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Form 990-EZ

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

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

OMB No 1545-1150

**Open to Public** Inspection

Department of the Treasury

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

		nue Service	Information about Form 990-EZ and its instructions is at www.irs.g	ov/form990		mapection	
A	For the	2014 calend	lar year, or tax year beginning , and ending				
_	Check of a	1	C Name of organization		D Employe	r identification number	
П	Address c	hange					
П	Name cha	inge	KAPAA HIGH SCHOOL FOUNDATION		99-0319395		
П	Initial retui	m ·	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephon	e number	
	Final retur	π/terminated	4-1300 KUHIO HWY.		808-652-2409		
	Amended	retum	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption		
$\Box$	Application	n pending	KAPAA HI 96746		Number	<u> </u>	
G	Accoun	ting Method	Cash Accrual Other (specify) ► TAX	H Chec	:k ▶ 📗 ıftl	he organization is <b>not</b>	
ı	Websit	e:▶ <u>kap</u>	aahighschoolfoundation.org	requi	red to attach	Schedule B	
<u>J</u>	Tax-exe	mpt status (ch	eck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 52	7 (For	n 990, 990-E	Z, or 990-PF)	
K	Form of	f organization	X Corporation Trust Association Other				
L	Add line:	s 5b, 6c, and 7l	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
(Par	t II, colun		re \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	79,648	
Ρ	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (se	e the instruct	ions for Pai	t I)	
		Check	if the organization used Schedule O to respond to any question in this Part I			X	
	1	Contributions,	gifts, grants, and similar amounts received		1	79,410	
	2	Program ser	vice revenue including government fees and contracts		2		
	3	Membership	dues and assessments		3		
	4	Investment I			4	238	
	5a	Gross amou	nt from sale of assets other than inventory 5a		_   1		
	b	Less cost of	r other basis and sales expenses 5b		_		
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and					
	a	Gross incom	ne from gaming (attach Schedule G if greater than				
Revenue		\$15,000)	<u> 6a  </u>		<b>⊣</b> i		
Ye.	b		ne from fundraising events (not including \$ of contribution	าร			
æ		from fundrai					
			gross income and contributions exceeds \$15,000)	<del></del>			
	С		expenses from gaming and fundraising events 6c		i		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
5	_	line 6c)	1-1		6d		
l L	7a		of inventory, less returns and allowances		<del> </del>		
-	b	Less cost o			<b> </b>		
>	C	-	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 8		
2	8		ue (describe in Schedule O)		<u>.                                    </u>	79,648	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	,.	10	10,040	
	10 11		similar amounts paid (list in Schedule O)		11	<del></del>	
	42		d to or for members her compensation, and employee benefits		12		
Expenses	13		ner compensation, and employee benefits  I fees and other payments to independent contractors		13	1,331	
eü	14		rent, utilities, and maintenance		14		
Ä	15		plications, postage, and shipping		15	2,765	
_	16		nses (describe in Schedule O)	Ì	16	25,753	
	17	•	nses. Add lines 10 through 16	Ţ.	<b>▶</b> 17	29,849	
	18		deficit) for the year (Subtract line 17 from line 9)		18	49,799	
şţ	19	•	or fund balances at beginning of year (from line 27, column (A)) (must agree with		"	,	
SS			figure reported on pnor year's return)		19	70,045	
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)		20		
ž	21	_	or fund balances at end of year Combine lines 18 through 20	•	▶ 21	119,844	
For	•		ion Act Notice, see the separate instructions.			Form 990-EZ (2014	

