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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Α	For the 2	013 calen	dar year, or tax	year begi	nning	•	, 2013	3, and	ending				1	
В	Check if appl	licable	C Name of organiz	ation Na	oili Kai I	oundat	ıon			•	D Emplo	yer ideni	tification Numb	er
	Check if applicable Address change Name change C Name of organization Napili Kai Foundation Doing Business As Name change Number and street (or PO box if mail is not delivered to street address) C Name of organization Napili Kai Foundation D Employer Ident 99-6011 E Telephone numb													
	Name o	change	Number and stre	et (or PO bo	x if mail is not delive	red to street ad	Idress)		Room/su	ite	E Teleph	one num	ber	
	Initial re	eturn	5900 Honoa	apıılar	nı Road						(80	8) 2	14-8977	
	Termina	ated			, country, and ZIP or	foreign postal	code				, , , , ,			
	Amende	ed return	Lahaına				ні	96	761		G Gross	eceipts	\$ 163,4	01.
	\vdash	tion pending	F Name and addre	ess of principa	officer					l(a) is this a	a group returi			Yes X No
			Louise Ros	s 5900 Hor	noaniilani Road	Lahain	а И	II 96	761	I(b) Are all	subordinates attach a list	ıncluded		Yes No
$\overline{}$	Tax-exen	npt status	X 501(c)(3)	501(c) (ert no)	4947(a)(1) o		527	If No,	attach a list	see instr	ructions)	
J	Websit			100.(0) (/ (#154	SICTIO /	11717(0)(1)	<u>'' 1</u>	$\overline{}$	l(c) Group	exemption nu	ımber Þ	•	
ĸ		rganization	X Corporation	Trust	Association	Other >	li li	Vear of	formation				egal domicile	U T
		Summar		Trust	Association	Other		. Teal of	TOTTIAGOT	190	<u> </u>	State Of F	egai domicile	HI
Г			y oe the organization	n's missio	n or most signif	icant activit	ies T	'ho c	duca	tion	of chi	ldro	n from	
		-	years of a		_						or cur	Idle	ii LEOiii	
ဦ			, skills a				.s, cras	LC3,	uanc	,63,				
Ē	14	inguage	, Skills a	iiid ioi	c or nawa	.								
Ş.	2 Che	eck this bo	x ► ☐ if the o	rganizatio	n discontinued i	ts operation	ns or dispos	ed of r	nore tha	an 25% d	of its net a	ssets		
Activities & Governance)		ting members of									3		10
ა ნ	4 Nur	mber of inc	lependent voting	members	of the governing	g body (Pai	rt VI, line 1b)				4		10
£i			of individuals em		•	013 (Part V	', line 2a)					5	-	
⋛			of volunteers (es									6		0
ĕ			d business rever			• •	2					7a		0.
	b Net	unrelated	business taxable	e income fr	om Form 990-T	, line 34						7b		
										P	rior Year		Curren	
ē			and grants (Part								79,			88,414.
Ē		-	ice revenue (Parl			74\					14,8			10,092.
Revenue	10 Inve	esimeni ini	come (Part VIII, d e (Part VIII, colun	column (A)	, lines 3, 4, and	400 Fred 1:	101	_			97,7			<u>64,895.</u>
_	11 Oth	al revenue	- add lines 8 th	ini (M), inie irough 11 (must equal bar	CETION	E D line 1	, ,		ļ	192,2	0.		63,401.
	13 Gra	ante and eu	milar amounts pa	ud (Part IX	Actump (A) Jun	oc 1-3\	()	'f'		 				10,071.
			to or for member				014	1			13,5)24.		10,011.
			r compensation,				014 19	h,				-		
es	l .						~), &	Γ'						
Expenses			undraising fees (1 ()(1)	11-N	IIT							
ă.	b Tot	al fundrais	ing expenses (Pa	art IX, colu	mn (D), line 25	7-14,	<u> </u>	7,5	08.	Ť				
-	17 Oth	ner expens	es (Part IX, colur	nn (A), line	es 11a-11d, 11f-	·24e)					101,4	160.	1.	22,593.
	18 Tot	al expense	es Add lines 13-1	17 (must e	qual Part IX, co	lumn (A), lıı	ne 25)				114,9	984.	1	32,664.
	19 Re	venue less	expenses. Subtr	ract line 18	from line 12						77,2	281.		30,737.
5 5										Beginnii	ng of Curre	nt Year	End o	f Year
Assets o Balance	20 Tot		Part X, line 16)							1	,345,6		1,3	76,420.
Pet /	21 Tot	al liabilities	s (Part X, line 26))						<u> </u>		0.		
Zű	22 Net	t assets or	fund balances S	Subtract lin	e 21 from line 2	0				1	,345,6	583.	1,3	76,420.
Pa	rt II	Signatur	e Block											
Unde	er penalties o	f penury, I dec	lare that I have exami	ned this return	, including accompa	nying schedule	s and statemen	ts, and to	o the best	of my know	ledge and be	hef, it is t	rue, correct, and]
com	plete Declara	ation of prepar	er (other than officer) i	s based on all	information of which	preparer has a	any knowledge							
							/		_					
Sig	gn	Signatu	re of officer	C.	No 1'	1	7			Da	ile _ /			
He	re		ıse Ross	<u> </u>	ray pe	- 70	2445				<u>4/8</u>	114	<u>. </u>	
			print name and title										Britis	
		Print/Type p	reparer's name		Freferens signat	ure	#	Date			Check	ΧIτ	PTIN	
Pa	id	Sharro	on Courter		VIVIN	MU	ШШ	05	<u>/05/:</u>	L 4	self-employ	ed	P006113	61
	eparer	Firm's name	SHARRO	ON COUF	TER CPA	1					ļ			
Us	e Only	Firm's addre	ss ► 106 Ce	entral	Avenue						Firm's EIN	9 1	-184670	5
			Wailuk	cu			HI 967	93			Phone no			
Ma	y the IRS	discuss thi	s return with the	preparer s	hown above? (s	ee instruct	ions)						X Yes	No
BA	A For Pa	perwork F	Reduction Act N	otice, see	the separate in	nstructions	s.		TEEA	0101 11/0	8/13		Form	990 (2013)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/08/13

