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DLN: 93493176008385

Form **990**

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 cal	endar year, or tax year beginnir	ng 01-01-2014 , and ending 12-31-	2014			
B Ch	eck ıf aı	pplicable	C Name of organization KAUAI BOARD OF REALTORS			D Emplo	yer iden	tification number
☐ Add	ress ch	ange	KIND BOTHE OF KENEFORD			23-71	32151	
Г№	me chai	nge	Doing business as					
┌ Init	ıal retui	rn				E Telepho	ne numh	ner
Fin	al		Number and street (or P O box if i 4359 KUKUI GROVE ST	mail is not delivered to street address) Rooi	m/suite			
_		nınated	ROOM/SUITE 103			(808)	245-4	049
	ended i olication	return ı pending	City or town, state or province, col ЦНИЕ, НІ 96766	intry, and ZIP or foreign postal code		G Gross re	eceıpts \$	285,722
			F Name and address of pri	ncipal officer	H(a)	Is this a group	return	for
			KAREN ONO 4259 UHU PLACE			subordinates?		┌ Yes ┌ No
			LIHUE, HI 96766		Н(р)	Are all subordı	natoc	┌ Yes ┌ No
						included?	liates	1 1651 110
I Ta	x-exem	pt status	「 501(c)(3)	(insert no) 4947(a)(1) or 527	:	If "No," attach	a list (see instructions)
J W	ebsite	e: ► WW	W KAUAIBOARD COM		H(c)	Group exempt	ion num	ber ►
K For	n of ord	anization	Corporation Trust Association	on Other ►	L Year	r of formation 19	78 M :	State of legal domicile HI
	rt I	Sum				To Troillianoi 15	7.5	state of logar dofficient 112
				on or most significant activities				
	F	PROVID	E EDUCATION AND SUPPOR	T TO 500 REAL ESTATE PROFESS	IONALMEM	IBERS AND PR	ROVIDE	INFORMATION TO
e e]	THE GEN	IERAL PUBLIC ABOUT REAL I	ESTATE ON KAUAI				
Ě	-							
Ĕ	-							
Governance	2 (Check th	is box 🚩 if the organization d	iscontinued its operations or dispos	ed of more th	han 25% of its	net ass	sets
	۱ ,	Number	of voting mambars of the govern	ning body (Part VI, line 1a)			з	9
8				of the governing body (Part VI, line			4	9
乬				calendar year 2014 (Part V, line 2a			5	2
Activities &				necessary)			6	
•			`	Part VIII, column (C), line 12			7a	0
				from Form 990-T, line 34			7b	
						Prior Year	<u>' </u>	Current Year
	8	Contril	outions and grants (Part VIII, I	ıne 1h)		2,5	530	13,809
ПE	9	Progra	m service revenue (Part VIII, l	ıne 2g)		224,0	28	258,660
Rayenue	10	Invest	ment income (Part VIII, colum	n (A), lines 3, 4, and 7d)		5,9	917	12,253
±	11			, lines 5, 6d, 8c, 9c, 10c, and 11e)		į	500	1,000
	12		_	l (must equal Part VIII, column (A)	, line	232,9	975	285,722
	13				_	10,:		12,350
	14		, ,	IX, column (A), line 4)		107.		0
	15			ee benefits (Part IX, column (A), lin		127 (26.4	
82		5-10)				137,8	364	140,754
Expenses	16a	Profes	sional fundraising fees (Part IX	, column (A), line 11e)				0
ਡੌ	Ь	Total fu	ndraising expenses (Part IX, column (I	D), line 25) 🕨 7,999	_			
	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		128,4	166	136,999
	18	Total e	xpenses Add lines 13-17 (mu	ust equal Part IX, column (A), line 2	5)	276,4	130	290,103
	19	Reven	ue less expenses Subtract line	18 from line 12		-43,4	155	-4,381
Net Assets or Fund Balances					Begi	inning of Curre	nt	End of Year
90 de	20	Total	ssets (Part X, line 16)			Year 512,6	:11	541,181
A B	21				.	101,6		135,373
発音	22			line 21 from line 20	· .	411,0	-	405,808
	1011		ature Block	inite 21 nonninite 20	•	711,0	,00	403,000
Unde my k	r pena nowled	lties of p	perjury, I declare that I have ex pelief, it is true, correct, and co	ramined this return, including accommplete Declaration of preparer (oth				
		****	**			2015-05-31		
Sigr	1	I B.	ture of officer			Date		
Her			AYFIELD TREASURER					
		<u> </u>	or print name and title					
	_		nnt/Type preparer's name ELIA VALENTIN	Preparer's signature DELIA VALENTIN	Date 2015-06-02	Check 🔽 if self-employed	PTIN P013348	348
Paid	~							

