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Form

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

OMB No 1545-0047 2014 Open to Public Inspection

A	For the 2014 c	calendar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organization KAUAI PLANNING & ACTION ALLIANCE	Ξ,	D Employer	ridentification number
	Address change	INC.			
$\overline{\Box}$	Name change	Doing business as		20-1	579949
$\vdash$		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
	initial return	2959 UMI STREET  City or town, state or province, country, and ZIP or foreign postal code	201	808-	<u>632-2005</u>
	Final return/ terminated				0.45
	Amended return	LIHUE HI 96766	<del></del>	G Gross rece	eipts\$ 367,803
$\vdash$	Application pending	F Name and address of principal officer	H(a) Is this a	group return for su	ubordinates? Yes X No
LJ	Application pending	MARK HUBBARD			ā. A.
		SAME AS C ABOVE	1	ubordinates incli	
_				o," attach a list	(see instructions)
	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527			
ī		www.kauainetwork.org		xemption numbe	
*****	Form of organization		L Year of formation	2004	M State of legal domicile H I
		ummary			
3	1 Briefly de	escribe the organization's mission or most significant activities			
7	TO F	ADDRESS URGENT PUBLIC ISSUES THRU CROSS-SECTOR	PLANNING & A	CTION	
<b>~</b> ĕ					
æĘ	1				
≂્ટ્રે	2 Check th	nis box 🕨 🔲 if the organization discontinued its operations or disposed of more	than 25% of its net a	ssets	
20	3 Number	of voting members of the governing body (Part VI, line 1a)		3	9
٦̈́	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	9
Activities & Governance Off	5 Total nui	mber of individuals employed in calendar year 2014 (Part V, line 2a)		5	4
2.5	6 Total nu	mber of volunteers (estimate if necessary)		6	60
É,	7a Total uni	related business revenue from Part VIII, column (C), line 12		7a	0
ล์	þ Net unre	elated business taxable income from Form 990-T, line 34		7b	0
			Prior \		Current Year
ø	8 Contribu	itions and grants (Part VIII, line 1h)	78	30,278	367 <b>,</b> 803
Revenue	9 Program	service revenue (Part VIII, line 2g)		608	0
ě	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 76) CEIVED			0
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 Total rev	venue – add lines 8 through 11 (must equal Part VIII), column (A); line (12);	78	30,886	367,803
	13 Grants a	and similar amounts paid (Part IX, column (A)-lines_1_3)			0
	14 Benefits	paid to or for members (Part IX, column (A), @GDEN 117			0
Ś	I 4F Calasias	other compensation, employee benefits (Part-IX, column (A), lines 5-10)	20	03,989	223,866
(Denses	16a Professi	onal fundraising fees (Part IX, column (A), line 11e)			0
e e	b Total fur	ndraising expenses (Part IX, column (D), line 25) ▶ 4,599			
ŵ	17 Other ex	openses (Part IX, column (A), lines 11a-11d, 11f-24e)	5	71,693	195,292
	18 Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	7.	75,682	419,158
	19 Revenue	e less expenses Subtract line 18 from line 12		5,204	-51,355
Net Assets or	Ses		Beginning of C	urrent Year	End of Year
sets	튭 20 Total as:	sets (Part X, line 16)	1.5	99,250	144,571
ţ.	🖺 21 Total liat	bilities (Part X, line 26)		4,616	1,293
<u>Ž</u> ,	22 Net asse	ets or fund balances Subtract line 21 from line 20	1	94,634	143,278
1	Part II Si	ignature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and			owledge and belief, it is
t	rue, correct, and c	comblete Declaration of preparer (other than officer) is based on all information of which pr	reparer has any knowle	dge	
		of auster agras			
Si	gn 🖊 🤻	Signature of officer		Date	. 1
Н	ere	KARISSA JONAS TF	REASURER		6/4/2015
		Type or print name and title			
	Print/Typ	pe preparer's name	Date	Check	X if PTIN
Pa	id <sub>Laura</sub>	Wiley	06/0	3/15 self-em	<u> </u>
Pr	eparer Firm's na	Tarres Willer CDA	7	Firm's EIN	27-1628293
Us	e Only	PO Box 1202			
	Firm's a	T 11 0 0 7 0 0		Phone no	808-639-2137
Ma		ss this return with the preparer shown above? (see instructions)			X Yes No
_	<del></del>	Juction Act Notice, see the separate instructions.		201	Form 990 (2014)

