990-EZ (2008)

23720	09017 1⁄1 /0	9/2010 8 32 AM						•		•	į		
Form	990-EZ (ongs Kanai C	ommunity	Players		23	3-72	09017			1 2.2.1		S Page 4
	rt VI	Section 501(c)(3) and complete the	organization	ns only. All sectio	n 501(c)(3)				wer c	uestions	46-4		age 4
46	Did the d	organization engage in di			es on behalf of	or in oppos	ition to				:	Yes	No
	candidat	es for public office? If "Ye	es," complete Sci	hedule C, Part I						• ,	46		X
47		organization engage in lol		-						•	47		X
48		ganization operating a sc				-	hedule	Ε			48		X
49a		organization make any tra			ted organizatio	n?				٠	49a		X
ь 50		was the related organizate this table for the five high		•	an officere dir	actore talet	000 200	l kov omolo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uho	49b		ـــنــ
50	•	eived more than \$100,00	•	, , ,	•			rkey emplo	yees, v	VIIO			
		(a) Name and address	s of each employee n \$100,000	e paid more	hou	le and average rs per week	(c) Co	mpensation	employe	ontributions to	acc	Expen	nd
None)				devot	ed to position			deterred	compensation	other	allowa	nces
										••			
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							<u> </u>	•		C: HONS	44 (1	,	<u> </u>
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										•	1 '		. ÷.
Total	number c	of other employees paid o	ver \$100,000		>		1				1,		-
51	•	e this table for the five hig sation from the organizati	•	•	ctors who each	received m	ore than	n \$100,000	of		[45a] - 9. 1		``,
	(a) N	lame and address of each in	dependent contract	tor paid more than \$100,00	0	(b)	Type of	service		(c) (ompens	ation	
No	ne										- (0)		
				····									-
<u>`</u>									····	;	<u> </u>		
		<u></u>					- -		•		! !		·:_
						•			- ,	71.5			 -
											ļ		
Total	number o	f other independent cont	ractors each rec	eiving over \$100,000	>						÷ -		
		Under penalties of perjury, and belief, it is fue, correct	I declare that I have	e examined this return, inc	luding accompan	ying schedule	s and sta	atements, and	to the l	est of my knowle	wiedge doe		
Sigr	,		1////	9/1/11				10-	_	2010			
Here		Signature of officer	and I	Walled E	2055			Date			;		
		Type or print name ar	KP E.	WELSH, F	X E 2 / 3	· · ·							
		Preparer's	an			Date		Check if self-	_ [Preparer's Ider	tifying Nu	mber (S	ee instr)
Paid			en Ching			11/09	/10	employed >	X				
Prep	parer's	Firm's name (or yours	Steven	C. Ching CF	PA				EI	N 🕨 S	9-0	<u> 284</u>	481