Firm's address - 304 MOLO ST

KAPAA, HI 967469478

Paid

Preparer

Use Only

Firm's EIN 🟲 27-3218818

Phone no (808) 482-1530

VYes □No

	(-	<u> </u>				r age =
Part	1111			Accomplishments e or note to any line in this Part III		্ন
1	Briefl	y describe the org	ganızatıon's mıssıon			
			SUPPORT TO 500 RE EAL ESTATE ON KAUA	AL ESTATE PROFESSIONAL MEM AI	BERS AND PROVIDE INFORM	1ATION TO THE
2	the pr	or Form 990 or 9	90-EZ?	program services during the year wh	nich were not listed on	┌ Yes ┌ No
	If "Y e	s," describe these	e new services on Sche	dule O		
3			ase conducting, or make	e significant changes in how it condi 	ucts, any program	┌ Yes ┌ No
	If"Ye	s," describe these	e changes on Schedule	0		
4	expen	ses Section 501	(c)(3) and 501(c)(4) or	ccomplishments for each of its three ganizations are required to report th h program service reported		
4a	(Code	<u> </u>) (Expenses \$	including grants of \$) (Revenue \$)
ш	•			TE PROFESSIONAL MEMBERS	, (nevenue ¢	,
4b	(Code	2) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See	Additional Data				
4d	Otha	or program cervice	es (Describe in Schedule	e O)		
TU		enses \$			0) (Revenue \$)
4e	Tota	l program service	expenses 🗠	105,783		

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," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		厂_
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	: -	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	}		
Ū	gaming (gambling) winnings to prize winners?	1 c		
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	2		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	┪	\ ,,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	1_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	79 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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		No
L	more members of the governing body?	7a 7b		No
	or persons other than the governing body?	76		110
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Code Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13		No No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13		No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13		No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		No No No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		No No No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14		No No No No No No No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►KAUAI BOARD OF REALTORS

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) PETER TEGAN DIRECTOR		х						0	0	0
(2) RON MARGOLIS		х						0	0	0
DIRECTOR (3) RUSSELL KYONO		Х						0	0	0
(4) KAREN ONO EXECUTIVE OF				х				0	0	0
(5) CHAD DEAL PRESIDENT EL				х				0	0	0
(6) F LEE MOREY PRESIDENT				х				0	0	0
(7) HANNAH SIROIS VICE PRESIDE				х				0	0	0
(8) JIM MAYFIELD TREASURER				х				0	0	0
(9) DONNA RICE IMM PAST PRE				х				0	0	0
(10) LORI FINCH SECRETARY				х				0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	oox, an d	officer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Þ		
C	Total from continuation sheets to Part VII, Section A	F		
d	Total (add lines 1b and 1c)	Þ		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

Castian	_	T		Cambus stans
Section	В.	Inae	penaent	Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 99								Page 9
Part V	/	Statement of Check if Schedu	o f Revenue ule O contains a respon	se or note to any lin	ie 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
~ <u>~</u>	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
P Gi	С	Fundraising eve	ents 1c					
iffs Iary	d	Related organiz	zations 1d					
imil	е	Government grant	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	sımılar amounts no		13,809				
┋	g	Noncash contributi 1a-1f \$	ons included in lines					
Cor	h	Total. Add lines	s 1 a - 1 f	· · · •	13,809			
<u></u>				Business Code				
nu e.	2a	MEMBERSHIP DUE	S	611710	149,253			149,253
ē	Ь	EDUCATION INCOM			108,660			108,660
M C e	C	SALE OF PRODUCT	S TO MEMBERS		747			747
æ	d e							-
Program Serwce Revenue	f	All other progra	am service revenue					
§ ₹					250.660			
	g 3		s 2a-2f ome (including dividence		258,660			
		and other simil	ar amounts)	•	12,253			12,253
	4		stment of tax-exempt bond p					
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(1) 11521	(,				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
	_	C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	C	Gain or (loss)						
	d 8a	Gross income f	rom fundraising	· · · · •				
nne		events (not inc \$	luding					
Other Revenue		of contributions See Part IV, Iir	s reported on line 1c) ne 18 a					
<u>Ter</u>	ь	Less direct ex	penses b					
₹	С	Net income or	(loss) from fundraising e	events 🛌				
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
			(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С	Net income or	(loss) from sales of inve					
	-	Miscellaneou		Business Code	1,000			1,000
	11a b	OTHER INCOM	1E -PSAC FILING		1,000			1,000
	C							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	1,000			
	12	Total revenue.	See Instructions		·			374.040
	J				285,722			271,913