orm 990 (2014) KAUAI PLANNING	& ACTION ALLIANCE,	20-1579949	Page 2
Part III Statement of Program S	Service Accomplishments tains a response or note to any lir		
Briefly describe the organization's missio     TO ADDRESS URGENT PUB:		S-SECTOR PLANNING	G & ACTION
Did the organization undertake any signif prior Form 990 or 990-EZ?  If "Yes," describe these new services on	ficant program services during the year wi	nich were not listed on the	☐ Yes ☒ No
	r make significant changes in how it cond	ucts, any program	☐ Yes ☒ No
4 Describe the organization's program serv	vice accomplishments for each of its three 4) organizations are required to report the		· · · · · · · · · · · · · · · · · · ·
4a (Code ) (Expenses \$ KPAA IS IMPLEMENTING KEIKI TO CAREER KAUAI TO ENSURE THE APPROPR THAT YOUNG PEOPLE AGE KPAA PROVIDED PROJECT EDUCATION'S HO'OKELE TEACHERS, PARENTS, ST EDUCATION COMPLEX ARE KAUAI'S ACADEMIC PLAN "DESIGN THINKING" WHI USED IN BUSINESS & SC	WHICH IS A CROSS-SE IATE SYSTEMS, SUPPOR S 0 TO 24 ARE HEALTH & MEETING FACILITAT COMMUNITY COUNCIL WHUDENTS & COMMUNITY MA SUPERINTENDENT ON . KPAA PROVIDED PRO CH IS A PROCESS STAR	YOUTH DEVELOPME CTOR COLLECTIVE TS & SERVICES AR Y, COMPETENT, CO ION FOR THE HAWA ICH IS COMPOSED EMBERS TO ADVISE PRIORITIES & DIR JECT & MEETING F TED AT STANFORD	IMPACT INITIATIVE E IN PLACE SO NFIDENT & CARING. II DEPT OF OF PRINCIPALS, THE DEPT OF ECTIONS FOR ACILITATION FOR UNIVERSITY AND
4b (Code ) (Expenses \$ KPAA COMPLETED THE RE NAPALI COAST WILDERNE EROSION.		ILES OF THE KALA	
ADVISORY GROUP TO PRE ASSESSMENT OF THE KAU	49 ASPECTS OF LIFE O I. THE REPORT IS INT ID BUSINESS DECISION	MATTERS FOR KAU N KAUAI THAT RES ENDED TO BE A RE MAKERS. KPAA FA RUM AND BEGAN FA EGIC PLAN. KPAA ARTICIPATED IN H	IDENTS HAVE SAID FERENCE FOR CILITATED CILITATION OF AN ALSO CONDUCTED AN
4d Other program services (Describe in Sci (Expenses \$	hedule O) including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	334,224		
DAA			Form <b>990</b> (2014

# Form 990 (2014) KAUAI PLANNING & ACTION ALLIANCE, Part IV Checklist of Required Schedules

			Yes	_No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
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	4	Х	
E		-		<del></del>
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<del>                                     </del>		<u> </u>
0	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۴-	-	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Ì	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>	<del></del>	
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		<del>                                      </del>	$\frac{\Lambda}{\Lambda}$
9	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	9		Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		-	<u> </u>
0	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-	<u> </u>
•	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		i	
٠	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	···		<del>                                     </del>
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	ļ	Х
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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	14b	<u> </u>	X
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Ì	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
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)	17	<u> </u>	X
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	18	<u> </u>	X
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	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L,	<u> </u>
		_	00	^

	_		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
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			١,,
_	through 24d and complete Schedule K. If "No," go to line 25a	24a	<b> </b>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
d	to defease any tax-exempt bonds?	24c	<u> </u>	
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<b> </b>	
ZJa	( ), ), ( ), ( ), ( )	05-		J.,
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
b				
	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	256		٠,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		X
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	İ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		- 23
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			l
05-	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
26	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			\ ,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<u> </u>	X
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		'	]
	Part VI	27		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		^
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
		1 30	<del></del>	

	n 990 (2014) KAUAI PLANNING & ACTION ALLIANCE, 20-1579949  art V Statements Regarding Other IRS Filings and Tax Compliance		Р	age 5
F	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	grown conseque o contains a responde of note to any fine in this fair v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	<u> </u>
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 4			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	<u> </u>
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Ves." has it filed a Form 000 T for this word If "Ne" to line 3h, provide an explanation of School II. C.	3a		X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	_3b		<del></del>
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?			Х
b	If "Yes," enter the name of the foreign country	4a		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		;	
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ĺ
b	and services provided to the payor?	7a		<del> </del>
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	
Ŭ	required to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	,	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter			ĺ
	Gross income from members or shareholders			į
b	Gross income from other sources (Do not net amounts due or paid to other sources			į
	against amounts due or received from them )			ĺ
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.			i.
а	Is the organization licensed to issue qualified health plans in more than one state?	_13a		
	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			İ
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		For	n 990	(2014)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

2959 UMI ST. #201

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

financial statements available to the public during the tax year

LIHUE

DIANE ZACHARY

20

808-632-2005

HI 96766

Section A.

DAA

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E 000 (004.4)	レカバカエ	אוא ד אוא דאר.	י כ ארידדר ∧ז	ALLIANCE,	20-1579949	D
Form 990 (2014)	VYONT	L THIMTING	a WOITON	ATTIMICE'	ZU-13/3343	Page

