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Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

2012

Open to Public
Inspection

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|
| A For the 2012 calendar year, or tax year beginning | | , 2012, and ending | |
| B Check if applicable | | C Name of organization | |
| <input type="checkbox"/> Address change | | Doing Business As | |
| <input type="checkbox"/> Name change | | Number and street (or P O box if mail is not delivered to street address) | |
| <input checked="" type="checkbox"/> Initial return | | Room/suite | |
| <input type="checkbox"/> Terminated | | E Telephone number | |
| <input type="checkbox"/> Amended return | | 92-365 Malahuna Pl 808-354-9823 | |
| <input type="checkbox"/> Application pending | | City, town or post office, state, and ZIP code | |
| D Employer identification number | | Kapolei, HI 96707 | |
| 51-0480712 | | G Gross receipts \$ | |
| 25,535 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | If "No," attach a list (see instructions) | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|
| J Website: ► www.mokainc.org | | H(c) Group exemption number ► | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation | |
| | | M State of legal domicile HI | |

Part I Summary

- 1 Briefly describe the organization's mission or most significant activities: *provides transitional housing for those in recovery and program services.*
- 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.
- 3 Number of voting members of the governing body (Part VI, line 1a) 3 7
- 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6
- 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 3
- 6 Total number of volunteers (estimate if necessary) 6 35
- 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
- b Net unrelated business taxable income from Form 990-T, line 34 7b 0

| Activities & Governance | Revenue | Prior Year | | Current Year | |
|-----------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|--------------|--------|
| | | 8 Contributions and grants (Part VIII, line 1h) | 97,991 | 9 | 23,177 |
| | 10 Program service revenue (Part VIII, line 2g) | 470,174 | | 625,623 | |
| | 11 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | | 0 | |
| | 12 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | | 0 | |
| | 13 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 478,174 | | 648,800 | |
| | 14 Contributions and grants (Part IX, column (A), lines 1-3) | 98 | | 4,304 | |
| | 15 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | | 0 | |
| | 16a Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 68,488 | | 129,1942 | |
| | b Professional fundraising fees (Part IX, column (A), line 11e) | 1,192 | | 1,794 | |
| | 17 Total fundraising expenses (Part IX, column (D), line 25) ► | 0 | | | |
| | 18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 10,708 | | 506,357 | |
| | 19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 479,577 | | 642,433 | |
| | 20 Revenue less expenses. Subtract line 18 from line 12 | 490,285 | | 6,367 | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year | |
| 21 | | | | 10,987 | |
| 22 | Total assets (Part X, line 16) | | | 0 | |
| | Total liabilities (Part X, line 26) | | | 10,987 | |
| | Net assets or fund balances. Subtract line 21 from line 20 | | | 0 | |

Part II Signature Block

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.

| | | | |
|-------------------------------|-----------------------------|------------------------------|-------------------------------------------------|
| Sign Here | Signature of officer | <i>John L Dudoit Jr</i> | Date |
| | | <i>President</i> | <i>Sept 3, 2013</i> |
| | | Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | <i>Keoki L Dudoit</i> | <i>Keoki Dudoit</i> | <i>9/3/2013</i> |
| | Firm's name ► <i>N/A</i> | | Check <input type="checkbox"/> if self-employed |
| | Firm's address ► <i>N/A</i> | | PTIN |
| | | | |
| | | | |
| | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2012)

PL

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

- 1 Briefly describe the organization's mission:

For relieving and reducing unemployment, homelessness, crime, and chemical dependency. While aiding the local government in its role for community improvement and fighting the war on drugs, we shall operate to restore the family unit in substance abused and poverty stricken households.

- 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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 605,148 including grants of \$ _____) (Revenue \$ 468,445)

Clean and Sober housing - provide a structured clean and sober environment for men.

We were about to house 170 male individuals during the year.

35% were on Parole from the Hawaii Parole Authorities.

30% were on Probation from the Hawaii Probation.

4% were on Federal Probation.

28% were walk-in.