Form 990 (2013) Napıli Kaı Foundation	99-6011281 Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	
Briefly describe the organization's mission	
The education of children from	
6 to 18 years of age in the history, arts, crafts, dances,	
language, skills and lore of Hawaii.	
2 Did the organization undertake any significant program services during the year which were not listed on the p	arior
Form 990 or 990-EZ?	Yes X 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 X 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, a	as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$ 107,811. including grants of \$ 10,071.) (R	levenue \$ 163,401.)
The education of children under 18 years of age in the history, a crafts, dances, language, skills and lore of Hawaii.	dits,
crafts, dances, language, skills and lote of nawait.	
4 b (Code) (Expenses \$ including grants of \$) (R	evenue \$
/ LAponsos 4 moduling grains of 4	,
4 c (Code) (Expenses \$ including grants of \$) (R	Revenue \$)
	,
4 d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$)
4 e Total program service expenses ► 107, 811.	
	Form 000 (2012)

99-6011281 Page 3 Form 990 (2013) Napıli Kaı Foundatıon Part:IV & Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Χ 3 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 Х 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 Х 5 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, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the X 7 environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 9 for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х services? If 'Yes,' complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х 10 permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 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 Х 11 a 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 Х 11 b 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 Х 11 c 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 Х 11 d 11 e Х 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a 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 Х 12 b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Х 16 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) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

19

20

20 b

Х

Х

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

20 a 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?

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or 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	х	
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		х
24 a	a 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 25a	24a		х
Ł	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		
C	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŀ	o 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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
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		Х
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)			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
Ł	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	 	Х
30	contributions? If 'Yes,' complete Schedule M	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	<u> </u>	Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	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		х
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_		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note, All Form 990 filers are required to complete Schedule O	38	х	
BAA	A.	Form	990 (2	2013)

	m 990 (2013) Napılı Kaı Foundation	99-6011281	P	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	a 10		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
,	c Did the organization comply with backup withholding rules for reportable payments to vendors and rep			
	(gambling) winnings to prize winners?	1 c	Х	
		ła		
- 1	b If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? 2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)) _		
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
- 1	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial ac	authority over, a ccount)? 4 a		Х
- 1	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 A	Accounts		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction? 5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	e organization 6 a		Х
1	b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ns or gifts were		•
7				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g services provided to the payor?	goods and 7 a		Х
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	as required to file		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	'd		
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract? 7 e		Х
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act? 7 f		X
•	${f g}$ If the organization received a contribution of qualified intellectual property, did the organization file For as required?	rm 8899 7 g		Х
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizate Form 1098-C?	ition file a		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed holdings at any time during the year?	organizations. Did the ess business	-	
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9 b</u>		
10	Section 501(c)(7) organizations. Enter	. 1		
	a Initiation fees and capital contributions included on Part VIII, line 12)a		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities) b	}	
11	Section 501(c)(12) organizations. Enter	. 1		
	a Gross income from members or shareholders	a		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	2 a 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	!b		
13	3 Section 501(c)(29) qualified nonprofit health insurance issuers.	-	_	
	a is the organization licensed to issue qualified health plans in more than one state?	13 a		L <u>. </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
	b 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	3 Б		
	c Enter the amount of reserves on hand	ic	ldash	<u>. </u>
	4a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule C	O 14b		