	IX Statement of Functional Expenses				
Section	in $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizat	ıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	12,350	12,350		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		12,000		
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 $4958(c)(3)(B)$	101,850	14,437	81,638	5,775
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,111	866	4,898	347
9	Other employee benefits	14,481	1,853	11,888	740
10	Payroll taxes	18,312	10,525	6,749	1,038
11	Fees for services (non-employees)				
а	Management				
ь	Legal	438		438	
c	Accounting	3,165		3,165	
d	Lobbying				
е	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)	61,970	60,479	1,392	99
12	Advertising and promotion	104		104	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,365		3,365	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,523	1,750	4,773	
23	Insurance	676		676	
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)				
а	AOAO FEES	22,380		22,380	
ь	TRAINING & CONFERENCE	13,643		13,643	
c	BANK AND MERCHANT FEES	8,089		8,089	
d	TELEPHONE / INTERNET	3,583		3,583	
e	All other expenses	13,063	3,523	9,540	
25	Total functional expenses. Add lines 1 through 24e	290,103	105,783	176,321	7,999
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				.,-33

Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in thi	s Part X			· · .
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		56,894	1	73,477
	2	Savings and temporary cash investments		398,609	2	420,148
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,657	4	6,605
	5	Loans and other receivables from current and former officers, directly employees, and highest compensated employees. Complete Part Schedule L	II of		5	
ets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing employers		6	
4ssets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 178,64°	1		
	b	Less accumulated depreciation	10b 137,690	48,451	10c	40,951
	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	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		512,611		541,181
	17	Accounts payable and accrued expenses		5,520		5,517
	18	Grants payable		0,020	18	
	19	Deferred revenue		59,850	19	97,030
				33,030	20	91,030
	20	Tax-exempt bond liabilities				
jes	21	Escrow or custodial account liability Complete Part IV of Sched			21	
Liabiliti	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	:d			
ļaļ		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 relate and other liabilities not included on lines 17-24) Complete Part D	X of Schedule	36,233	25	32,826
	26	Total liabilities. Add lines 17 through 25		101,603	26	135,373
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □		101,000		.30,070
ΦŞ		lines 27 through 29, and lines 33 and 34.	and complete			
) 	27	Unrestricted net assets			27	
<u>≅</u>	28	Temporarily restricted net assets			28	
-	29	Permanently restricted net assets			29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her	e ▶ ▽ and			
ō	30	complete lines 30 through 34.			30	
G3	30	Capital stock or trust principal, or current funds				
ر د	31	Paid-in or capital surplus, or land, building or equipment fund.		444 000	31	405,808
	32	Retained earnings, endowment, accumulated income, or other fur	Ius	411,008	32	<u> </u>
Net	33	Total net assets or fund balances		411,008	33	405,808
	34	Total liabilities and net assets/fund balances		512 611	3/1	541 181

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

Additional Data

Software ID:

Software Version:

EIN: 23-7132151

Name: KAUAI BOARD OF REALTORS

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	105,783	including grants of \$	12,350) (Revenue \$)
PROVIDE EDUCATIO	N AND SUPPORT TO 50	00 REAL EST	ATE PROFESSIONAL MEMBERS		