3% was on supervise release.

Our current success rate is 65% transitioned from our home back into society.

4b (Code: _____) (Expenses \$ 37,285 including grants of \$ _____) (Revenue \$ 157,178)

Access to Recovery, individual and family services:

Individual mentoring.

Sober support.

Transportation- Bus Pass and Disability Bus Pass.

GAP service program (special needs/special circumstance).

Mission: Aid the local government in its role for community improvement and fight the war on drugs.

Through ATR we were able to assist those in recovery from Substance Abuse to move forward in their life.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 623467

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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
- c 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- b 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| | Yes | No |
|-----|-----|----|
| 1 | ✓ | |
| 2 | | ✓ |
| 3 | | ✓ |
| 4 | | ✓ |
| 5 | | ✓ |
| 6 | | ✓ |
| 7 | | ✓ |
| 8 | | ✓ |
| 9 | | ✓ |
| 10 | | ✓ |
| 11a | | ✓ |
| 11b | | ✓ |
| 11c | | ✓ |
| 11d | | ✓ |
| 11e | | ✓ |
| 11f | | ✓ |
| 12a | | ✓ |
| 12b | | ✓ |
| 13 | | ✓ |
| 14a | | ✓ |
| 14b | | ✓ |
| 15 | | ✓ |
| 16 | | ✓ |
| 17 | | ✓ |
| 18 | | ✓ |
| 19 | | ✓ |
| 20a | | ✓ |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ✓ |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ✓ |
| 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 | ✓ |
| 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 25 | 24a | ✓ |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ✓ |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | ✓ |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ✓ |
| 25a Section 501(c)(3) and 501(c)(4) 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 | ✓ |
| 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 | ✓ |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | ✓ |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | ✓ |
| 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): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | ✓ |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | ✓ |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | ✓ |
| 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? If "Yes," complete Schedule M | 30 | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 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? If "Yes," complete Schedule R, Part V, line 2 | 36 | ✓ |
| 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 | ✓ |
| 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 V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | ✓ |
| 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 | 3 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i> | 2b | ✓ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 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: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | ✓ |
| 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 | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | ✓ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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 | ✓ |
| c | 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 | |
| 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 | ✓ |
| 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | ✓ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | ✓ |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | 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 | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| b | <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | ✓ |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 7
- 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 committee, explain in Schedule O.
- 1b Enter the number of voting members included in line 1a, above, who are independent. **1b** 6
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2**
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? **3**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**
- 5 Did the organization become aware during the year of a significant diversion of the organization'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 elect or appoint one or more members of the governing body? **7a**
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a 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 be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. **9**

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 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 such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a**
- b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a**
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. **12b**
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. **13**
- 13 Did the organization have a written whistleblower policy? **14**
- 14 Did the organization have a written document retention and destruction policy? **15**
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **15a**
- a The organization's CEO, Executive Director, or top management official **15b**
- b Other officers or key employees of the organization **16a**
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16b**
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16b**
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► Hawaii
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Keoki Dudoit, 92-365 Malahuna Pl, Kailua, HI 96707, 808-354-9823

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|---------|-----------------|------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---|
| | | or individual trustee | Institutional trustee | Officer | Key employee | Highest compensated | Former | | | | |
| (1) John L Dudoit Jr. | 80 | ✓ | | | | | | 56,091 | 15,13 | 0 | 0 |
| Director | | | | | | | | | | | |
| (2) William A. Mitchell | 2 | | | ✓ | | | | 0 | 0 | 0 | 0 |
| Board of Director (Chairman) | | | | | | | | | | | |
| (3) Dean Garret | 2 | | | ✓ | | | | 0 | 0 | 0 | 0 |
| Board of Director (Secutary) | | | | | | | | | | | |
| (4) Harold Aldridge | 60 | | | ✓ | | | | 0 | 0 | 0 | 0 |
| Board of Director/House Manager | | | | | | | | | | | |
| (5) Linda Mitchell | 2 | | | ✓ | | | | 0 | 0 | 0 | 0 |
| Board of Director | | | | | | | | | | | |
| (6) Michael Milisarlievich | 40 | | | ✓ | | | | 0 | 0 | 0 | 0 |
| Board of Director/House Manager | | | | | | | | | | | |
| (7) Steve Cordiera | 2 | | | ✓ | | | | 0 | 0 | 0 | 0 |
| Board of Director | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| (17) | | | | | | | | | |
| (18) | | | | | | | | | |
| (19) | | | | | | | | | |
| (20) | | | | | | | | | |
| (21) | | | | | | | | | |
| (22) | | | | | | | | | |
| (23) | | | | | | | | | |
| (24) | | | | | | | | | |
| (25) | | | | | | | | | |
| 1b Sub-total | | | | | | | ► 0 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | ► 56,095.13 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | ► 56,095.13 | 0 | 0 |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0 | | | | | | | | | |