Form 990 (2013) Napılı Kai Foundation 99-6011281 Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 10 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 b Enter the number of voting members included in line 1a, above, who are independent 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b stockholders, or other persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a 8 b Х b Each committee with authority to act on behalf of the governing body? 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х Schedule O how this was done 13 Х 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15 a 15b Х b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 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? 16 a Х 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

►Napıli Kaı Resort

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 organiz				(C						
(A) Name and Title	(B) Average hours per week (list	one bo	x, uni er an	ess D	ersor	more the is both r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Louise Ross	10.00									
President		_X						0.	0.	0.
(2) Janice Studwell	9.00	_								
Vice President		X						0.	0.	0.
(3) Shelley Hee	6.00									
Treasurer		Х						0.	0.	0.
(4) Barbie Dofa	4.00									
Secretary		Х						0.	0.	0.
(5) James Shefte	1.00									
Director		X						0.	0.	0
(6) Chuck Barnum	3.00									
Director		Х						0.	0.	0
(7) Fred Betts	1.00	,)			j				i
Director		X	<u>L</u>					0.	0.	0
(8) Yvette Laborte	1.00					ŀ				
Director		X	L		_			0.	0.	0
(9) Deborah Mahuna	2.00									
Director		X_						0.	0.	0
(10) Carol Santos	1.00	ļ								ſ
Director		X	<u> </u>			ļ	_	0.	0.	0
(11)					х	ļ 1				
(12)							1			
(13)			-				<u> </u>	<u></u>		
(14)										'

	(B)	107			575 C)	,		<u> </u>	pensated Empl	<u> </u>	<u> </u>	maca)
(A) Name and title	Average hours per week	box	, unle	heck ss pe nd a c	rson i	than o s both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of oth compensatio		ner
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	fr orga and	om the anizatior d related anizatior	n j
(15)												
(16)					-							
(17)												
(18)	-											
(19)												
(20)		-										
(21)	 									·····		
(22)			-				-	-				
(23)	 										 .	
(24)					-							
(25)		_	_									
1 b Sub-total		L	<u> </u>		l .	l	>	0.	0.			0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A						►	0.	0.			0
2 Total number of individuals (including but not limited from the organization ►	d to those I	istec	abo	ove)	who	rece	eive			pensa	tion	
								· · · · · · · · · · · · · · · · · · ·			Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if		, key	em/	ploy	ee,	or hig	ghes	st compensated en	nployee	3		X
4 For any individual listed on line 1a, is the sum of related organizations greater to such individual	portable co han \$150,6	mpe	nsa If '\	tion 'es'	and com	othei plete	r coi Scl	mpensation from hedule J for		4	-	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of									dual	5		x
Section B. Independent Contractors											<u> </u>	
 Complete this table for your five highest compensal compensation from the organization. Report compe 	ted indeper	nden r the	t co cale	ntrac	ctors r yea	i that ar en	rec ding	with or within the	organization's tax yea	ır		
(A) Name and business addr	ess							Description of	f services	(Compe	C) nsatio	n
									·_			
2 Total number of independent contractors (including	but not lim	nited	to th	nose	liste	ed ab	ove) who received mo	re than			

