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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)

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

Department of the Treasury Internal Revenue Service

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

2015 Open to Public Inspection

OMB No 1545-0047

<u> </u>	For the 20	15 calendar year, or tax year beginning , and ending							
В	Check if applica	ble C Name of organization		D Employe	er identifi	cation number			
<u> </u>	Address chang	NAPILI KAI FOUNDATION							
$\Box$	Name change	Doing business as		ີ 99−6	011	281			
	·	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephoi					
	Initial return	5900 HONOAPIILANI ROAD		808-	214	<u>-8977</u>			
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amended return	LAHAINA HI 96761		<b>G</b> Gross red	eipts\$	224,935			
$\equiv$		r Name and address of principal officer	IV-) la fb.a.			es? Yes X No			
	Application per	ding LOUISE ROSS	H(a) is this a	group return for s	upordinate	= =			
		344 KAHANA RIDGE DRIVE	H(b) Are all	subordinates inc	luded?	Yes No			
		LAHAINA HI 96761	If "	No," attach a list	(see insti	ructions)			
	Tax-exempt s	atus X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	1						
	Website:	N/A	H(c) Group	exemption numb	or <b>D</b>				
	Form of organi		ear of formation			te of legal domicile HI			
	art I	Summary	ear or tormation	<del></del>	IN Stat	e or legal dorniche			
		ly describe the organization's mission or most significant activities	m		D				
ıce		HE EDUCATION OF CHILDREN FROM 6 TO 18 YEARS OF AGE IN	THE HIS	TORY, A	RTS,				
nan	C	RAFTS, DANCES, LANGUAGE, SKILLS AND LORE OF HAWAII.							
ler.									
& Governance	2 Che	this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25	assets						
o ∞	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	9				
es	4 Num	ber of independent voting members of the governing body (Part VI, Inperto)		4	9				
Activities		number of individuals employed in calendar year 2015 (Part Filipe 2a)		5	0	<del></del>			
5		number of volunteers (estimate if necessary)		6	0				
۲		unrelated business revenue from Part VIII, column (C), line 12			-	0			
		uniciated business revenue noni Part VIII, coldinat (6), inte 12		7a					
$\dashv$	D Net	inrelated business taxable income from from 990-T, line 34, 2017 (2)	Berez	7b		0			
	9 Cont	shutana and arente (Part VIII Iva dt)   All FED	Prior 1	64,765		150,747			
Kevenue		ributions and grants (Part VIII, line 1h)							
5	_	lam service revenue (Part VIII, line 29)		14,017		10,083			
إغ		stment income (Part VIII, column (A), lines 3, 4, and 7d		54,466		59,006			
١.	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, \8c, 9c, 10c, and 11e)				5,099			
_	12 Tota	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	33,248		224,935			
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1–3)		6,541		14,590			
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)				0			
S	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				0			
Se		ssional fundraising fees (Part IX, column (A), line 11e)				0			
Expenses		fundraising expenses (Part IX, column (D), line 25) ▶ 1,998							
ដ		r expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		94,561		104,725			
				01,102		119,315			
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)							
ان ح		nue less expenses Subtract line 18 from line 12		32,146		105,620			
lances	20 Tota	assets (Part X, line 16)	Beginning of 6	97,753		End of Year			
B			1,3			1,647,811			
달		liabilities (Part X, line 26)		2,188		0			
릴		ssets or fund balances Subtract line 21 from line 20	1,5	95,565		<u>1,647,811</u>			
	art II	Signature Block							
Un	der penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the	best of my kn	owledge	and belief, it is			
tru	e, correct, a	nd complete Declaration of peparer (other than officer) is based on all information of which preparer h	as any knowle	dge	11				
		- Janell Rasel		a.	////	7			
ig	n   🏲	Signature of officer	-	Dayle	7	<del></del>			
ler	e 📗	LOUISE ROSS PRESI	DENT	•					
		Type or print name and title		·					
	Prir	Type preparer's name Preparer's signature	Date	Check	<b>X</b> if	PTIN			
aid	. 1	BARA J. QUERRY, CPA Brown, CAA			I				
	See HA	DEPOSIT TOTAL	101/2	26/17 self-em		P00313496			
-	Only Fire			Firm's EIN	21	7-3889165			
-JC	· [	381 HUKU LII PL STE 203			~~~				
		's address → KIHEI, HI 96753-7902		Phone no	808	<u>8-856-8137</u>			
		scuss this return with the preparer shown above? (see instructions)				X Yes No			
	Paperwork	Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2015)			
DAA									