DAA

99-0319395

Form 990-EZ (2014) Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 70.045 22 119,844 0 23 23 Land and buildings 0 24 Other assets (describe in Schedule O) 24 70. 045 119 844 25 25 Total assets 0 26 26 Total liabilities (describe in Schedule O) 70,045 119 844 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) X Check if the organization used Schedule O to respond to any question in this Part III **Expenses** (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) See Schedule O Describe the organization's program service accomplishments for each of its three largest program services, organizations, optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others) persons benefited, and other relevant information for each program title KHSF DONATED FUNDS TO SUPPORT MANY ATHLETIC AND EDUCATIONAL PROGRAMS AT KAPAA HIGH SCHOOL. THESE FUNDS PROVIDE VITAL EQUIPMENT AND SUPPLIES THAT OTHERWISE WOULD NOT BE AVAILABLE DUE TO CONTINUING BUDGET CUTS. (Grants \$ 18,880 ) If this amount includes foreign grants, check here 28a 29 KHSF AWARDED 4 EDUCATIONAL GRANTS TO STUDENTS WHO DEMONSTRATED A COMMITMENT TO VOLUNTEERISM. KHSF ALSO AWARDED A TEACHER OF KAPAA HIGH SCHOOL AS OUTSTANDING EDUCATOR OF THE YEAR. ) If this amount includes foreign grants, check here 29a 5,000 (Grants \$ 30 ) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a 23. 880 32 32 Total program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Heath benefits, contributions to employee (b) Average compensation (Forms W-2/1099-MISC) (e) Estimated amount of (a) Name and title hours per week benefit plans, and other compensation devoted to position deferred compensation (if not paid, enter -0-) ART FUJITA 20.00 0 n 0 PRESIDENT RENEE SADANG 0 VICE PRES 0 0 1.00 BOB KUBOTA 5.00 0 0 0 TREASURER SHARYL LAM YUEN 0 0 0 10.00 SECRETARY BRIDGET ARUME 0 0 0 DIRECTOR 1.00 CLEMENT ESAKI 0 0 0 DIRECTOR 2.00 DANIEL S HAMADA 0 0 0 DIRECTOR 1.00 SHELLIE DOMINGCIL 1.00 0 0 0 DIRECTOR BARBARA YAMANE 0 0 0 DIRECTOR 1.00 MALIA HOOKANO 0 DIRECTOR 1.00

Form	990-EZ (2014) KAPAA HIGH SCHOOL FOUNDATION 99-0319395		Р	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<b>V</b>		
	Public construction of the state of the stat		Yes	_No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			.,
34	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			ĺ
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		v
35a		34		X
<b>J</b> J6	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		<u> </u>
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000		<del></del>
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	00		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	312		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Lx
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations Enter			ĺ
а	Initiation fees and capital contributions included on line 9			l
b	Gross receipts, included on line 9, for public use of club facilities 39b			ĺ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1
	section 4911 ▶, section 4912 ▶, section 4955 ▶			1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			ĺ
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			ĺ
	that has not been reported on any of its pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	,		
	40c reimbursed by the organization			l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► HI			
42a	The organization's books are in care of ▶ BOB KUBOTA Telephone no ▶	808-82	2 - 4	583
	3-1300 KUHIO HWY.	0.65.4.6		
	Located at ► KAPAA HI ZIP + 4 ►	96746		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	<del></del>		
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
C	If "Yes," enter the name of the foreign country.	420		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶[
-10	and enter the amount of tax-exempt interest received or accrued during the tax year			
	The district the district of the exempt interest received of accorded during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	<del> -""</del>
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	444	<b> </b>	<del>  ^</del>
	completed instead of Form 990-EZ	44b	1	Х
С	Did the organization receive any payments for indoor tanning services during the year?	446 44c	H	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44C		┝ᢚ
u	explanation in Schedule O	44d		I
45a	·	45a		Х
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	434	<del>                                     </del>	<del>  ^</del>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	1
	Form 990-EZ (see instructions)	45b	1	X
	rom 555-E2 (See manualins)	1 430	<del></del>	<u></u> -