DLN: 93493176008385

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

•	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	ime of the organization UAI BOARD OF REALTORS			Employer ider	ntification number
IVA	OAL BOARD OF REALFORS			23-7132151	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	civities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Dar	** Tes Complete if the or	ganization is exempt under	section 501/	c)(3)	
1		e tax incurred by the organization ur	_		\$
2	·	e tax incurred by organization mana			\$
3		section 4955 tax, did it file Form 47			☐ Yes ☐ No
4a	Was a correction made?	·	·		☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	rt I-C Complete if the or	ganization is exempt under	section 501(c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2		organization's funds contributed to o	ther organization:	s for section 527	
	exempt function activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution separate segregated fund or a	nd employer identification number (EFOT each organization listed, enter the received that were promptly and a political action committee (PAC) In	ne amount paid fro directly delivered f additional space	om the filing organization's to a separate political orga	funds Also enter the anization, such as a ition in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	rt II-B Complete if the organizatio filed Form 5768 (election u	n is exempt under section 501(c)(3) and has I nder section 501(h)).	· - •			
For e	each "Yes" response to lines 1a through 1i below, p	rovide in Part IV a detailed description of the lobbying	(ă	a)	(b))
activ			Yes	No	Amo	unt
1 a	legislation, including any attempt to influence through the use of Volunteers?	empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
b C	Paid staff or management (include compensat Media advertisements?	rion in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public	c ⁷				
e	Publications, or published or broadcast stater	ments?				
f	Grants to other organizations for lobbying pur	poses?				
g	Direct contact with legislators, their staffs, go	overnment officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, convention Other activities?	ns, speeches, lectures, or any similar means?				
j	Total Add lines 1c through 1i		_			
2a	Did the activities in line 1 cause the organization					
b	If "Yes," enter the amount of any tax incurred					
С		by organization managers under section 4912		,		
	If the filing organization incurred a section 49					
Par		n is exempt under section 501(c)(4), section !	501(c))(5), o	r secti	on
	501(c)(6).				Yes	s No
1	Were substantially all (90% or more) dues red	ceived nondeductible by members?		Г	1	No
2	Did the organization make only in-house lobby	•			2	No
3		ing and political expenditures from the prior year?			3	No
Par		n is exempt under section 501(c)(4), section ! BOTH Part III-A, lines 1 and 2, are answered "				
1	Dues, assessments and similar amounts from	members	1			
2	Section 162(e) nondeductible lobbying and poexpenses for which the section 527(f) tax wa	olitical expenditures (do not include amounts of political es paid).				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3		e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		e exceeds the amount on line 3, what portion of the excess e reasonable estimate of nondeductible lobbying and	4			
5	Taxable amount of lobbying and political expe	nditures (see instructions)	5			
P	art IV Supplemental Information	· · ·				
	ovide the descriptions required for Part I-A, line (see instructions), and Part II-B, line 1 Also, co	1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groumplete this part for any additional information	up list),	Part II-	-A, lines	1 and
	Return Reference	Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

DLN: 93493176008385

Supplemental Financial Statements

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Open to Public

Van	ne of the organization NI BOARD OF REALTORS			ployer identifica	tion numbe	r
Pai	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		_	7132151 or Accounts	. Complet	e ıf the
	organization unonorou recito to term soo	(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefic conferring impermissible private benefit?	_			┌ Yes	┌ No
ar	Conservation Easements. Complete if	the organization answered "Yes" t	o Forr	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the orga					
	Preservation of land for public use (e g , recreation		histor	rcally important	land area	
	Protection of natural habitat	Preservation of a	certifie	d historic struc	ture	
	Preservation of open space					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the forr	m of a conserva	tion	
				Held at the	End of the	Year
1	Total number of conservation easements		2a			
)	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
	Number of conservation easements included in (c) acquirely historic structure listed in the National Register	uired after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferrent the tax year ▶	ed, released, extinguished, or terminate	ed by th	he organization	during	
	Number of states where property subject to conservation	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?		dling of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easer	ments	during the year		
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s durın	g the year		
	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(H)$?) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	footnote to the organization's financia				
T	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Ot	her Similar	Assets.	
1	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve s held for public exhibition, education,	or rese	earch in furthera		
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	s held for public exhibition, education,				С
	(i) Revenue included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histori following amounts required to be reported under SFAS:					
	Revenue included in Form 990, Part VIII, line 1			► \$		
ь	Accets included in Form 990 Part V			b ¢		