	n 990 (2013) Napıli Kaı Foundation			99-6011281	Page !
Par	t VIII Statement of Revenue				
_	Check if Schedule O contains a response or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
TS	1 a Federated campaigns 1 a				
RAN	b Membership dues 1 b				
S, G	c Fundraising events 1c 23,07	0.			
AR.	d Related organizations 1 d		i		
NS, O	e Government grants (contributions)]
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 65, 34.	4.			
NO ON	g Noncash contributions included in lines 1a-1f \$	_			
2	h Total. Add lines 1a-1f	88,414.			
몳	Business Code	— · 10 000	10 000	0	
Æ	2a Tuesday Show 711130	10,092.	10,092.	0.	0.
ICE		-			
E. S.	d				
S	e .				
85	f All other program service revenue				
PRO	g Total. Add lines 2a-2f	1 0,092.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	64,895.	64,895.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal	-			<u> </u>
	6 a Gross rents	⊣ i			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	<u> </u>	-		
	7 a Gross amount from sales of (i) Secunties (ii) Other				
	assets other than inventory	_			
1	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	>			
OTHER REVENUE	(not including \$ 23,070. of contributions reported on line 1c)				
쯢	See Part IV, line 18 a				
ᇹ	b Less direct expenses b	_			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses c Net income or (loss) from gaming activities	_	· · · · ·	-	
	10 a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b	<u> </u>	'		İ
	c Net income or (loss) from sales of inventory	<u> </u>	·		
	Miscellaneous Revenue Business Code				
	11 a				<u> </u>
	b				
	C				
	d All other revenue		·		-

12 Total revenue. See instructions

74,987

0.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a re		e in this Part IX		
Do i 6b,	not include amounts reported on lines 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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	10,071.	10,071.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
t	Legal				
	Accounting	3,021.	0.	3,021.	0.
	Lobbying	3,022.		0,022.	
e	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	2 027	2 027		
	Office expenses	3,937.	3,937.	0.	0.
13	·	164.	0.	164.	0.
14	Information technology Royalties				
15				·····	
16	Occupancy Travel	21 206	21 147	120	
17		21,286.	21,147.	139.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			···	
	Insurance	1,000.	1,000.	0.	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)				
ā	1				
t					
•	;				
•	1				
•	All other expenses	93,185.	71,656.	14,021.	7,508.
25	Total functional expenses Add lines 1 through 24e	132,664.	107,811.	17,345.	
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 92,742. 1 Cash - non-interest-bearing 63,767 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 ASSETS Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10 b 10 c Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 1,281,916 12 283,678 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,345,683 1,376,420 Accounts payable and accrued expenses 17 0 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 25 Total liabilities. Add lines 17 through 25 0 26 n Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 1,345,683 1,376,420 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32

BAA

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,376,420. Form 990 (2013)

1,376,420

33

34

1,345,683

1,345,683

Form	990 (2013) Napıli Kaı Foundatıon 99	9-6011281		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	63 <u>,4</u>	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	32,6	64.
3	Revenue less expenses Subtract line 2 from line 1	3		30,7	'37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,3	45,6	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	1,3	76,4	20.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	Officer in Confedence of Containing a response of free to any line in this carry			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			100	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both	ı a			
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	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				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	_i le	3 a		Х
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	l audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		L
BAA			Form	990 (2	2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2013

Open to Public Inspection

Name o	tne	organization							Embiohei	ricentifica	tion number		
Nap:	<u>lli</u>	Kai Foundatı	on						99-60	1128	1		
Part	1	Reason for Publi	ic Charity Status	(All organizations r	nust co	mplet	e this p	art.) S	ee inst	ruction	S.		
The o	gan	ization is not a private	foundation because it	is (For lines 1 through 1	11, check	only or	ne box)						
1	Ш	A church, convention of	of churches or associa	tion of churches describe	ed ın sed	ction 17	0(b)(1)(<i>A</i>	A)(i).					
2		A school described in s	section 170(b)(1)(A)(i	ı). (Attach Schedule E)									
3		A hospital or a coopera	ative hospital service o	rganization described in	section	170(b)((1)(A)(iii)).					
4		A medical research org	ganization operated in	conjunction with a hospi	ıtal desci	ribed in :	section	170(b)(1	I)(A)(iii)	Enter th	ne hospital's		
		name, city, and state											
5	님	170(b)(1)(A)(iv) . (Con	nplete Part II.)	college or university owi					tal unit d	escribed	I in section		
6	ш.		•	rnmental unit described		•		•		_			
7	끔	ın section 170(b)(1)(A	(Complete Part			governr	nental ui	nit or fro	m the ge	eneral pu	iblic describ	ad	
8	닏	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	ш	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10	-	•	•	•	•								
11		more publicly supporte	ed organizations descri	lusively for the benefit of bed in section 509(a)(1) and complete lines 11e	or section	on 509(a	functions i)(2) Sei	of, or c e sectio	arry out n 509(a)	the purp (3). Che	oses of one ock the box t	or hat	
		a ∏Type≀ b	Type II c	Type III — Functions	ally integ	rated	c	4 7	Гуре III -	- Non-fu	nctionally in	tegrate	ed
е	Ш	By checking this box, to ther than foundation resction 509(a)(2)	certify that the organiz managers and other th	zation is not controlled d an one or more publicly	rectly or supporte	indirect ed organ	ly by one	e or mor describe	e disqua ed in sec	lified pei tion 509	rsons (a)(1) or		
f		If the organization rece check this box	eived a written determi	nation from the IRS that	ıs a Тур	e I, Type	e II or Ty	pe III su	pporting	organiza	ation,		
g		Since August 17, 2006	, has the organization	accepted any gift or col	ntributior	n from a	ny of the	followin	g persor	15?			
			rectly or indirectly cont rning body of the supp	rols, either alone or toge orted organization?	ther with	n person	s descrit	oed in (ii) and (III))	11 g (i)	Yes	No
		(ii) A famıly member	r of a person described	d in (i) above?							11 g (ii)		
		(III) A 35% controlled	d entity of a person de	scribed in (i) or (ii) above	97						11 g (iii)		<u> </u>
h		Provide the following in	nformation about the s	upported organization(s))						1 3 ()		<u> </u>
		(ı) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organiza column (I) your go docur	ation in Listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) is organiza colum organize U S	ation in in (i) d in the	(vii) Amouni sup	of mone	etary
					Yes	No	Yes	No	Yes	No			
(A)													
			_										
(B)							-		-				
(C)			<u> </u>	· · · · · · · · · · · · · · · · · · ·					<u> </u>				
(D)													
(E)													
Total													