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | ✓ |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | ✓ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | ✓ |

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0 | | |

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question 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, 513, or 514 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a 0 | | | | |
| | b Membership dues . . . | 1b 0 | | | | |
| | c Fundraising events . . . | 1c 2,750 | | | | |
| | d Related organizations . . . | 1d 0 | | | | |
| | e Government grants (contributions) | 1e 20,248 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 179 | | | | |
| | g Noncash contributions included in lines 1a-1f. \$ | 1g 0 | | | | |
| | h Total. Add lines 1a-1f . . . ► | 23,177 | | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2a Residential Service Housing | 900094 | 468,445 | 468,445 | 0 | |
| | b Access to Recovery | 900099 | 157,178 | 157,178 | 0 | |
| | c ----- | | 0 | 0 | 0 | |
| | d ----- | | 0 | 0 | 0 | |
| | e ----- | | 0 | 0 | 0 | |
| | f All other program service revenue . | | 0 | 0 | 0 | |
| | g Total. Add lines 2a-2f . . . ► | 625,623 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) . . . ► | | 0 | 0 | 0 | |
| | 4 Income from investment of tax-exempt bond proceeds ► | | 0 | 0 | 0 | |
| | 5 Royalties . . . ► | | 0 | 0 | 0 | |
| | 6a Gross rents . . . | (i) Real 0 | (ii) Personal 0 | | | |
| | b Less: rental expenses | 0 | 0 | | | |
| | c Rental income or (loss) | 0 | 0 | | | |
| | d Net rental income or (loss) . . . ► | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities 0 | (ii) Other 0 | | | |
| b Less: cost or other basis and sales expenses . | 0 | 0 | | | | |
| c Gain or (loss) . . . | 0 | 0 | | | | |
| d Net gain or (loss) . . . ► | | | 0 | 0 | 0 | |
| 8a Gross income from fundraising events (not including \$ 2,750 of contributions reported on line 1c). See Part IV, line 18 | a 956 | | | | | |
| b Less: direct expenses | b 1,794 | | | | | |
| c Net income or (loss) from fundraising events . ► | | 0 | | 0 | 0 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a 0 | | | | | |
| b Less: direct expenses | b 0 | | | | | |
| c Net income or (loss) from gaming activities . . ► | | 0 | 0 | 0 | 0 | |
| 10a Gross sales of inventory, less returns and allowances | a 0 | | | | | |
| b Less: cost of goods sold | b 0 | | | | | |
| c Net income or (loss) from sales of inventory . . ► | | 0 | 0 | 0 | 0 | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a ----- | | | 0 | 0 | 0 | |
| b ----- | | | 0 | 0 | 0 | |
| c ----- | | | 0 | 0 | 0 | |
| d All other revenue | | | 0 | 0 | 0 | |
| e Total. Add lines 11a-11d ► | | 0 | | | | |
| 12 Total revenue. See instructions. . . . ► | | 648,800 | 648,800 | 0 | 0 | |