# 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 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

Comparison   Com	(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
DIRECTOR		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	and related
DIRECTOR	(1) BERYL BLAICH										
(2)MARK HUBBARD  CHAIR											
CHAIR	DIRECTOR	0.00	X						0	0	C
CHAIR	(2) MARK HUBBARD										
(3) KARISSA JONAS 2.00 PREASURER 0.00 X X X 0 0 0  (4) WANDA KAU-SHIBATA 1.00 OTRECTOR 0.00 X 0 0  (5) GILBERT PETER KEA VICE CHAIR 0.00 X X 0 0  (6) JODY KONO KJELDSEN 1.00 OTRECTOR 0.00 X X 0 0  (7) JOY KOERTE 2.00 SECRETARY 0.00 X X 0 0  (8) JENNIFER LUCK 1.00 OTRECTOR 0.00 X X 0 0  (9) OWEN MOE  1.00 DIRECTOR 0.00 X 0 0  0 0  0 0  0 0  0 0  0 0  0		I .									
Color		0.00	X	<u> </u>	X	ļ		ļ	0	0	C
TREASURER	(3) KARISSA JONAS		1		İ						
(4) WANDA KAU-SHIBATA  1.00 0.00 X 0.00 X 0 0 0 (5) GILBERT PETER KEA 2.00 VICE CHAIR 0.00 X 0 0 0 (6) JODY KONO KJELDSEN 1.00 DIRECTOR 0.00 X 0 0 0 (7) JOY KOERTE 2.00 SECRETARY 0.00 X 0 0 0 (8) JENNIFER LUCK 1.00 DIRECTOR 0.00 X 0 0 0 (9) OWEN MOE 1.00 DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I .									
1.00			X.	├—	X.		_		0	0	
OIRECTOR	(4)WANDA KAU-SHIBA				1						
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2.00			╁≏	$\vdash$	├	├─	<del>                                     </del>		<del> </del>		C
O	(5) GILDERI PEIER N										
1.00	VICE CHAID		v		V						C
1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(6) TODY KONO KJELD		+*	<del>                                     </del>	1	┢	<del> </del>		<u> </u>		
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(0) 0001 RONO ROBES.		1		Ì	1		1			
(7) JOY KOERTE	TRECTOR	l .	Ιx							0	C
2.00			1		T -					<u>_</u>	<u>~</u>
(8) JENNIFER LUCK  1.00 0.00 X  0 0  (9) OWEN MOE  1.00 0.00 X  0 0  0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0  1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,,,,,,	2.00									
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DIRECTOR 0.00 X 0 0  10) DIANE ZACHARY 40.00 X 81,562 0 5,4	(9) OWEN MOE		ļ	ļ	ļ	ļ					
10) DIANE ZACHARY 40.00 PRESIDENT 0.00 X 81,562 0 5,4				}							
PRESIDENT 0.00 X 81,562 0 5,4		0.00	X	1	<u> </u>	ļ	<u> </u>		0	0	C
PRESIDENT 0.00 X 81,562 0 5,	10) DIANE ZACHARY	1000									
					,.						
11)		1 0.00	-	₩	1X	<del> </del> —	├		81,562		5,472
	11)										

Form 990 (2014)

<u>'Pa</u>	rt VII Section A. Officers  (A)  Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than on box, unless person is both a officer and a director/truster					one i an ee)	(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			
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(**-21633-41136)			and relat organizati	ed	
(12)							-							
(13)	-													
(14)														
(15)				-									<del>-</del>	<del></del> ,
(16)						<u></u>	_		,					
(17)														
(18)	·													
(19)														
С	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in					e lis	ted a	<ul> <li>▶</li> <li>b</li> <li>bov</li> </ul>	81,562 81,562	\$100,000 of	5,472 5,472			
3	reportable compensation from	the organization	1 <b>&gt;</b>	0			- I <u>-</u>	-					Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	" complete Sche e 1a, is the sum	dule of re	J for	suc able	h ind com	lividi ipens	ial satio	on and other compensation	from the		3		X
5	individual Did any person listed on line for services rendered to the o	rganization? If "Y								r ındıvıdual		5		X
1	ion B. Independent Contractor Complete this table for your fit compensation from the organ	ve highest comp ization Report c	ensa omp	ited i	nder tion	oend for t	lent o	conti	dar year ending with or with	nin the organization's tax ye	ear		(0)	
	Name and	(A) business address							Descrip	(B) stion of services		Com	(C) pensat	ion
								<u> </u>						
2	Total number of independent received more than \$100,000								se listed above) who	0			900	

	TĻ V		of Schedule		ns a response o	or note to any 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
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	All other contribution and similar amounts	Jues vents vents (contributions) ns, gifts, grants, s not included above ons included in lines 1a-	1a	273,110 94,693	367,803			
ie.				•	Busn. Code				
even	2a								
e e	b								
. <u>S</u>	С								
ığ	d				<del> </del>				
grar	e	All other press	om conuce rove	nuo	<del> </del>				
P.	f	Total. Add line	ram service reve	nue		<u> </u>		<u> </u>	
	3		come (including	dıvıdends.	ınterest.				
		and other simi			<b>&gt;</b>				
	4	Income from I	nvestment of tax	-exempt b	ond proceeds				
	5	Royalties			<u> </u>				
			(ı) Real		(II) Personal				
	6a								
	b	Less rental exps							
ł	C	Rental inc or (loss)				:			
	d 7a	Net rental inco Gross amount from		T	(ii) Other				
		sales of assets other than inventory			(.,, 0				
	b	Less cost or other							
}		basis & sales exps			_				
	С	Gain or (loss)							
	d	Net gain or (lo	oss)		<u> </u>	····			
e	8a		om fundraising eve	nts					
Other Revenue		(not including \$							
&			reported on line 1c						
her	h	See Part IV, line Less direct ex		a					
ŏ			(loss) from fund		ents <b>b</b>				
			om gaming activitie						
		See Part IV, line		a					
	b	Less direct ex	xpenses	ь <u> </u>					
	C	Net income or	(loss) from gam	ing activit	ies 🕒				
ŀ	10a		f inventory, less						
		returns and all		a					
		Less cost of g		p[					
ŀ	<u>c</u>		(loss) from sale	s of inven	Busn Code		:		
ł	11a	4415	CO CO. CO. C. C. C. C. C. C. C. C. C. C. C. C. C.		Busil Code		}		
ł	b								
	c								
	d	All other rever	nue						
	е	Total. Add line	es 11a-11d		<b>&gt;</b>				
	12	Total revenue	e. See instruction	ns	<u> </u>	367,803	0	0	0

Part IX	04-4	E	nal Expenses	
Partit	Statement of	IT HIIDCTIAT	121 -vnancac	
I altin	Statement	i i uncuoi	IQI EXDEIISES	