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

		•				, , ,	
(Complete only	if you checked	the box on line 5,	7, or 8 of Part !	or if the organiz	ation failed to	qualify under Pa	art III If the
organization fail	ls to qualify un	der the tests listed	below, please	complete Part III)		

Sec	tion A. Public Support									
Cale begii	ndar year (or fiscal year nning ɪn) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	((f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	91,895.	73,100.	63,841.	62,631.	65,34	4.	356,811.		
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 through 3	91,895.	73,100.	63,841.	62,631.	65,34	4.	356,811.		
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)									
6	Public support. Subtract line 5 from line 4							356,811.		
<u>Sec</u>	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning ɪn) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	((f) Total		
7	Amounts from line 4	91,895.	73,100.	63,841.	62,631.	65,34	4.	356,811.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61,400.	32,772.	41,933.	54,777.	38,19	5.	229,077.		
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)		19,570.	10,726.	14,821.	10 <u>,</u> 09	2.	55,209.		
11	Total support. Add lines 7 through 10							641,097.		
12	Gross receipts from related activiti	es, etc (see instruc	tions)				12			
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)		> [
Sec	tion C. Computation of Pu	blic Support P	ercentage	······						
14			· ·	, column (f))			14	55.66 %		
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14			ـــا	15	65.97 %		
16 a	33-1/3% support test — 2013. If and stop here. The organization of				e line 14 is 33-1/39	% or more, che	eck this bo	× ×		
t	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t, check this box as	nd stop here . Expl	ain in Part IV I	10% how	-		
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes t The organization	t, check this box a qualifies as a publ	nd stop here. Expl licly supported orga	ain in Part IV I anization	how the	- □		
18	Private foundation. If the organiz	ation did not check	a box on line 13, 1	l6a, 16b, 17a, or 1	7b, check this box	and see instru	uctions	► []		
BAA					Sch	edule A (Form	1 990 or 99	0-F7\ 2013		