Form	990 (2015	NAPILI KAI FO	DUNDATION	99-6011281	Page 2
Pa	urt III		n Service Accomplishments		
			ontains a response or note to a	any line in this Part III	
1_		scribe the organization's mis			
			LDREN FROM 6 TO 18		THE HISTORY, ARTS,
C	RAFTS	, DANCES, LANG	WAGE, SKILLS AND L	ORE OF HAWAII.	
2	Did the or	ranization undertake any si	nificant program services during the y	year which were not listed on the	
-		1 990 or 990-EZ?	milicant program services during the y	year which were not listed on the	Yes X No
	•	lescribe these new services	on Schedule O		163 24 10
3			, or make significant changes in how	it conducts, any program	
	services?		, <b>.</b>		Yes X No
	If "Yes," d	lescribe these changes on S	chedule O		
4	Describe	the organization's program s	ervice accomplishments for each of its	s three largest program services, as	measured by
	expenses	Section 501(c)(3) and 501(	c)(4) organizations are required to rep	ort the amount of grants and allocate	ons to others,
	the total e	expenses, and revenue, if any	y, for each program service reported		
			·-		
	(Code	) (Expenses \$	90,415 including grants	s of \$ 14,590 ) (	Revenue \$ 224,935)
			LDREN UNDER 18 YEA		IISTORY, ARTS,
С	RAFTS	, DANCES, LANG	UAGE, SKILLS AND L	ORE OF HAWAII.	
415	(Cada	\ (F			
40	(Code	) (Expenses \$	including grants	s or \$ ) (	Revenue \$
4c	(Code	) (Expenses \$	including grants	s of \$ ) (	Revenue \$
	`	, , ,		, (	,
4d	Other prod	gram services (Describe in S	chedule O)		<del></del>
	(Expenses		including grants of \$	) (Revenue \$	1
4e		ram service expenses	90,415	7 (1.0.0.000	
)AA	F. 73				Form 990 (2015)

# Part W 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	9		X
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	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		$\neg \neg$	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			_
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b			- 1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	_	ľ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			~~
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_ <u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	]		77
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	$-\!$	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19	000	<u>X</u>
		For	ո 990	(2015)

## Form 990 (2015) NAPILI KAI FOUNDATION Part IV Checklist of Required Schedules (C Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ĺ		ŀ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ļ .	
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	_31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		
	complete Schedule N, Part II	_32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	j j		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	_34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			i
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	_36		X
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_		X
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	X	L

ra	Check if Schoolule O contains a response or note to any line in this Bort V			$\Box$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9	F	res	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		İ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
La	Statements, filed for the calendar year ending with or within the year covered by this return  2a			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			İ
Ü	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	22		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		x
h	If "Yes," enter the name of the foreign country	- <del>4</del> a		
-	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	- 1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1 30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	- {	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		_==
	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			į
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Į
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			l
11	Section 501(c)(12) organizations. Enter			i
a	Gross income from members or shareholders			i
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them )		ł	
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  [12b]		ŀ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		<del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which		l	
	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c		ļ	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	1. 100 mas a form 120 to report these payments. If the provide an explanation in concedure of			

Form 990 (2015) NAPILI KAI FOUNDATION 99-6011281 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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 9 b Enter the number of voting members included in line 1a, above, who are independent 1b 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? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure HI List the states with which a copy of this Form 990 is required to be filed > 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > NAPILI KAI RESORT 5900 HONOAPIILANI HIGHWAY

808-298-7818

HI 96761

LAHAINA

orm 990 (2015)	NAPILI	KAI	FOUND	ATION	I
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99-6011281