Secti	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			plete column (A)	X
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	+			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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)	177 005	124 207	40 114	2 404
7	Other salaries and wages	177,805	134,207	40,114	3,484
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	16 061	20 120	7 067	0.00
9	Other employee benefits	46,061	38,128	7,067	866
10	Payroll taxes				
11	Fees for services (non-employees)  Management				
a b	Legal				
0	Accounting	7,751		7,751	
ď	Lobbying	7,731		7,731	<del></del>
٠ م	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	119,908	115,414	4,494	
12	Advertising and promotion	2,735	2,735		
13	Office expenses	3,381	2,774	607	
14	Information technology	816	72	744	
15	Royalties				
16	Occupancy	23,101	18,464	4,388	249
17	Travel	15,114	11,248	3,866	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	7,578	7,276	302	
20	Interest				
21	Payments to affiliates	1 100		0 =	<del></del>
22	Depreciation, depletion, and amortization	1,199	1,162	37	
23	Insurance	2,976		2,976	
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 ) SUPPLIES	3,875	1,560	2,315	
a b	TELEPHONE	3,585	990	2,595	
C	EQPT RENTAL/LEASING	2,512	990	2,512	
d	TRAINING & PROF DEVELOPMT	389	109	280	
	All other expenses	372	85	287	
25	•	419,158	334,224	80,335	4,599
26		110,150	001,221		3,333
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
<del></del>	following SOP 98-2 (ASC 958-720)	L			· · · · · · · · · · · · · · · · · · ·

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 194,363 Cash-non-interest bearing 139,870 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 Inventories for sale or use 8 1,987 1,959 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 16,532 other basis Complete Part VI of Schedule D 10a 994 b Less accumulated depreciation 10b 1,900 10c 1,538 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 1,000l 15 Other assets See Part IV, line 11 15 199,250 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 4,616 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 Total liabilities. Add lines 17 through 25 4,616 26 1.293 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 194,634 32 194,634 33 Total net assets or fund balances 33 143,278 199,250 Total liabilities and net assets/fund balances 144.5

	990 (2014) KAUAI PLANNING & ACTION ALLIANCE, 20-1579949				Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36	7,8	803
2	Total expenses (must equal Part IX, column (A), line 25)	2		4 ]	9,	158
3	Revenue less expenses Subtract line 2 from line 1	_3		_ 5	51,	355
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19	94,	634
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				-1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		14	13,2	278
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 $\square$ Cash $\square$ Accrual $\square$ Other $\square$ Other $\square$					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					į
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	Χ	
	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					į
	X Separate basis					ĺ
þ	Were the organization's financial statements audited by an independent accountant?		L	2b		Χ
	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					į
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		_	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in		ſ			
	Schedule O					ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ			
	the Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T		ĺ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Forr	n 990	(2014)

**SCHEDULE A** (Form 990 or 990-EZ)

**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.

Open to Public

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. KAUAI PLANNING & ACTION ALLIANCE,

Inspection

	_		INC.			·	_ 20-15	79949			
P	art l	Rease	on for Public Charity	Status (All organizations	must co	mplete	this part ) See instructi	ons			
				e it is (For lines 1 through 11, o			·				
1	Ň			ociation of churches described	_		•				
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	H			-			•	hoenital's name			
7	LJ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
_		•		of a college or upweresty evened		بمصيطاه		_			
5	Ш			of a college or university owned	or operate	ed by a go	overnmental unit described i	n			
_	$\overline{}$	-	b)(1)(A)(iv). (Complete Part	•							
6	$\vdash$			overnmental unit described in s			• •				
7	$\Box$			substantial part of its support fro	om a gove	rnmental	unit or from the general pub	olic			
	_	described in s	section 170(b)(1)(A)(vi). (C	omplete Part II)							
8		•		I <b>70(b)(1)(A)(vi)</b> . (Complete Part	•						
9	X	An organizati	on that normally receives (1	I) more than 33 1/3% of its supp	port from (	contribution	ons, membership fees, and g	gross			
		receipts from	activities related to its exem	npt functions—subject to certain	n exceptioi	ns, and (2	!) no more than 33 1/3% of r	ts			
		support from	gross investment income ar	nd unrelated business taxable in	ncome (les	ss section	511 tax) from businesses				
	_	acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part III	)				
10		An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 50	)9(a)(4).				
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the pur	poses of			
		one or more	publicly supported organizat	ions described in section 509(a	a)(1) or se	ction 509	(a)(2). See section 509(a)(	3). Check			
		the box in line	es 11a through 11d that des	cribes the type of supporting org	ganızation	and com	plete lines 11e, 11f, and 11g	3			
а		Type I. A sup	porting organization operate	ed, supervised, or controlled by	its suppor	ted orgar	nization(s), typically by giving	J			
		the supported	d organization(s) the power t	o regularly appoint or elect a m	ajority of t	he directo	ors or trustees of the support	ting			
		organization	You must complete Part I	V, Sections A and B.							
b		Type II. A su	pporting organization superv	rised or controlled in connection	with its s	upported	organization(s), by having				
	_			organization vested in the same				I			
		organization(	s) You must complete Par	rt IV, Sections A and C.	·		•				
С				orting organization operated in	connection	n with, an	d functionally integrated with	1.			
				tions) You must complete Par			• •	•			
d				supporting organization operate	•	•	•	(e)			
-	ш		• -	ganization generally must satisfy			• • •	•			
				t complete Part IV, Sections A	-	•					
<b>A</b>		•	•	d a written determination from t	-						
Ŭ	ш			actionally integrated supporting			)po 1, 1 )po 11, 1 )po 111				
f	En	•	r of supported organizations	totionally integrated supporting	organizati	011					
·			ving information about the si	upported organization(s)							
_ =		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rnanization	(v) Amount of monetary	(vi) Amount of			
		ganization	(,	(described on lines 1-9	, , ,	ir governing	support (see	other support (see			
				above or IRC section	docur	ment?	instructions)	instructions)			
				(see instructions))	Yes	No					
(A)					1		<u> </u>				
(~)											
(B)					<del> </del>	-		<del> </del>			
(6)											
(C)				<del></del>	+	<u> </u>					
(C)					1	}					
(D)					+	<del>                                     </del>					
(D)						1					
					+	<del>                                     </del>		<del></del>			
(E)											
		<del></del>	<u> </u>		+						
Tot	al		<u> </u>	<u> </u>	.L	ł		_ <u></u>			