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 to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|----------------------------------------------------|-----------------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 0 | 0 | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 4,340 | 4,340 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 56,095 | 0 | 56,095 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 30,915 | 0 | 30,915 | 0 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 Other employee benefits | 0 | 0 | 0 | 0 |
| 10 Payroll taxes | 42,932 | 0 | 42,932 | 0 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 28,565 | 0 | 28,565 | 0 |
| b Legal | 0 | 0 | 0 | 0 |
| c Accounting | 3,627 | 0 | 3,627 | 0 |
| d Lobbying | 0 | 0 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 1,794 | | | 1,794 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0 | 0 | 0 | 0 |
| 12 Advertising and promotion | 69 | 0 | 0 | 0 |
| 13 Office expenses | 0 | 0 | 0 | 0 |
| 14 Information technology | 0 | 0 | 0 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 0 | 0 | 0 | 0 |
| 17 Travel | 819 | 0 | 0 | 0 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 33,719 | 2,988 | 30,731 | 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 Insurance | 22,868 | 0 | 22,868 | 0 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Rent or Lease Rent | 246,746 | 246,746 | 0 | 0 |
| b Housing Expense & Utilities | 66,666 | 66,666 | 0 | 0 |
| c Transportation Expense Auto | 21,113 | 21,113 | 0 | 0 |
| d Access To Recovery | 34,985 | 34,985 | 0 | 0 |
| e All other expenses | 47,180 | 47,180 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 642,433 | 424,018 | 215,733 | 0 |
| 26 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 ► <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 2779 | 1 9,346 |
| | 2 Savings and temporary cash investments | 0 | 2 0 |
| | 3 Pledges and grants receivable, net | 0 | 3 0 |
| | 4 Accounts receivable, net | 18,488 | 4 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 0 |
| | 7 Notes and loans receivable, net | 2,500 | 7 1,641 |
| | 8 Inventories for sale or use | 2,442 | 8 1,842 |
| | 9 Prepaid expenses and deferred charges | 0 | 9 0 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 0 | |
| | b Less: accumulated depreciation | 10b 0 | 10c 0 |
| | 11 Investments—publicly traded securities | 0 | 11 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 0 |
| | 14 Intangible assets | 0 | 14 1,641 |
| | 15 Other assets. See Part IV, line 11 | 0 | 15 0 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 26,209 | 16 10,987 |
| Liabilities | 17 Accounts payable and accrued expenses | 2,697 | 17 0 |
| | 18 Grants payable | 0 | 18 0 |
| | 19 Deferred revenue | 0 | 19 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 3,750 | 22 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 0 |
| | 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 | 0 | 25 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 6,447 | 26 0 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 0 | 27 0 |
| | 28 Temporarily restricted net assets | 0 | 28 0 |
| | 29 Permanently restricted net assets | 0 | 29 0 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | 0 | 30 4,620 |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 6,367 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 15,407 | 32 0 |
| | 33 Total net assets or fund balances | 4,654 | 33 0 |
| | 34 Total liabilities and net assets/fund balances | 26,508 | 34 10,987 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 648,800 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 642,433 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6,367 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,620 |
| 5 | Net unrealized gains (losses) on investments | 5 | 0 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 10,987 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 2b Were the organization's financial statements audited by an independent accountant?
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
- 2c 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?
If the organization changed either its oversight process or selection process during the tax year, explain in 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?
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| 2a | ✓ | |
| 2b | ✓ | |
| 2c | | |
| 3a | ✓ | |
| 3b | | |

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open To Public
Inspection

Name of the organization

Employer identification number

51-0480712

Makana O Ke Akua, Inc.

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| 2 | Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. | | | ► \$ | |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | | ► \$ | |

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| (1) Rose Woods | Labor Contra | Thrift Store | ✓ | 1641.15 | 1641.15 | ✓ | | ✓ | | ✓ | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |

Total

► \$

1641.15

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Part IV Business Transactions Involving Interested Persons.

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Supplemental Information: Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Name of the organization
Makana O Ke Akua, Inc

Employer identification number
51-0480712

Part VI Line 19- We have a binder with our policies that are available to the public upon request. The binder is stored at the main office.