	Z (2014)	_ KAP	<u>AA H</u>	<u>TG</u> H	SCHOOL	<u> FOUR</u>	NOITADN		<u>9</u> 9-03	S19395				F	aç,
	•	•	•	-			npaign activities o	n behalf c	f or in opposition	on		-		Yes	
Part VI	All sec 50 an	ion 501 ction 50 d 51	<b>(c)(3)</b> 1(c)(3)	organ organiz	izations ations mu	only st answe	r questions 47-				bles for li	ines	46		L
	Check	k if the o	rganiza	ation us	ed Schedu	ule O to r	espond to any	question	in this Part V	<u> </u>					
	the organizat	•	•	, ,		ave a sect	on 501(h) electio	n ın effect	during the tax				47	Yes	
48 Is th	ne organizatio	n a scho	ol as de:	scnbed i	n section 17		(II)? If "Yes," com	•	edule E				48		
	the organizat 'es," was the		•		•		table related orga ?	nization?					49a 49b		H
<b>50</b> Com	nplete this tab	ole for the	organiz	zation's f	ive highest	- compensa	ted employees (o				-				_
emp	oloyees) who	each rec	eived m	ore than	\$100,000 o	of compens	sation from the or			<del>,                                      </del>				_	
	(a) Na	ame and ti	tle of eac	ch employ	ee		(b) Average hours per week devoted to position	con	Reportable npensation V-2/1099-MISC)	contribution benefit	th benefits, s to employolans, and ompensation	ee oth	stimate ier com		
None															
											·		<u> </u>		
	<u>.</u>				-										
			<del></del> -					1		<u> </u>		_			
				· · ·						<u> </u>	·				
										1		- 1			
<b>51</b> Con		ble for the	e organiz	zation's f	ive highest		ted independent	contractor	s who each rec	ceived more	- than	.			
<b>51</b> Con	nplete this tat 0,000 of com	ble for the pensation	organiz	zation's f ne organ	ive highest	ere is non	e, enter "None "	contractor		pe of service	- than	(c)	Compe	nsation	
<b>51</b> Con	nplete this tat 0,000 of com	ble for the pensation	organiz	zation's f ne organ	ive highest of ization. If the	ere is non	e, enter "None "	contractor			- than	(c)	Compe	nsation	
51 Con \$10	nplete this tat 0,000 of com	ble for the pensation	organiz	zation's f ne organ	ive highest of ization. If the	ere is non	e, enter "None "	contractor			than	(c)	Compe	nsation	
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51 Con \$10	nplete this tat 0,000 of com	ble for the pensation	organiz	zation's f ne organ	ive highest of ization. If the	ere is non	e, enter "None "	contractor			than	(c)	Compe	nsation	
51 Con \$10 None	nplete this tat 0,000 of com (a) Nam	ble for the pensation	e organiz n from th siness ad	zation's fine organidress of a	ive highest dization of the	ere is none	e, enter "None "	contractor			than	(c)	Compe	nsation	
51 Con \$10 None d Tota 52 Did	nplete this tat 0,000 of com (a) Nam	other inde	e organiza n from th siness add	zation's ine organidress of e	tive highest ization. If the each independent	ere is none	e, enter "None "	•	( <b>b</b> ) Ty;		than				
d Tota 52 Did com	al number of the organization of penjury.	other indetion compdule A	e organiza n from the siness add	zation's ine organidress of e	ctors each ri Note. All steeds	eceiving o	ver \$100,000 1(c)(3) organizati	ons must	attach a	pe of service		<b>▶</b> [X	Yes		
d Tota 52 Did com Under pena	al number of the organization of penjury.	other indetion compdule A	e organiza n from the siness add	zation's the organidress of each of the contral hedule A	ctors each ri Note. All steeds	eceiving o	ver \$100,000 1(c)(3) organizati	ons must	attach a	pe of service		<b>▶</b> [X	Yes		
d Tota 52 Did com Under penatrue, correct	al number of othe organization of completed Scheotalties of penjury, it, and completed Signa B	other indetion complete of dule A , I declare e Declara	e organizan from the siness additional siness ad	ration's the organidress of a contrainedule A contrainedule A	ctors each r Note. All state this return ther than office	eceiving o	ver \$100,000 1(c)(3) organizati	ons must	attach a statements, and eparer has any ki	to the best of inowledge	my knowled	<b>▶</b> [X	Yes		
None  d Tota 52 Did com Under pena	al number of othe organization of completed Scheotalties of penjury, it, and completed Signa B	other independent of the composition computed A declare e Declarative of office of print name	e organiza n from the siness add	ration's the organidress of a contrainedule A contrainedule A	ctors each r Note. All state this return ther than office	eceiving o	ver \$100,000 1(c)(3) organizati	ons must	attach a statements, and eparer has any ki	to the best of inowledge	my knowled	▶ X	Yes		
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d Tota 52 Did com Under penatrue, correct Sign Here Paid Preparer Use Only	al number of othe organization pleted Scheculatives of penjury and completed Scheculatives of pe	other indetended the and buse of the and buse	e organiza n from the siness add that I have ton of produce and title and title PO F Lihi	ra W. Box	ctors each richer than office this return there than office in the control of the	eceiving of section 50 per is based CPA	ver \$100,000 1(c)(3) organization accompanying scheduler on all information	ons must	attach a statements, and eparer has any ki	to the best of nowledge	my knowled	ge and be  meck X n  if-employed  27	PTIN POO	443996282	) 9