Sch	6/03/2015 11 36 AM edule A (Form 990 or 990-EZ) 2014 KAI	JAI PLANNI	ING & ACT	ION ALLIA	NCE, 20	)-1579949	Page 2
P	art # Support Schedule for O	rganizations [	Described in S	ections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you che	cked the box o	n line 5, 7, or 8	of Part I or if t	he organizatıor	n failed to quali	fy under
	Part III. If the organization	n fails to qualify	under the tests	s listed below,	please complet	te Part III)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						
Sec	tion B. Total Support			<u> </u>	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			(-,	(4, 20, 0	(0) 2011	(i) rotar
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					•	
11	Total support. Add lines 7 through 10			***************************************			
12	Gross receipts from related activities, etc	(see instructions)			<del> </del>	12	
13	First five years. If the Form 990 is for the		t, second, third, for	urth, or fifth tax ve	ar as a section 50		<u> </u>
	organization, check this box and stop he					. / /	▶ [
Sec	tion C. Computation of Public S	upport Percen	tage				
14	Public support percentage for 2014 (line 6	6, column (f) divide	d by line 11, colum	n (f))		14	%
15	Public support percentage from 2013 Sch	edule A, Part II, Im	e 14			15	%
16a	33 1/3% support test—2014. If the organ	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o		<u> </u>
	box and stop here. The organization qua				·		<b>&gt;</b>
b	33 1/3% support test—2013. If the organ	nization did not che	ck a box on line 13	or 16a, and line	15 is 33 1/3% or m	ore,	<u> </u>
	check this box and stop here. The organi	zation qualifies as	a publicly supporte	ed organization		·	▶ [
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee	ts the "facts-and-cı	rcumstances" test	check this box ar	nd <mark>stop here</mark> . Expl	lain in	
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The org	ganization qualifies	s as a publicly sup	ported	
	organization						▶ [
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization						_

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

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

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

Sec	tion A. Public Support	quality under th	e tests listed bi	elow, please co	mpiete Part II )	<u> </u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	895,993	368,632	770,596	780,278	367,803	3,183,302
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	31,276	4,463	10,320	608		46,667
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	927,269	373,095	780,916	780,886	367,803	3,229,969
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						3,229,969
	tion B. Total Support		······································				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	927,269	373,095	780,916	780,886	367,803	3,229,969
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		_				
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	927,269	373,095	780,916	780,886	367,803	3,229,969
14	First five years. If the Form 990 is for the organization, check this box and stop her		, second, third, fou	rth, or fifth tax year	as a section 501(	c)(3)	
Sec	tion C. Computation of Public Su		ane				
15	Public support percentage for 2014 (line 8					15	100.00%
16	Public support percentage from 2013 Scho		•	• (1))		16	99.99 %
_	tion D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·			99.99 70
17	Investment income percentage for 2014 (I			column (f))		17	%
18	Investment income percentage from 2013			( ),		18	%
19a	33 1/3% support tests—2014. If the orga			14, and line 15 is n	more than 33 1/3%		
b	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2013. If the orga	ox and <b>stop here.</b> ]	The organization q	ualifies as a publicl	y supported organ	ization	<b>▶</b> X
	line 18 is not more than 33 1/3%, check th	is box and stop he	re. The organization	on qualifies as a pu	blicly supported or	rganization	▶ □
20_	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (III) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
ļ	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	<b>.</b>		
	5a		
İ	5b		
	5c		
	6		
	_		
	7_		
	8		
	<u> </u>		
	9a		
	9b		
	3D	-	
	9c		
	10a		
	10b		
		or 990-6	EZ) 2014