PART IX "Statement of Functional Expenses"

Line 2-B allocation for services paid for by the State of Hawaii Alcohol and Drug Abuse Division

Line 5-C allocation for Director of organization (W2/1099-Misc) Salary/wages compensation under management general expenses.

Line 7-C allocation for employee salary/wages

Line 10-C allocation for employee hourly wages

Line 11a-C allocation for amount independent contractor for office management services rendered

Line 11c-C allocation for management & general expenses for accounting services

Line 11e-D allocation for Fund raising event/fund raising expenses amount

Line 12-B allocation for fee of services program expenses advertized on banner

Line 19-B- allocation for program service expenses meeting convention organizations to welcome public outreach

Line 19-C allocation for daily operation of organizations management/office equipment and supply

Line 23-C allocation for organization, Insurance policy required by Hawaii State Law

Line 24a-B allocation for program service expenses lease/rent transitional housing for men.

Line 24b-B allocation for program services provided housing utility expenses.

Line 24c-B allocation for program services expenses provided transportation.

Line 24d-B Allocation for service provided expenses Access to Recovery Program

Line 24e-B Allocation for miscellaneous

- Other Program expenses: Housing

-Equipment furniture

- Other equipment rentals

- Payroll services fee

Name of the organization

Makana O Ke Akua, Inc

Employer identification number

51-0480712**Part VIII "Statement of Revenue"**Line 1c- Fund-raising event revenue \$2,750Line 1e- Grant for housing men in recovery \$20,000Line 1f- Gifts contribution \$179Line 4- Total line add 1a-1fLine 2a- Box B- Related activity Revenue "Housing Residential Service" \$468,445Line 2b- Box B- Related activity Revenue "Access to Recovery" \$157,178Line 8a- Gross income for fund-raising "mens sobriety" \$2,750Line 8b- Expense for fund-raising activity "Mens sobriety" \$2,750

Makana O Ke Akua Inc.

Balance Sheet

As of December 31, 2012

| | Total |
|----------------------------------------|--------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| 10000 MOKA Main Account | 8,683.26 |
| 10200 ATR Account | 621.74 |
| 10300 CBAC Account | 41.00 |
| 10400 Petty Cash | 0.00 |
| Total Bank Accounts | \$9,346.00 |
| Other current assets | |
| 14004 Loan to Rose Woods | 1,641.15 |
| Total Other current assets | \$1,641.15 |
| Total Current Assets | \$10,987.15 |
| Fixed Assets | |
| 15000 Furniture & Fixtures | 94.24 |
| 15100 Office Equipment | 1,747.35 |
| Total Fixed Assets | \$1,841.59 |
| TOTAL ASSETS | \$12,828.74 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| 23110 Micro Grant - Liabilities | 0.00 |
| Total Other Current Liabilities | \$0.00 |
| Total Current Liabilities | \$0.00 |
| Total Liabilities | \$0.00 |
| Equity | |
| 30000 Opening Balance Equity | 4,620.31 |
| 31000 Accumulated Surplus | -10,989.17 |
| Net Income | 19,197.60 |
| Total Equity | \$12,828.74 |
| TOTAL LIABILITIES AND EQUITY | \$12,828.74 |