(Complete only if you checked the box on line 9 of Part II or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public	Support						
Calendar year (or fiscal yr t	eginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contrand membership freceived (Do not any unusual grant	ees Include						
2 Gross receipts fro sions, merchandis services performe furnished in any a related to the orga tax-exempt purpos	m admis- e sold or d, or facilities ctivity that is inization's						
3 Gross receipts from that are not an unit or business under	m activities related trade						
 Tax revenues levicorganization's beneither paid to or exits behalf The value of servifacilities furnished governmental unit organization witho 	efit and spended on ces or by a to the						
Total. Add lines 1a Amounts included 2, and 3 received disqualified persor	on lines 1, from						
b Amounts included and 3 received fro disqualified persoi exceed the greate 1% of the amount for the year	m other than ns that r of \$5,000 or						
c Add lines 7a and 7	7b						
8 Public support (7 7c from line 6)	Subtract line						
Section B. Total S	upport						
Calendar year (or fiscal yr b	eginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line							
10 a Gross income fron dividends, paymer on securities loans royalties and incor similar sources b Unrelated busines income (less secti taxes) from busine acquired after Jun	nts received s, rents, me from s taxable on 511 esses						
c Add lines 10a and							
11 Net income from unrel activities not included whether or not the bus regularly carried on	ın line 10b,						
12 Other income Dogain or loss from t capital assets (Ex Part IV)	he sale of						
13 Total Support. (Ad	d Ins 9,10c, 11 and 12)						
• • • • • • • • • • • • • • • • • • • •		s for the organization	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
Section C. Compu							
15 Public support per	centage for 201	3 (line 8, column (f) divided by line 13	3, column (f))		15	
16 Public support per				· · · · · · · · · · · · · · · · · · ·		16	8
Section D. Compu							
17 Investment incom	e percentage for	2013 (line 10c, co	lumn (f) divided by	/ line 13, column (f))	17	
18 Investment incom-						18	
	3-1/3%, check t	his box and stop h	ere. The organiza	tion qualifies as a p	oublicly supported	organization	▶ ∐
	than 33-1/3%,	check this box and	stop here. The or	rganızation qualıfie	s as a publicly sup	ported organizat	3%, and Ion ► ☐
20 Private foundation	on. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions	

99-6011281

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Line 10: Description: Tuesday Show

Pt II Line 10: 2010: 19570.

Pt II Line 10: 2011: 10726.

Pt II Line 10: 2012: 14821.

Pt II Line 10: 2013: 10092.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2013

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Napılı Kaı Foundation 99-6011281 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 ► S b Assets included in Form 990, Part X

Schedule D (Form 990) 2013 Napı	<u>li Kai F</u>	ounda	tion			99~601	1281		Page 2
Part III Organizations Mainta	aining Col	ection	s of Art, Hist	orica	i Treasures, or	Other Similar Ass	sets (c	ontınu	ied)
3 Using the organization's acquisition items (check all that apply)	on, accession	and oth	er records, check	any o	f the following that a	re a significant use of its	s collect	ion	-
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e Other			<u> </u>			
c Preservation for future general	ations								
4 Provide a description of the organ Part XIII	ızatıon's colle	ctions ar	nd explain how the	ey furtl	her the organization's	s exempt purpose in			
5 During the year, did the organizati to be sold to raise funds rather that	n to be main	tained as	part of the organ	ızatıor	s collection?		Yes		No
Part IV Escrow and Custodia line 9, or reported an a						ered 'Yes' to Form	990, F	Part IV	,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian	, or other	Intermediary for	contrib	outions or other asse	ts not included	Yes		No
b If 'Yes,' explain the arrangement in	n Part XIII and	d comple	te the following ta	ble:					 -
						<u> </u>	Amount	<u> </u>	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance			- 4 V 1 040			1f	Tv		T
2 a Did the organization include an an			•	h a a h	and the second of the Court	VIII	Yes	-	No
b If 'Yes,' explain the arrangement in	1 Part XIII Cr	eck nere	e ir the explantion	nas p	een provided in Part	XIII		L	
Part V Endowment Funds.	Complete if	the ord	anization ans	were	d 'Yes' to Form 9	990. Part IV. line 1	0.		 -
	(a) Currer		(b) Prior year		(c) Two years back	(d) Three years back		our years	back
1 a Beginning of year balance	(7, 5 2.1.12	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		37	<u> </u>	1		
b Contributions							 		
c Net investment earnings, gains, and losses									
d Grants or scholarships			1				 		
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	of the curren	t year en	d balance (line 1	g, colu	mn (a)) held as				
a Board designated or quasi-endow	ment >		용						
b Permanent endowment ▶	_	ક							
c Temporarily restricted endowmen	 		9						
The percentages in lines 2a, 2b, a	nd 2c should	equal 10	00%						
3 a Are there endowment funds not in organization by	the possess	on of the	organization that	t are h	eld and administered	for the	[Yes	No
(i) unrelated organizations							3a(i)		-
(ii) related organizations							3a(iı)		
b if 'Yes' to 3a(ii), are the related org	ganizations lis	sted as re	equired on Sched	ule R?			3b		
4 Describe in Part XIII the intended	=		•						
Part VI Land, Buildings, and	Equipme	nt.							
Complete if the organi			Yes' to Form 9	990, F	Part IV, line 11a.	See Form 990, Pa	art X, li	ne 10.	
Description of property			st or other basis) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1 a Land		 ;			3				
b Buildings									
c Leasehold improvements							-		
d Equipment		<u> </u>		<u> </u>					
e Other		-							
Total. Add lines 1a through 1e (Column	n (d) must ea	ual Form	990. Part X. colu	mn (B), line 10(c))	.			