Sched	ule A (Form 990 or 990-EZ) 2014 KAUAI PLANNING & ACTION ALLIANCE, 20-15799  1 IV Supporting Organizations (continued)	949		Page :
_ 1 aı	Supporting Organizations (continued)	- 1		
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	44-		
b		11a		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
Sect	ion B. Type I Supporting Organizations	11c		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	F	Yes	No
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Soot	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Cast	the supported organization(s)	1		L
Sect	ion D. All Type III Supporting Organizations	-		
			Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		•
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	"		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	2. The deposition of the first of the property and the organization in this regard	30		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			949 Page 6
			<del></del>
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov other Type III non-functionally integrated supporting organizations must complete Section			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		1-1-1-1-1-1
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	<u> </u>	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated T	vpe III	supporting organization (s	see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Par	Type III Non Eurotionally Integrated 500(a)(3)			949 Page <b>7</b>				
	7	Supporting Organiza	tions (continued)	Current Year				
	Section D - Distributions  1							
1	Amounts paid to supported organizations to accomplish exempt purpo							
2	Amounts paid to perform activity that directly furthers exempt purposes							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations						
4	Amounts paid to acquire exempt-use assets			<del> </del>				
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>					
6	Other distributions (describe in Part VI) See instructions		<del></del>					
	Total annual distributions. Add lines 1 through 6		· · · · · · · · · · · · · · · · · · ·					
8	Distributions to attentive supported organizations to which the organizations	ation is responsive						
	(provide details in Part VI) See instructions	<del></del>	·					
9	Distributable amount for 2014 from Section C, line 6	<del></del>						
10	Line 8 amount divided by Line 9 amount	<del>,</del>						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014		<u> </u>					
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014							
а								
b								
c								
d								
е	From 2013 .							
f	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
i	Carryover from 2009 not applied (see instructions)							
i	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2014 from Section							
	D, line 7 \$							
a	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2014, if							
•	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions)							
6	Remaining underdistributions for 2014 Subtract lines 3h							
-	and 4b from line 1 (if amount greater than zero, see							
	instructions)							
7	Excess distributions carryover to 2015. Add lines 3	<u> </u>						
•	and 4c							
8	Breakdown of line 7							
a	The state of the s							
<u>u</u>								
C								
	Excess from 2013							
	Excess from 2014							
		I	ł	<u> </u>				

Schedule A (Form 990 or 990-EZ) 2014

#### **SCHEDULE C** (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name	e of organization		PLANNING & AC	TION AL	LIANCE,	<del></del>		fication number
		INC.	20-15799					
Pa			e organization is exen				n 527 organizatio	n.
1	-		rganization's direct and indire	ect political ca	mpaign activities i	n Part IV		
2	Political expendit	ures					▶ \$	
3	Volunteer hours							
Par	t I-B Com	plete if the	e organization is exen	npt under s	section 501(c)	(3).		
1	Enter the amount	t of any excis	se tax incurred by the organiz	ation under se	ection 4955		▶ \$	
2	Enter the amoun	t of any excis	se tax incurred by organization	n managers ι	inder section 4955	5	▶ \$	
3	If the organization	n incurred a	section 4955 tax, did it file Fo	orm 4720 for t	his year?			Yes No
	Was a correction							Yes No
	If "Yes," describe							
Pa			e organization is exen			<del>`</del>	on 501(c)(3).	·
1	Enter the amoun	t directly exp	ended by the filing organizat	ion for section	527 exempt function	tion		
	activities						▶ \$	
2		_	organization's funds contribi	uted to other o	rganizations for se	ection		
	527 exempt func				_		▶ \$	
3	•	ction expend	litures Add lines 1 and 2 En	iter here and c	n Form 1120-POI	<b>_</b> ,		
	line 17b		5 4400 DOL ( II	•			▶ \$	
4			Form 1120-POL for this year		f . !!			Yes No
5			and employer identification n					
	-		For each organization listed					
	•		outions received that were pro	• •	•	•	•	
	as a separate se		d or a political action commi	1				(a) At -f11 and
		(a) Name	3	(6)	Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				1			funds If none, enter -0-	promptly and directly
				1				delivered to a separate
								political organization If none, enter -0-
(1)			· <u> </u>					
(2)			<del></del>	<del> </del>				
(3)								
(4)		<del></del>	<del></del>	<del> </del>				
<del></del>				<u> </u>				
(5) ——-								
(6)								
				<u> </u>		<u></u>	<u> </u>	

Schedule C (Form 990 c	or 990-EZ) 2014 KAU	AI PLANNING	& ACTION A	LLIANCE,	20-1579949	Page <b>2</b>
Part II-A Co	mplete if the orga	nization is exemp	t under section	501(c)(3) and	filed Form 5768 (ele	
	ction 501(h))				·	
A Check ▶ 🗌	of the filing organiza	ition belongs to an	affiliated group (a	and list in Part	IV each affiliated gro	up member's
	name, address, Ell	N, expenses, and s	share of excess lo	bbying expend	ditures)	•
B Check 🕨 🦳	if the filing organiza	ation checked box	A and "limited cor	ntrol" provision	s apply	
	Limits on L	obbying Expendit	tures	1	(a) Filing	(b) Affiliated
(The	term "expenditures				organization's totals	group totals
1a Total lobbying e	expenditures to influence	public opinion (grass r	oots lobbying)			
b Total lobbying e	expenditures to influence	a legislative body (dire	ect lobbying)			
c Total lobbying e	expenditures (add lines 1	a and 1b)				
d Other exempt p	urpose expenditures					
e Total exempt po	urpose expenditures (ad	d lines 1c and 1d)				
	xable amount Enter the		ing table in both			
columns			•			
If the amount or	line 1e, column (a) or (b	is: The lobbying no	ntaxable amount is:			
Not over \$500,00		20% of the amour				
Over \$500,000 bi	ut not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	00,000		
Over \$1,000,000	but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1,	.000,000		
Over \$1,500,000	but not over \$17,000,000		of the excess over \$1,5			
Over \$17,000,000	0_	\$1,000,000	<u> </u>			
g Grassroots non	taxable amount (enter 2	5% of line 1f)				
h Subtract line 1g	from line 1a If zero or l	ess, enter -0-				
i Subtract line 1f	from line 1c If zero or le	ess, enter -0-				
j If there is an an	nount other than zero on	either line 1h or line 1i	, did the organization	file Form 4720	······································	
	n 4911 tax for this year?					Yes No
		4-Year Average	ing Period Under :	section 501/h)		
(Some o	organizations that m				te all of the five colur	nne holow
(000	ngamzanono macm	See the separate in				mis below.
		Lobbying Expendite	ures During 4-Yea	r Averaging Pe	riod	
	ar (or fiscal year nning in)	(a) 2011	( <b>b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nonta	xable amount					
b Lobbying ceiling (150% of line 2						
c Total lobbying e	expenditures					
d Grassroots non	taxable amount					
e Grassroots ceil (150% of line 2	•					
f Grassroots lobb	oying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Formula (No. 1)		(-	a)	(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
C	Media advertisements?	L	Χ		
d	Mailings to members, legislators, or the public?		Χ		
е	Publications, or published or broadcast statements?		Χ		
f	Grants to other organizations for lobbying purposes?		Χ		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		589	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ		
i	Other activities?		X		
j	Total Add lines 1c through 1i			589	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	j	X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(1)(5)		4.	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	_1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C, Part II-B, Line 1