Par	Organizations Maintaining Collections of Art	, His	stori	cal	Treasu	res, or Ot	<u>her</u>	Similar Asse	ts (co	ntınued)
3	Using the organization's acquisition, accession, and other record collection items (check all that apply)	ds, cl	heck	any	of the follo	wing that ar	e a	significant use of	ıts	
а	Public exhibition	d	Г	Lo	an or exch	ange progra	ms			
b	Scholarly research	е	Γ	Οt	her					
c	Preservation for future generations									
4	Provide a description of the organization's collections and expla Part XIII	ın ho	w the	y fui	ther the o	rganızatıon's	ex	empt purpose ın		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as								Yes	□ No
Pai	t IV Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 99	ete ıf	the	org	anızatıon					<u> </u>
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?					r other asse	ts n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and complete the	follo	wing	able	<u>:</u>					
								Amou	nt	
С	Beginning balance					1	.c			
d	Additions during the year					1	.d			
е	Distributions during the year					1	.e			
f	Ending balance					_ 1	.f			
2a	Did the organization include an amount on Form 990, Part X, line	e 21,	for e	scro	w or custo	dial account	lıal	bility?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the	expl	anatı	on h	as been pi	rovided in Pa	art X	III		Γ
Pa	rt V Endowment Funds. Complete if the organization									
	(a)Current year	(b) Prior	year	b (c) Tw	o years back	(d) ⊺	hree years back (e	Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balance	ce (lır	ne 1g	, col	umn (a)) h	eld as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
3a	Are there endowment funds not in the possession of the organiza	atıon	that	are l	neld and a	dmınıstered	for t	:he		
	organization by							- (1)	Yes	No
	(i) unrelated organizations	•		•			•	3a(i) 3a(ii)		
b	(ii) related organizations	 don ^c	Scher	Iule	 R?		•	3b		
4	Describe in Part XIII the intended uses of the organization's en						•			
Pai	t VI Land, Buildings, and Equipment. Complete if t					ered 'Yes'	to I	orm 990, Part	IV, lır	ne
	11a. See Form 990, Part X, line 10. Description of property				st or other nvestment)	(b)Cost or of basis (othe		(c) Accumulated depreciation	(d) Bo	ook value
			+			-				
	Land	•	\vdash							
	Buildings	•	\vdash				40:			٠
	Leasehold improvements	•	\vdash			<u> </u>	131	2,140		991
	Equipment	•	\vdash				283	14,283		20.000
	Other	Y col:	umn 1	B) /	ne 10(c))	161,		121,267		39,960
	• Add mies to through te (Column (a) must equal Form 990, Part /	Λ, COIL	aniii (ו , (ט	ne 10(C).)		•	Schedule D (F	orm o	40,951 90) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Cor	nplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11 $\mathfrak q$
See Form 990, Part X, line 13.	(h) Deale value	(a) Makkad af unlunktur
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
), Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip	tion	(b) Book value
Total (Column (b) must squal 5 000 Part V I (D) I 5	1	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ		o Form 990 Part IV line 11e or 11f See
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
EDUCATION RESERVE	15,135	
PASS-THRU LIAB	11,555	
ACCRUED PENSION	6,111	
PAYROLL LIABILITIES	25	
KBR PUBLIC AWARENESS COLLECT		
PREPAID SPONSORSHIPS / EDUC		
DEFERRED KBR OFFICE COLLECTIONS		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	32,826	

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	eturn Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII)		2d			
•	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
2	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line				T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

Jenedale 2 (1 01111 330) 2013		r age 5					
Part XIII Supplemental Information	on (continued)						
Return Reference	Explanation						
-							

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493176008385 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization KAUAI BOARD OF REALTORS 23-7132151 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HABITAT FOR HUMANITY	1	350			
(2) SCHOLARSHIPS	12	12,000			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Schedule I (Form 990) 2014

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493176008385

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
KAUAI BOARD OF REALTORS

Employer identification number

23-7132151

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	PROVIDE EDUCATION AND SUPPORT TO 500 REAL ESTATE PROFESSIONAL MEMBERS
FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW BY EXECUTIVE DIRECTOR OF ELECTRONIC COPY OF RETURN PRIOR TO FILING
FORM 990, PAGE 6, PART VI, LINE 19	TAX RETURNS ARE POSTED ON GUIDESTAR COM
FORM 990, PART IX, LINE 11G	EDUCATIONAL EXPENSES 60,231 0 0 FUNDRAISING EXPENSES 0 0 0 PENSION ADMIN FEE DIRECTOR 248 644 99 PENSION ADMIN FEE DIR OF SERV 0 748 0
FORM 990, PART XI, LINE 9	RE ADJUSTMENTS 819