4-1579 Kuhio Hwy Ste 204

Kapaa, HI

May the IRS discuss this return with the preparer shown above? See instructions

96746-1859

Use Only

rf self-employed),

address, and ZIP + 4

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.					pection				
	organization	<u>. </u>		•		Emp	loyer identifica		 er
		Kauai Commun	ity Players				-720901		•
Part I	Reaso	n for Public Charity	Status (All organizations	must complete	this part.) (s	see instructi	ons)''	,	3
The organiz	zation is not a	private foundation because	it is (Please check only one org.	anization)	•		***	' Y	1.
1 🔲 A	A church, conv	ention of churches, or asso	ciation of churches described in	section 170(b)(1)(/	A)(i).			•	ų
2 4	A school descr	bed in section 170(b)(1)(A	N)(ii). (Attach Schedule E)				•	-	
3 📙 A	A hospital or a	cooperative hospital service	e organization described in secti e	on 170(b)(1)(A)(iii)	. (Attach Schedu	ile H)			
4 L A	A medical rese	arch organization operated	in conjunction with a hospital des	cribed in section 1	70(b)(1)(A)(iii).	Enter the hosp	ital's name,		
_ 0	city, and state								
5 L A	An organizatioi	n operated for the benefit of	a college or university owned or	operated by a gove	ernmental unit de	escribed in	** *		
s	section 170(b)	(1)(A)(iv). (Complete Part I	I)						
6 4	A federal, state	e, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v).				
7 📙 A	An organizatioi	n that normally receives a si	ubstantial part of its support from	a governmental un	it or from the ge	neral public			
d	described in s e	oction 170(b)(1)(A)(vi). (Co	mplete Part II)		•		•		
	A community to	rust described in section 17	70(b)(1)(A)(vi). (Complete Part II)		-			
9 X A	An organizatioi	n that normally receives. (1)	more than 33 1/3 % of its suppo	rt from contribution	s, membership f	ees, and gross	÷ , ,	.;	
r	eceipts from a	ctivities related to its exemp	ot functions—subject to certain ex	ceptions, and (2) n	o more than 33	1/3 % of its	L. '	1	
	• •		d unrelated business taxable inco	•	1 tax) from busi	nesses .	<u>)</u> -	14 g	
		-	, 1975 See section 509(a)(2). (C	•		-			
	•	•	xclusively to test for public safety			· , -		:: .	
	•	•	xclusively for the benefit of, to pe				100		-
•	•	• • • • • • • • • • • • • • • • • • • •	d organizations described in sect				± '+ +	-	
			e type of supporting organization	•			,		
a		b Type II	c Type III-Functiona			e III-Other			
_	-		inization is not controlled directly				st, news		
•		-	ind other than one or more public	ly supported organ	izations describe	u in section	4 1 11(4)		
		ction 509(a)(2).	mination from the IRS that it is a	Tuna I Tuna II or T	vna III supportin				
	organization, c			Type i, Type ii, or i	ype in supporti	9		Г	٦
	-		on accepted any gift or contribution	on from any of the					_
_	following person		on accepted any gift or community	on monit drift or the					
	• .		ntrols, either alone or together wit	h persons describe	ed in (ii)			Yes No	_
,	• •	· · · · · · · · · · · · · · · · · · ·	the supported organization?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,		11g(i)	T	_
(. ,	ember of a person describe					11g(II)		_
	•	•	escribed in (i) or (ii) above?				11g(in		_
	•	•	e organizations the organization s	supports					_
(i) Name o	of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization	(v) Did you notify	(vi) Is the	(vıi) Am	nount of	_
	nization	, ,	(described on lines 1-9	in col (i) listed in your	the organization in	organization in col		port	
	1		above or IRC section	governing document?	col (i) of your	(i) organized in the	- 2		-

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ın col (i) lı	in col (i) listed in your to		in col (i) listed in your the organization in		the organization in col (i) of your		our the organization in nt? col (i) of your		Is the ion in col ized in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No					
							,						
Total						-		-	:				

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

Schedule A (Form 990 or 990-EZ) 2008

Sche	dule A (Form 990 or 990-EZ) 2008 Kau					3-7209017	Page. 2
Pá	Support Schedule for Or (Complete only if you che	ganizations Decked the box	escribed in Se	ctions 170(b)(1	I)(A)(iv) and 1	70(b)(1)(A)(vi)	-:-
Sec	tion A. Public Support	JONES WIE DOX	<u> </u>	O OI I dit I./	4		
	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(1), 2000	(4)		(0/2009, 1	(i) rotar
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						;
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1, 1, 1, 1, 1, 1	· ·
6	Public support. Subtract line 5 from line 4		1, 1		38.77	1 24474	
Sec	tion B. Total Support	•		•			
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4				2 7g	2 03	(1
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				•••••	<u> </u>	* · · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc (•				12	
13	First five years. If the Form 990 is for the c	•	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
<u></u>	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su	-		(0)	<u> </u>	1 174	
14	Public support percentage for 2008 (line 6,	• •	•	(1))	7	· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage from 2007 Sche			0 and line 44 is 00	4/0 0/15-5		%-
16a	33 1/3 % support test—2008. If the organi			3, and line 14 is 33	ing %for more, cu	eck this box	→
	and stop here. The organization qualifies a			or 16a, and bas 15 i	is 22 1/2 9/ or mar	j	·
b	33 1/3 % support test—2007. If the organi				IS 33 1/3 76 01 11101	e, crieck this	▶ □
47-	box and stop here. The organization qualif				or 16h and line 1	4 to 100/ or 1	
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fact						▶ □
L	organization meets the "facts-and-circumst 10%-facts-and-circumstances test—200"		-				
b	more, and if the organization meets the "fac					•	•
	organization meets the "facts-and-circumst						▶ □
18	Private foundation. If the organization did		-				
	- Treate roundation. It the organization did	5556 0 508 01		Cross trop oncor	37 4114 506		

1.16 | - (.15.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.25.) | - (.