THE KEIKI TO CAREER EDUCATION COORDINATOR MET WITH STATE LAWMAKERS TO SUPPORT AN EDUCATION GRANT IN AID FOR THE KEIKI TO CAREER INITIATIVE WHICH ENSURES APPROPRIATE SYSTEMS AND SUPPORT ARE IN PLACE FOR YOUTH TO BE HEALTHY, COMPETENT, CONFIDENT & CARING.

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer	identification number
	AUAI PLANNING & ACTION ALLIANCE,		20-1	579949
Pa		nds or Other Similar Funds or A		
		(a) Donor advised funds	(t	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl			Yes No
6	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			
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7		
1	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 a historically impo	rtant land	d area
	Protection of natural habitat	Preservation of a certified historic	structure	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conser	vation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
¢	Number of conservation easements on a certified historic structure incl	luded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a		
	historic structure listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizati	on during	g the
	tax year ▶			
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the ye	ar	
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easem	· • • • • • • • • • • • • • • • • • • •	., .	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	scribes	the
Dn	organization's accounting for conservation easements  art III Organizations Maintaining Collections of Art,	Historical Transures or Other 9	imilar	Accate
Γ0	Complete if the organization answered "Yes" to F		mimai	Maagia.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), n	<del></del>	alance s	heet
Ia	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide, in Part XIII, the text of the footnote to its finance		itarioc oi	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to		ice shee	†
~	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide the following amounts relating to these items	Table of the second of		
	(i) Revenues included in Form 990, Part VIII, line 1		_	• \$
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial dain, pro	vide the	•
_	following amounts required to be reported under SFAS 116 (ASC 958)		THE THE	
а	Revenue included in Form 990, Part VIII, line 1	g to those terms	_	• \$
	Assets included in Form 990, Part X			• <b>\$</b>

Sche	dule D (Form 990) 2014 KAUAI P.					<u> 579949</u>	Page 2
Pa	art III Organizations Maintaini	ng Collections of	f Art, Historical T	reasures,	or Othe	r Similar Assets	(continued)
3	Using the organization's acquisition, acce- collection items (check all that apply)	ssion, and other record	ls, check any of the fo	llowing that a	re a signifi	cant use of its	
а	Public exhibition	d 🗌	Loan or exchange pro	ograms			
b	Scholarly research	е 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's	collections and explai	n how they further the	organization'	s exempt <sub>l</sub>	purpose in Part	
	XIII						
5	During the year, did the organization solic	it or receive donations	of art, historical treasi	ures, or other	sımılar		
	assets to be sold to raise funds rather tha	n to be maintained as	part of the organizatio	n's collection	7		Yes No
Pa	ert IV Escrow and Custodial A	_					
	Complete if the organizati 990, Part X, line 21	on answered "Yes	" to Form 990, Pa	nt IV, line 9	), or repo	orted an amount o	on Form
1a	Is the organization an agent, trustee, cust	odian or other intermed	diary for contributions	or other asse	ts not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part >	(III and complete the fo	ollowing table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount or	n Form 990, Part X, line	e 21, for escrow or cus	stodial accoui	nt liability?		Yes No
b	If "Yes," explain the arrangement in Part >	(III Check here if the e	xplanation has been p	provided in Pa	art XIII		
₽ŧ	art V Endowment Funds.						
	Complete if the organization	on answered "Yes	" to Form 990, Pa	<u>ırt IV, line 1</u>	0		
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
þ	Contributions			.			
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and					; ;	
	programs						
f	Administrative expenses			<u> </u>			
g	End of year balance		<u> </u>				
	Provide the estimated percentage of the o	current year end baland	e (line 1g, column (a)	) held as			
а	Board designated or quasi-endowment	%					
		%					
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c s						
3a	Are there endowment funds not in the pos	ssession of the organiz	ation that are held and	d administere	d for the		<u> </u>
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related organizat	•					3b
<u>4</u>	Describe in Part XIII the intended uses of		owment funds				
Pa	art VI Land, Buildings, and Ec		". 5 5				
	Complete if the organizat						
	Description of property	(a) Cost or other	''	other basis	1	Accumulated	(d) Book value
	- <u>-</u>	(investment	) (ot	her)	de	epreciation	<u> </u>
	Land				<u> </u>		
	Buildings				<del> </del>		
	Leasehold improvements			16 000	<u> </u>	14 400	
	Equipment			16,027	ļ	14,489	1,538
	Other (2)		1 V lun- (D) 1 1	505	L	505	1 500
ı ota	I. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Pai	ILA, column (B), line 1	UC)		<u> </u>	1,538