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

KADAA HICH SCHOOL FOLINDATIO

Employer identification number

			KAPAA	HIGH S	<u>CHOOL</u>	FOUNDATION TO THE PROPERTY OF	Į		99-03	319395		
P	art l	Reas	on for Pub	lic Charity	Status (A	Il organizations r	nust cor	nplete t	his part.) See instructi	ons.		
Γhe	orga	nization is not a	a private found	ation because	ıtıs (Forlin	es 1 through 11, che	ck only on	e box )				
1		A church, con	vention of chu	rches, or asso	ciation of ch	urches described in s	section 1	70(b)(1)( <i>A</i>	۸)(i).			
2	П	A school desc	cribed in <b>secti</b> o	on 170(b)(1)(A	A)(ii). (Attach	Schedule E)						
3	Ħ					n described in <b>secti</b> e	on 170(b)	(1)(A)(iii).				
4	H	•	•	•	•				70(b)(1)(A)(iii). Enter the ho	ospital's name.		
•	Ш	city, and state		anon operated	iii oonganom	on with a moopital acc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, o(o)( , )( , )( , ), = , ( o , ) , o , ( o , )	opia, o viae,		
5	$\Box$	-		r the benefit of	a college or	university owned or	onersted	hv a dove	rnmental unit described in			
•	ш	-		Complete Part	_	diliversity owned or	operated	by a gove	minerial unit described in			
_	$\Box$	-		•	•		4: 4 <b>7</b> 0//	~\/4\/ <b>4</b> \/	,			
6	Н		•	•		unit described in sec	-		<u>-</u>			
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	Ļ	_				vi). (Complete Part II	•					
9	X	•		•					, membership fees, and gros	SS		
		receipts from	activities relate	ed to its exemp	ot functions-	-subject to certain ex	kceptions,	and (2) n	o more than 33 1/3% of its			
		support from	gross investm	ent income and	d unrelated b	ousiness taxable inco	me (less :	section 51	1 tax) from businesses			
	_	acquired by the	ne organizatior	n after June 30	, 1975 See	section 509(a)(2). (	Complete	Part III)				
10		An organization	on organized a	ind operated e	xclusively to	test for public safety	See sec	tion 509(a	a)(4).			
11		An organization	on organized a	ind operated e	xclusively foi	r the benefit of, to per	rform the t	unctions	of, or to carry out the purpos	es of		
		one or more p	oublicly suppor	ted organization	ons describe	d in <b>section 509(a)(</b>	1) or <b>sect</b>	on 509(a	)(2). See section 509(a)(3)	. Check		
		the box in line	s 11a through	11d that desc	nbes the typ	e of supporting orgar	nization ar	d comple	te lines 11e, 11f, and 11g			
а		Type I. A sup	porting organi	zation operated	d, supervise	d, or controlled by its	supported	i organiza	ition(s), typically by giving			
		the supported	l organization(	s) the power to	regularly ap	point or elect a majo	nty of the	directors	or trustees of the supporting	1		
		organization	You must cor	mplete Part IV	, Sections	A and B.						
b		Type II. A sup	pporting organ	ızatıon supervi	sed or contro	olled in connection w	ith its sup	ported org	janization(s), by having			
	_	control or mai	nagement of th	ne supporting o	organization	vested in the same p	ersons th	at control	or manage the supported			
		organization(s	s) You must o	complete Part	t IV, Section	ns A and C.						
С		Type III func	tionally integr	rated. A suppo	orting organiz	zation operated in co	nnection v	vith, and f	unctionally integrated with,			
	_	• •				ust complete Part I		_				
d		Type III non-	functionally i	ntegrated. A s	supporting of	rganization operated	ın connec	tion with i	s supported organization(s)			
			-	-		•			ment and an attentiveness			
				•	_	art IV, Sections A a						
е			•	•	•	etermination from the			e I. Type II. Type III			
_	ш		•			grated supporting org		, , ,	- 11 - <b>3</b>   12 - 13   13   14 - 11			
f	En	ter the number	•	•	· · · · · · · · · · · · · · · · · · ·	g	,			[		
a		vide the follow	• •	•	pported orga	inization(s)						
	(i) Nan	ne of supported	(0)	EIN	(iii) T	ype of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		ganization			1	ciped on lines 1-9	listed in you	ir governing	support (see	other support (see		
					ı	ve or IRC section	docu	nent?	instructions)	instructions)		
					(SE	ee instructions))	Yes	No				
(A)			•		· · · · · ·		<u> </u>					
(,,									•			
(B)			1	_			<u> </u>					
<b>\</b> -,							İ					
(C)												
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(D)												
(E)			<u> </u>				<del> </del>		<u>.</u>	<del></del>		
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Tot	al		L				L.	<u>l</u>				