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493176008385

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

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

											Sequence No 1/9
	ne(s) shown on return IAI BOARD OF REAL1	r o b s			activity to which DEPRECIATION	this f	orm rela	ites		Id	entifying number
NA U	AI BOARD OF REAL	1013		INDIRECT	DEFRECIATION					23	3-7132151
Pa	rt I Election	To Expense (Certain Prope	erty Und	der Section	179	9				
	Note: If y	ou have any li	sted property,	complet	e Part V befo	ore y	you co	mple	te Part I.		_
1	Maxımum amount (s	ee instructions)				•	• •			1	500,000
2	Total cost of section	179 property p	laced in service	(see instr	uctions) • •	•				2	
3	Threshold cost of se	ction 179 prope	rty before reduct	ion in limi	tatıon (see ıns	truc	tions)			3	2,000,000
4	Reduction in limitation	on Subtract line	3 from line 2 If	zero or le	ss, enter -0-	•				4	
5	Dollar limitation for t	tax year Subtrac	t line 4 from line	1 Ifzero	or less, enter	-0-	Ifmar	ried fil	ing		
	separately, see insti	ructions · ·								5	
					T						
6	(a)	Description of pi	roperty		(b) Cost (bu		ess use	• ((c) Elected	cost	
					0111	, , , , , , , , , , , , , , , , , , ,					-
											1
7	Listed property Ent	er the amount fro	om line 29 .				7	T'			_
8	Total elected cost of			unts in co	lumn (c). lines	6 an	nd 7			8	
9	Tentative deduction									9	
10	Carryover of disallov									10	
11	Business income lim		•			an z	ero) oi	· line 5	(see		
	instructions) •									11	
12	Section 179 expens	e deduction Add	dlines 9 and 10	hut do no	t enter more th	nan li	ıne 11			12	
	Carryover of disallowe					. 🕨	13	Τ			
	e: Do not use Part					se F					
									lude listed	proper	ty) (See instructions)
	Special depreciation										
	the tax year (see ins	structions) -								14	
15	Property subject to s	section 168(f)(1) election							15	
16	Other depreciation (including ACRS))							16	6,418
Par	t IIII MACRS De	preciation (I	Do not include	listed pi	roperty.) (Se	e in	struct	ions.)		·
				Sec	ction A						
17	MACRS deductions	for assets placed	d in service in ta	x years be	eginning before	201	L4 ·			17	105
18	If you are electing to	group any asse	ts placed in serv	rice during	g the tax yearı	nto d	one or	more g			
	asset accounts, che	ck here							▶□		
	Section B-Ass	ets Placed in	Service Dur	ing 201	4 Tax Year	Usi	ng th	e Ge	neral De	<u>oreci</u>	ation System
		(b) Month and	(c) Basıs depreciati								
(a) Classification of	year placed in	(business/inve		(d) Recovery	(e)	Conve	ntion	(f) Meth	nod	(g)Depreciation
	property	service	use		period						deduction
10-	2		only—see instri	uctions)		-					
	3-year property 5-year property										
	7-year property										
	10-year property										
	15-year property										
f.	20-year property										
g	25-year property				25 yrs				S/L		
h	Residential rental				27 5 yrs		MM		S/L		
	property				27 5 yrs		MM		S/L		
	p p	i Nonresidential real			•	+					
i۱	Nonresidential real				39 yrs		MM		S/L		
i۱	Nonresidential real property	C 4 2:	and in Sec. 1	wing 2011			ММ		S/L	6	
Ιİ	Nonresidential real property Sectic	on C—Assets Plac	ced in Service Du	ring 2014		g the	ММ	native	S/L Depreciation	on Sys	tem
i N 20a	Nonresidential real property Section	on C—Assets Plac	ced in Service Du	ring 2014	Tax Year Using	g the	ММ	native	S/L Depreciatio S/L	on Sys	tem
i î 20a b	Nonresidential real property Section Class life 12-year	on C—Assets Plac	ced in Service Du	ring 2014	Tax Year Using	g the	ММ	native	S/L Depreciatio S/L S/L	on Sys	tem
i f 20a b c	Nonresidential real property Section Class life 12-year 40-year	on C—Assets Place		ring 2014	Tax Year Using	the	MM e Alter	native	S/L Depreciatio S/L	on Sys	tem
i № 20a b c Pal	Nonresidential real property Section Class life 12-year 40-year	r y (see instruc	tions.)	ring 2014	Tax Year Using	g the	MM e Alter	native	S/L Depreciatio S/L S/L	on Sys	tem
20a b c Par	Nonresidential real property Section Class life 12-year 40-year TIV Summai	r y (see instruc	etions.)		12 yrs 40 yrs		MM Alter MM		S/L Depreciation S/L S/L S/L S/L	-	tem
20a b c Par	Nonresidential real property Section Class life 12-year 40-year TIV Summan Listed property Enter	ry (see instruction line or line 12, lines	tions.) 28 · · · · 14 through 17,		Tax Year Using 12 yrs 40 yrs	nn (g	MM Alter MM	ine 21	S/L Depreciation S/L S/L S/L S/L S/L Enter	-	tem 6,523
20a b c Pal 21 l 22	Nonresidential real property Section Class life 12-year 40-year TIV Summan Listed property Enter Total. Add amounts fro	ry (see instruction line) amount from line 12, lines ropriate lines of yeard placed in	tions.) 28 · · · 14 through 17, your return Parti		12 yrs 40 yrs	in (g	MM Alter MM	ine 21	S/L Depreciation S/L S/L S/L S/L S/L Enter	21	