BAA

Schedule **D** (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cos	t or end-of-year market value
) Financial derivatives	1,283,678.	FMV	
Closely-held equity interests			
Other			
)		-	
,)			
)		 	
)			
)			
		 	
11 (0.1 m. (1) m. (15 m. 202 Part V. (1 m. (2) V. (12)	1 202 670		
ial (Column (b) must equal Form 990, Part X, column (B) line 12)	1,283,678.	<u> </u>	
art VIII Investments - Program Related. Complete if the organization answered "	Yes' to Form 990 F	Part IV line 11c See Form	990 Part X line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost	
1)	(4) 0000 10100	(0)	
			
2)			
3)			
4)			
(5)			·
6)			
(7)			
8)			
(9)			
10)			
10) otal (Column (b) must equal Form 990, Part X, column (B) line 13)			
tal (Column (b) must equal Form 990, Part X, column (B) line 13)	Vas' to Form 000. F	Part IV line 11d See Form	000 Part V line 15
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered "		Part IV, line 11d. See Form	990, Part X, line 15.
tal (Column (b) musl equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered " (a) De	Yes' to Form 990, F	Part IV, line 11d. See Form	990, Part X, line 15.
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) De:		Part IV, line 11d. See Form	990, Part X, line 15.
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered " (a) December 13		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered " (a) Description (a) (C) (3)		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4)		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered " (a) Description (a) (b) must equal Form 990, Part X, column (B) line 13) (a) Description (a) Description (b) must equal Form 990, Part X, column (B) line 13) (b) must equal Form 990, Part X, column (B) line 13) (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (c) Description (Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
art IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13) Complete if the organization answered (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
art IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (b) must equal Form 990, Part X, column (B) line 13) (b) Must equal Form 990, Part X, column (B) line 13) (a) Description (b) must equal Form 990, Part X, column (B) line 13) (b) Must equal Form 990, Part X, column (B) line 13) (a) Description (b) must equal Form 990, Part X, column (B) line 13) (b) Must equal Form 990, Part X, column (B) line 13) (c) Complete if the organization answered (c) (a) Description (c) Column (c) (c) Co		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
And (Column (b) must equal Form 990, Part X, column (B) line 13) And (Column (b) must equal Form 990, Part X, column (B) line 13) And (Column (b) must equal Form 990, Part X, column (B) line 13) And (Column (b) must equal Form 990, Part X, column (B) line 13) And (Column (b) must equal Form 990, Part X, column (B) line 13) (a) Description (a)		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
art IX Other Assets. Complete if the organization answered (a) Dec. 1) 2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9)	scription	Part IV, line 11d. See Form	(b) Book value
tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) December (a) December (b) December (b) December (c) Decem	scription	Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
art IX Other Assets. Complete if the organization answered (a) December 3. (a) December 3. (b) must equal Form 990, Part X, column (B) line 13. (a) December 3. (b) December 4. (c) December 4. (d) December 5. (e) December 6. (f) December 6. (g) December 7. (h) December 7. (g) December 8. (h) December 8. (h) December 8. (h) December 9. (h) Decembe	une 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), in art X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), in art X Other Liabilities.	ine 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability	une 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability (b) must equal Form 990, Part X, column (B), If art X Other Liabilities. (a) Description of liability (b) must equal Form 990, Part X, column (B), If art X Other Liabilities. (a) Description of liability	ine 15)		(b) Book value
al (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) Description of liability 1) 2) 3) 4) 5) 6) 7) 8) 9) Other Liabilities. Complete if the organization answered 'Yes' to Form 1 (a) Description of liability 1) Federal income taxes 2)	ine 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability (b) must equal Form 990, Part X, column (B), If art X Other Liabilities. Complete if the organization answered 'Yes' to Fermal Part I income taxes (a) Description of liability (b) Federal income taxes (c) Other Liabilities.	ine 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) Description of liability (a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability (b) must equal Form 990, Part X, column (B), If art X Other Liabilities. Complete if the organization answered 'Yes' to Fermal Part Income taxes (a) Description of liability (b) Federal income taxes (c) 30 (d)	ine 15)		(b) Book value
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art IX Other Assets. Complete if the organization answered (a) December (b) must equal Form 990, Part X, column (B) line 13) (a) December (b) must equal Form 990, Part X, column (B), If art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ine 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) Dec. (a) Dec. (b) Must equal Form 990, Part X, column (B) line 13) (a) Dec. (b) Dec. (c) De	ine 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) December (b) must equal Form 990, Part X, column (B) line 13) (a) December (b) must equal Form 990, Part X, column (B), If art X Other Liabilities. Complete if the organization answered 'Yes' to Fe (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ine 15)		(b) Book value
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art IX Other Assets. Complete if the organization answered (a) December (b) must equal Form 990, Part X, column (B) line 13) (a) December (c) Other Assets. Complete if the organization answered (a) December (b) must equal Form 990, Part X, column (B), if art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9)	ine 15)		(b) Book value
art IX Other Assets. Complete if the organization answered (a) December (b) must equal Form 990, Part X, column (B) line 13) (a) December (b) must equal Form 990, Part X, column (B), If (B) (b) Otal. (Column (b) must equal Form 990, Part X, column (B), If (B) (c) Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	ine 15)		(b) Book value