Tuesday, Aug 27, 2013 11:50:42 AM PDT GMT-10 - Cash Basis

Makana O Ke Akua Inc.
Balance Sheet

As of December 31, 2012

| | Total |
|----------------------------------------|--------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| 10000 MOKA Main Account | 8,683 26 |
| 10200 ATR Account | 621 74 |
| 10300 CBAC Account | 41.00 |
| 10400 Petty Cash | 0 00 |
| Total Bank Accounts | \$9,346.00 |
| Other current assets | |
| 14004 Loan to Rose Woods | 1,641 15 |
| Total Other current assets | \$1,641.15 |
| Total Current Assets | \$10,987.15 |
| Fixed Assets | |
| 15000 Furniture & Fixtures | 0.00 |
| 15100 Office Equipment | 0 00 |
| Total Fixed Assets | \$0.00 |
| TOTAL ASSETS | \$10,987.15 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| 23110 Micro Grant - Liabilities | 0 00 |
| Total Other Current Liabilities | \$0.00 |
| Total Current Liabilities | \$0.00 |
| Total Liabilities | \$0.00 |
| Equity | |
| 30000 Opening Balance Equity | 4,620 31 |
| 31000 Accumulated Surplus | |
| Net Income | 6,366 84 |
| Total Equity | \$10,987.15 |
| TOTAL LIABILITIES AND EQUITY | \$10,987.15 |

Friday, Aug 30, 2013 12 44 14 PM PDT GMT-10 - Cash Basis

Makana O Ke Akua Inc.
Profit & Loss

January - December 2012

| | Total |
|---------------------------------------------------------------------|---------------------|
| Income | |
| 40000 Residential Services Revenue | 468,045.16 |
| 40010 Residential Services Revenue - M1 Malahuna Lp | 400.00 |
| Total 40000 Residential Services Revenue | 468,445.16 |
| 40200 Revenue - ATR Ohana 3rd Year | 11.43 |
| 40201 Mentoring Income | 37.50 |
| 40202 Wellness Facilitation | 8,600.00 |
| 40203 Gap Service | 500.00 |
| 40204 Transport Bus Pass | 9,178.00 |
| 40205 Transport Van or other | 1,240.00 |
| 40207 Sober Support Income | 123,205.00 |
| 40208 Special Projects | 14,406.00 |
| Total 40200 Revenue - ATR Ohana 3rd Year | 157,177.93 |
| 40400 CBAC (Grant) | 20,247.60 |
| 40701 Fundraising Income- MOKA Chicken Delight Fundraiser 3/31/2012 | 2,750.00 |
| Refunds-Allowances | 179.30 |
| Total Income | \$648,799.99 |
| Gross Profit | \$648,799.99 |
| Expenses | |
| 50200 ATR Ohana Program Expenses | 1,325.00 |
| 50201 ATR Ohana (ATR Mentoring) | 7,670.00 |
| 50203 ATR Ohana (Gap Service) | 136.13 |
| 50204 ATR Ohana Program Expenses- ATR Transport Bus Pass | 8,684.86 |
| 50205 ATR Ohana (Transport Van or Other) | 60.00 |
| 50207 ATR Ohana Program Expenses (Sober Support) | 9,378.60 |
| Total 50200 ATR Ohana Program Expenses | 27,254.59 |
| 60000 Salaries & Wages | 5,816.59 |
| 60001 Salaries & Wages-Salary (MOKA) - Director | 56,095.13 |
| 60010 Salaries & Wages-Payroll - Staff | 4,998.05 |
| Total 60000 Salaries & Wages | 66,909.77 |
| 60030 Contract Labor | 640.00 |
| 60031 Contract Labor- Rose Woods | 27,925.00 |
| Total 60030 Contract Labor | 28,565.00 |
| 60100 Payroll Taxes | 41,657.28 |
| 60120 Payroll Taxes- State Withholding | 1,274.89 |
| Total 60100 Payroll Taxes | 42,932.17 |
| 60150 Payroll Service Expenses | 20,100.09 |
| 60160 Insurance Policy | 72.00 |
| 60161 Insurance (General Liability Insurance) | 8,482.17 |
| 60162 Benefits (TDI Insurance) | 798.70 |
| 60163 Benefits (Workmen's Comp) | 70.00 |