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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						-
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
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 carned 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				1		
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here		=.		=		▶
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2014 (line 6,	column (f) divided	by line 11, column	<b>(f)</b> )		14	%
15	Public support percentage from 2013 Sche					15	%
16a	33 1/3% support test—2014. If the organ	zation did not chec	k the box on line 1	3, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization quali		••				▶ [
b	33 1/3% support test—2013. If the organ				ıs 33 1/3% or more	,	
470	check this box and stop here. The organiz				405 41 4	4 =	▶ ∟
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets						
	Part VI how the organization meets the "fac				-		
	organization	oto una onoumotani	ocs test the orga	riizatiori qualifics a	a publicly support	cu	▶ □
b	10%-facts-and-circumstances test—20	13. If the organizate	on did not check a	box on line 13, 16a	a. 16b. or 17a. and I	ine	, _
_	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization me					dv	
	supported organization			organization	7-2	,	▶ [
18	Private foundation. If the organization did	not check a box or	n line 13, 16a. 16b.	17a, or 17b, check	k this box and see		- ـ
-	instructions	cc a bon of		,,			▶ [

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.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sac	tion A. Public Support	quality under the	e tests listed be	elow, please co	mpiete Part II.)		
	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	30,833		26,020	28,623	79,410	
2	grants ")  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	30,633	33,410	3,812	1,485	79,410	198,296 5,297
3	Gross receipts from activities that are not an unrelated trade or business under section 513	13,300	25	50	23,675		37,050
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	44,133	33,435	29,882	53,783	79,410	240,643
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)						240,643
	tion B. Total Support		-				
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	44,133	33,435	29,882	53,783	79,410	240,643
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	420	416	342	273	238	1,689
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	420	416	342	273	238	1,689
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	44,553	33,851	30,224	54,056	79,648	242,332
14	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	ı, or fifth tax year as	s a section 501(c)(3	3)	
	organization, check this box and stop here						<b>▶</b>
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2014 (line 8,		•	D)		15	99.30%
<u>16</u>	Public support percentage from 2013 Sche					16	98.78%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (lir		=	olumn (f))		17	1 %
18	Investment income percentage from 2013	•				18	1%
19a	33 1/3% support tests—2014. If the organ 17 is not more than 33 1/3%, check this box						<b>▶</b> X
b	33 1/3% support tests—2013. If the organ						. —
	line 18 is not more than 33 1/3%, check this					nization .	▶
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	o, check this box ar	nd see instructions		<b>.</b>

#### 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.)

Section A	A. A	M Su	pporting	Organ	nizations
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- 1 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
- 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
- b 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
- c 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
- b 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
- c 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)
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 Part VI.
- 7 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)
- 8 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**.
- **b** 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
  - b 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
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Schedule A (Form 990 or 990-EZ) 2014 KAPAA HIGH SCHOOL FOUNDATIO	ON	99-0319	9395 Page <b>6</b>			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Func	ganizati					
1 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	ns A throu	gh E				
Section A - Adjusted Net Income	(B) Current Year (optional)					
1 Net short-term capital gain	1					
2 Recovenes of pnor-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
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)				
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year)			<u></u>			
a Average monthly value of secunties	1a	2 20 12				
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 pnor-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount						
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						

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2014

a b

d Excess from 2013
e Excess from 2014

#### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Educational Grants

➤ 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

KAPAA HIGH SCHOOL FOUNDATION

Employer Identification number 99-0319395

Form	990-EZ,	Part I,	Line	16 -	- Other	Expense	S
Desci	ription					Amou	.nt
Exper	nses						
Ir	nsurance				:	\$	577
Ва	ank Char	ges			:	\$	12
Do	onations	to Kapa	a HS		:	\$ 1	8,880

Educator Award 1,000

\$

General Excise Tax 946

Penalties 338

> Total \$ 25,753

4,000

Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beg.	of Year	End	of Year
EQUIPMENT		\$	42,830	\$	42,830
Less Accumulated Depreciation		\$	42,830	\$	42,830
	Total	\$	0	\$	0

Form 990-EZ, Part III - Primary Exempt Purpose TO ADVANCE THE EDUCATION OF KAPAA HIGH SCHOOL STUDENTS BY SUPPORTING SCHOLASTIC, ACADEMIC, SPORTS & EXTRACURRICULAR RELATED ACTIVITIES