Schedule D (Form 990) 2013 Napıli Kaı Foundatıon	99-60	
Part XI Reconciliation of Revenue per Audited Financial State	•	1.
Complete if the organization answered 'Yes' to Form 990	, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1	163,401.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2 a	
b Donated services and use of facilities	2 b	ŧ
c Recoveries of prior year grants	2 c	<u> </u>
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d	2 e	·
3 Subtract line 2e from line 1	3	163,401.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		1
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	1
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b	4 c	,
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5	163,401.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses per Retu	rn.
Complete if the organization answered 'Yes' to Form 990	, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1	132,664.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	[
c Other losses	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	132,664.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	5	132,664.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part V,	
ine 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also cor	ripiete this part to provide any additional info	nmation

Pt XII Line 2d Fundraising expenses included in total expenses

SCHEDULE 1 (Form 990)	O O O	rants and Oth vernments, and lete if the organization	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States omplete if the organization answered 'Yes' to Form 990. Part IV. line 21 or 22	to Organization n the United Sta	s, ates I or 22.		OMB No 1545-0047 2013
Department of the Treasury Infernal Revenue Service	► Informatio	in about Schedule I	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	0. uctions is at www.irs.g	qov/form990.		Open to Public Inspection
Name of the organization						Employer identification number	ation number
Part I General Information on Grants and Assistance	n Grants and Assis	tance					1
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	cords to substantiate the and the grants or assistance or special risk procedures for monitor	mount of the grants c rng the use of grant for	of the grants or assistance, the grantee use of grant funds in the United States	es' eligibility for the grant	s or assistance, and		X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	stance to Governm	ents and Organ	izations in the Unit	ted States. Comple I can be duplicated	ete if the organizati if additional space	on answered Yes	s' to
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table	;)(3) and government organizations (3)	anizations listed in the	Ine 1 table				
۔ ا	otice, see the Instruction	ns for Form 990.		TEEA3901 07/12/13	07/12/13	Schedul	Schedule I (Form 990) (2013)

I

Schedule I (Form 990) (2013) Napili Kai Foundation

Rants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
1 Scholarships	. r	10,071.	0.	0. Book	N/A
2					
8					
4					
ıo					
9					
4					
	3		miles #00 C 22	in a series additional information	ditional information

Parktiv supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other addıtional information.

The board reviews scholarship applications and grants awards depending

Pt I Line 2

on determined criteria. Any scholarship award is conditioned on the use

of the award solely in connection with direct expenses of college or university

In some cases checks sent directly to colleges.

Schedule I (Form 990) (2013)

SCHEDULE O . (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Narne of the organization

Napili Kai Foundation

Pt VI, Line 11b

Employer identification number

99-6011281

Pt V, Line 3b No unrelated business transactions were noted.

Pt VI, Line 12c Conflict of interest policy is monitored by the board.

Any potential conflict of interest is to be reported.

Pt XII, Line 2c Treasurer and President review audit and commment before presenting to entire board for approval.

Pt XI \$136,799 is unrealized gains.

Board reviews 990 and approves before filing.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Instructor Expenses	49,200.	49,200.		
Performances	18,314.	18,314.		
Investment admin & advisory fees	13,059.		13,059.	
Miscellaneous	398.		398.	
Gifts and Awards	4,142.	4,142.		
Fundraising	7,508.			7,508.
General Excise Tax	564.		564.	

Description	Amount
	0

Total ______0