DAA

Schedule D (Form 990) 2014

che	dule D (Form 990) 2014 KAUAI PLANNING & ACTION ALLI	ANCE,	20-1579949	<u> </u>	Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	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				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses) on investments	2a		1				
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c		i				
ď	Other (Describe in Part XIII )	2d						
е	Add lines 2a through 2d			2e				
3	Subtract line 2e from line 1		Ĺ	3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ł				
b	Other (Describe in Part XIII )	4b						
C	Add lines 4a and 4b		_	4c				
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5				
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater			etur	n.			
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line	12a		<del></del>			
1	Total expenses and losses per audited financial statements		_	1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-	1				
а	Donated services and use of facilities	2a		1				
b	Prior year adjustments	2b		1				
С	Other losses	2c						
d	Other (Describe in Part XIII )	2d						
е	Add lines 2a through 2d		ļ	2e				
3	Subtract line 2e from line 1	1 1	ļ	3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		l				
	Other (Describe in Part XIII )	4b						
c	Add lines 4a and 4b		ļ <u>-</u>	4c				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<del></del>		5				
Pa	et 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, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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.

2014

Open to Public

Inspection

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

KAUAI PLANNING & ACTION ALLIANCE, INC.

Employer identification number 20-1579949

Form 990, Part VI, Line 3 - Management Delegated

KPAA RETAINS THE SERVICES OF ALTRES, INC. TO ADMINISTER MATTERS RELATING TO PAYROLL, HEALTH INSURANCE, EMPLOYER TAXES, TEMPORARY DISABILITY INSURANCE (TDI), HUMAN RESOURCES ADMINISTRATION, WORKERS' COMPENSATION AND/OR OTHER ADMINISTRATIVE ASPECTS OF EMPLOYMENT.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

KPAA HAS GENERAL MEMBERS THAT ELECT THE BOARD OF DIRECTORS EACH YEAR AT THE

ANNUAL MEETING.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
GENERAL MEMBERS ELECT THE BOARD OF DIRECTORS EACH YEAR AT THE ANNUAL
MEETING

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members THE BOARD OF DIRECTORS MAKES RECOMMENDATIONS TO THE GENERAL MEMBERS REGARDING ANY CHANGES TO THE ORGANIZATION'S MISSION, ARTICLES OF INCORPORATION, BY-LAWS OR MAJOR GOALS, ALL OF WHICH ARE SUBJECT TO THE APPROVAL OF THE GENERAL MEMBERS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 KPAA'S CPA REVIEWS THE FORM 990 IN DETAIL WITH THE PRESIDENT AND THE TREASURER. THE FORM 990 IS THEN MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW, DISCUSSION & APPROVAL. THE TREASURER THEN SIGNS AND SUBMITS THE FORM 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
ANNUALLY, EACH DIRECTOR SIGNS A STATEMENT THAT AFFIRMS SUCH PERSON HAS

- A) RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY
- B) READ AND UNDERSTANDS THE POLICY
- C) AGREES TO COMPLY WITH THE POLICY
  THE BOARD CHAIR AND SECRETARY ENFORCE THE POLICY THROUGHOUT THE YEAR AS
  NEEDED.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THE PRESIDENT/CEO IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS. IN CONJUNCTION WITH THIS PERFORMANCE REVIEW, THE INTERNAL AFFAIRS COMMITTEE CONDUCTS A REVIEW OF SALARIES IN COMPARABLE ORGANIZATIONS. BASED ON THE RESULTS OF THE PERFORMANCE EVALUATION AND THE SALARY SURVEY, THE INTERNAL AFFAIRS COMMITTEE MAKES SALARY RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL.

Form 990, Part VI, Line 15b - Compensation Process for Officers

EACH YEAR, AS PART OF THE BUDGET PROCESS, THE PRESIDENT RECOMMENDS THE

COMPENSATION FOR ALL OTHER EMPLOYEES BASED ON COMPARABLE SALARIES AND

PERFORMANCE REVIEWS. THE BOARD OF DIRECTORS APPROVES THE BUDGET.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation KPAA's FORM 990 AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO ON GUIDESTAR.

Form 990, Part IX, Line 11g - Other Fees for Services

Schedule O (Form 990	or 990-EZ) (20	014)				Page
Name of the organization					Employer identification	number
<u>KAUAI PLAN</u>	NING &	ACTION ALLIANC	Ε,		20-1579949	
Descriptio	n					
	Progr	am Service	Mgt & (	General	Fundra	aising
PROFESSION	AL SERV	ICES				
	\$	27,632	\$	4,494	\$	0
PROFESSION	AL SERV	ICES				
	\$	83,736	\$	0	\$	0
PROFESSION	AL SERV	ICES				
	\$	4,046	\$	0	\$	0
Form 990,	Part XI	, Line 9 - Oth	er Changes	in Net Assets	Explanation	on
Rounding					\$	1

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Department of the Treasury Internal Revenue Service KAUAI PLANNING & ACTION ALLIANCE, Name(s) shown on return Business or activity to which this form relates

Identifying number 20-1579949

Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 500,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 500 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property. Enter the amount from line 29 7 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 124 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions Special depreciation allowance for qualified property (other than listed property) placed in service 419 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 760 17 MACRS deductions for assets placed in service in tax years beginning before 2014 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 200DB 418 5.0 MO b 5-year property C 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property ММ S/L Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12 yrs b 12-year S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 1,199 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2014) For Paperwork Reduction Act Notice, see separate instructions.