| | Total |
|--------------------------------------------------------|-------------------|
| 60165 Insurance (Commercial Auto) | 3,219.10 |
| 60168 Benefits_Dental Insurance | 52.80 |
| 60169 Benefits (Health Insurance) | 10,172.90 |
| Total 60160 Insurance Policy | 22,867.67 |
| 60500 Rent or Lease of Buildings | 110,964.15 |
| 60501 Lease Deposit Expense | 2,600.00 |
| 60510 Lease Rental Expenses - M1 Malahuna | 0.00 |
| 60520 Lease Rental Expenses - M2 Hanaloa | 17,100.00 |
| 60540 Lease Rental Expenses - M4 Aluka | 34,410.00 |
| 60550 Lease Rental Expenses - M5 Violet | 41,678.00 |
| 60560 Lease Rental Expenses - M6 Papipi | 22,893.60 |
| 60570 Lease Rental Expenses - M7 Hakimo | 17,100.00 |
| Total 60500 Rent or Lease of Buildings | 246,745.75 |
| 70000 Accounting/Bookkeeping | 1,293.44 |
| 70001 Accounting/Bookkeeping (QuickBooks) | 751.74 |
| 70010 Accounting/Bookkeeping (Bank Charges) | 1,581.90 |
| Total 70000 Accounting/Bookkeeping | 3,627.08 |
| 70050 Advertising/Promotional | 68.95 |
| 70100 Auto Expense | 9,265.67 |
| 70110 Gas Expense | 11,812.09 |
| 70120 Auto Repair & Maintenance | 35.00 |
| Total 70100 Auto Expense | 21,112.76 |
| 70150 Equipment Rentals | 4,163.98 |
| 70300 Charitable Contributions | 1,573.14 |
| 70310 Charitable Contributions (Resident's Write-offs) | 963.83 |
| Total 70300 Charitable Contributions | 2,536.97 |
| 70370 Fundraiser & Events Expenses | 1,794.52 |
| 70400 Housing Expense | 15,216.70 |
| 70410 Housing Expenses (Cleaning Supplies) | 1,810.00 |
| 70420 Housing Expense (Equipment and Furnishings) | 5,694.24 |
| 70440 Housing Expense (Repair & Maintenance) | 10,522.04 |
| 70450 Housing Expense (Miscellaneous) | 132.25 |
| 70460 Housing Expense (Laundry Machine Rentals) | 2,099.43 |
| 70475 Housing Expense (Storage Space Expense) | 8,327.10 |
| Total 70400 Housing Expense | 43,801.76 |
| 70500 Office Expense | 7,810.70 |
| 70510 Office Expenses (Phone - Cell) | 1,720.81 |
| 70520 Office Expenses (Equipment and Furniture) | 6,109.93 |
| 70530 Office Expense (Printing Expense) | 227.91 |
| 70540 Office Expenses (Repair and Maintenance) | 592.43 |
| 70550 Office Expenses (Supplies & Materials) | 1,339.07 |
| 70570 Office Expenses (Storage Office Rental) | 12,923.26 |
| 70580 Office Expenses (Postage) | 6.70 |
| Total 70500 Office Expense | 30,730.81 |
| 70600 Meals and Entertainment | 1,277.54 |
| 70601 Meals and Entertainment (Gifts) | 115.62 |
| Total 70600 Meals and Entertainment | 1,277.54 |

| | Total |
|----------------------------------------------------|---------------------|
| | 1,393.16 |
| 70700 Meetings and Conferences | 201.41 |
| 70800 Travel & Lodging | 818.55 |
| 70900 Utilities - Elec., Phone, Water, cable | 300.45 |
| 70910 Utilities - Cable | 11,611.40 |
| 70920 Utilities - Electric | 37,036.86 |
| 70930 Utilities - Gas | 205.58 |
| 70940 Utilities - Phone | 1,722.46 |
| 70950 Utilities - Water | 15,791.41 |
| Total 70900 Utilities - Elec., Phone, Water, cable | 66,668.16 |
| Micro Grant Disbursements | 4,340.00 |
| Unapplied Cash Bill Payment Expense | 5,800.00 |
| Total Expenses | \$642,433.15 |
| Net Operating Income | \$6,366.84 |
| Net Income | \$6,366.84 |

Friday, Aug 30, 2013 12:44:27 PM PDT GMT-10 - Cash Basis