Page 3

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

	Complete only if you che	ecked the box or	n line 9 of Parl	t I.)			
Sec	tion A. Public Support		-				
Çal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)	2,042	3,377	1,494	566	2,499	9,978
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	7,444	52,958	33,642	16,530	22,086	132,660
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				ĭ	,	
5	The value of services or facilities furnished by a governmental unit to the organization without charge					e ()17	· ع د د د د د د د د د د د د د د د د د د د
6	Total. Add lines 1-5	9,486	56,335	35,136	17,096	24,585	142,638
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			•	,	(2008]	<i>J</i> ⁿ .
С	Add lines 7a and 7b						: ` -
8	Public support (Subtract line 7c from	9,486	56,335	35,136	17,096	24,585	
	line 6)						142,638
	tion B. Total Support			·		1	
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008 ⁻	(f) Total
9	Amounts from line 6	9,486	56,335	35,136	17,096	24,585	142,638
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		182	3	·. 2	1	 188
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					- <u> </u>	
С	Add lines 10a and 10b		182	3	2	1	188
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						,
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						- ·
13	Total support. (Add lines 9, 10c, 11,	9,486	56,517	35,139	17,098	24,586	
	and 12.)	LI	1				142,826
14	First five years. If the Form 990 is for the o	•	econd, third, fourth	, or fifth tax year as	• • • • • • • • • • • • • • • • • • • •	,	·
	organization, check this box and stop here					- 30	<u>.</u>
	tion C. Computation of Public Su				· · · · · · · · · · · · · · · · · · ·	24,585	328
15	Public support percentage for 2008 (line 8,	•	•))	•	15	99.8684 %
16	Public support percentage from 2007 Sche						% '£8
	tion D. Computation of Investmen			Jump (6)		47	
17 40	Investment income percentage for 2008 (In		-	numm (1))		17	. 0.1316 % . %
18 102	Investment income percentage from 2007 \$ 33 1/3 % support tests—2008. If the organ	•	•	 4 and line 15 is mo	 re than 33 1/3 % -	and line	
19a b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2007. If the organ	x and stop here. Th	e organization qua	itifies as a publicly s	supported organiza	tion . :	▶ X
Ü	line 18 is not more than 33 1/3 %, check thi						<u> </u>
20	Private foundation. If the organization did						.

Part IV

Schedule A (Form 990 or 990-EZ) 2008 Kauai Community Players

23-7209017

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Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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237209017 Kauai Community Players
Federal Statements

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

De		Amount				
Membership dues		\$_	1,789			
Total		\$	1,789			

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Website hosting	129
Royalties	1,875
Annual meeting	349
Insurance	1,598
Honoraria	107
Postage	44
Printing and reproduction	34
Contract labor	1,220
Lights	900
Bank charges	3
Dues and Subscriptions	50
Equipment rental	42
Licenses	5
Merchant fees	247
Set	547
Telephone	350
Excise taxes	78
Repairs	2,343
Supplies	885
Total	\$ 10,806

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	ginning f Year	End of Year
Accounts Payable and Accrued Expenses	\$ 1,095	\$ 15
	 1,095	

237209017 Kauai Community Players

23-7209017 **F**

Federal Statements

FYE: 6/30/2009

11/9/2010 8:32 AM

647

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

Provide quality theatrical entertainment and related activities via production of plays on Kauai. Provide space for theatre, rehearsal and tutoring in voice and dance.

237209017 Kauai Community Players

23-7209017 FYE: 6/30/2009

Federal Statements

3 60 Km

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Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	eginning of Year	 umulated reciation	End of Year	 mulated reciation
Equipment	\$ 30,990	\$ ·	\$ 30,990	\$
Total	\$ 30,990	\$ 0	\$ 30,990	\$ 0