Form 4562 (2014) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre 24a Do you have evider										"Yes," is						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	d) or other asis (e) Basis for depreciation (business/investment use only)			(f) Recove period			n	(h) Depreciation/ deduction			(i) Elected section 179 cost			
25Special depreciation allo	•		ty placed	ın service d	during the	tax year	and u	ised mo	ore than							
26 Property used more	•		usiness	use						1 ==						
,		%														
		%									_					
27 Property used 50%	n orless in a		ness IIs	.e												
zr i topetty used 50 %	0 01 1033 111 0	%	11033 43						S/L -							
		%							S/L -					\exists		
		%			<u> </u>				S/L -							
28 Add amounts in co						ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın					•		• •			•	•	29			
Complete this section	for vehicles	used by a sol	e propri	—Infor	tner, or o	ther "n	nore 1	than 5	% ow	ner," or	relat	ed per	son			
if you provided vehicles to	your employee	es, first answer th	e questio		a)		neet a b)	n exce	ption to (c)	complet				_		·f)
30 Total business/in year (do not inclu			ng the •	Vehi	•		cle 2	<u> </u>	/ehicle	See by Their Employees es used by employees who are in muting, by your more owners				(f) Vehicle 6		
31 Total commuting	mıles drıven	during the yea	ır .													
32 Total other person	nal(noncomn	nuting) miles d	rıven													
33 Total miles driven through 32	during the y	ear Add lines	30													
34 Was the vehicle a	vailable for p	personal use	-	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .		_											+		1
35 Was the vehicle u	sed primaril	y by a more tha	an 5%													
36 Is another vehicle		r personal use	2 .													
	ns to determ	nne if you mee	t an exc												not mo	re tha
37 Do you maintain a employees?	written poli	cy statement t	hat prof	nibits all i	personal • •	use of	vehi	cles,ı	ncludı • •	ng com	mutir	ig, by	your	Y	'es	No
38 Do you maintain a employees? See t																
39 Do you treat all us																
40 Do you provide movehicles, and reta	ore than five	vehicles to yo	ur empl			rmatio	n fro	m you	r empl	oyees	about	the us	se of			
41 Do you meet the r				automobi	le demor	nstratio	n us	e?(Se	e inst	ruction	s).				+	
Note: If your answ	ver to 37, 38,	39, 40, or 41 is	"Yes,"	do not con	mplete Se	ection B	for tl	he cov	ered ve	ehicles.						
	rtization															
(a) (b) Date Description of costs amortization								Code Amort		(e) mortiz perioc	ization od or			(f) A mortization for this year		
42 A mortization of as	ete that he	begins	r 2014	tav voor	(see inc	tructic	ne \			percen	caye					
42 A mortization of co	vata tilat beg	jiiis uuriiig you	1 2014	cax year	(see IIIS	i uctioi	115)		Т							
	+		-			_			-+							
43 A mortization of co	oto that has	inn hofore	. 2014	+av ::a==						Т	43					
44 Total. Add amoun	_	•		•	ere to re	port	•			: :	43					
		,, === me m		****			-	- •		1						