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee		ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	( <b>VV-</b> 2/10 <del>99-M</del> 13C)	from the organization and related organizations
(1) CHUCK BARNUM										
	3.00									
DIRECTOR	0.00	X				<u>L</u> _		0	0	0
(2) FRED BETTS										
	1.00							_	_	_
DIRECTOR	0.00	X		<u> </u>		<u> </u>	_	0	0	0
(3) YVETTE LABORTE		1				İ				
	1.00							_	_	
DIRECTOR	0.00	X		L		<u> </u>		0	0	0
(4) EILEEN HILLSON										
	2.00	l	ĺ			ļ			_	
DIRECTOR	0.00	X	<u> </u>	<u> </u>		<u> </u>	_	0	0	0
(5) NOHEALANI RALAR						l				
	2.00		}		Ì	ĺ	ľ		_	_
DIRECTOR (6) K. HOLOAUMOKU RA	0.00	X	_	├	_		-	0	0	0
(6) K. HOLOAUMOKU RA	2.00	]				]				
DIRECTOR	0.00	x						l o	o	0
(7) LOUISE ROSS	0.00	<u> </u>		├─	<del></del>	<del> </del>	├-	<u> </u>		
(/)LOUISE ROSS	10.00	ļ			ļ	ļ				
PRESIDENT	0.00			x				0	0	0
(8) JANICE STUDWELL	0.00	├		^	-	├─	-		<del>_</del>	
(b) CHMICE SIODWELL	9.00	<u> </u>			Ì	İ	ĺ			
VICE PRESIDENT	0.00			x		Į .		ĺ	0	o
(9) SHELLEY HEE		<u> </u>				$\dagger$		<u>-</u>		
(0)	6.00	'								
TREASURER	0.00			X				l o	0	0
(10) BARBIE DOFA		Ι.			<del>                                     </del>	T-	1			
· ,	4.00									
SECRETARY	0.00			X				0	0	0
(11)		Γ								
;										
								<u> </u>		

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) (C)  Average hours per week (list any hours for (O = 1 = 1 O   X   0 = 1   C   X   0 = 1							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	, co	(F) Estima amoun othe mpens from the	of ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		a	rganiza ind rela ganiza	ited	
						<u> </u>	ļ							
1b c d	Sub-total  Total from continuation sheet  Total (add lines 1b and 1c)	ets to Part VII, S	Secti	ion A	4			<b>&gt; &gt; &gt;</b>						
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any fo				truet	ا مم	(AV A	mnl	ovee or highest compensa	ted		$\dashv$	Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schede 1a, is the sum	dule of re	J for	suc able	h inc	lividu pens	ial satio	on and other compensation	from the		3		X
5	individual  Did any person listed on line 1 for services rendered to the or	a receive or acc	rue d	comp	ens	atıor	fron	n an	y unrelated organization or			5		x x
Sect 1	ion B. Independent Contracto Complete this table for your fix			ted i	nder	nend	ent d	conti	ractors that received more	than \$100 000 of				
	compensation from the organi	zation Report co	ompe	<u>ensa</u>	tion	for ti	ne ca	lend	dar year ending with or with	in the organization's tax ye	ear		(C)	<del></del> -
	Name and	(A) business address					·		Descrip	(B) lion of services		Cor	(C) npensat	ion
								_						
			_						<u> </u>				-	
	Total number of independent of	contractors (incli	ıdına		not	limité	ed to	the	se listed above) who					
DAA	received more than \$100,000								oo notou above, who	0		Forn	990	(2015)

Pa	irt V	Check if Schedule		ıns a response o	r note to any line	ın thıs Part VIII		
	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	1a	<u> </u>		revenue		312-314
šra our	b	Membership dues	1b					
S, E	С	Fundraising events	1c					
Sift ar∫	d	Related organizations	1d					
is, (	е	Government grants (contributions)	1e					
tion r S	f	All other contributions, gifts, grants,						
the		and similar amounts not included above	1f	150,747	ļ			
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	-1f \$					
<u>5 6</u>	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	150,747			
nue	_			Busn Code	10.000	10.000		
ěve	2a		}	711130	10,083	10,083		
9	b							
Ž	C.			<del>                                     </del>				··· · · · · · · · · · · · · · · · · ·
ı,	d			<del></del>				
gra	e	All other management common revision						
P.	7	All other program service reversed. Add lines 2a-2f	inue	<b>•</b>	10,083			
$\neg$	<u>g</u> 3	Investment income (including	dividends		10,003	···		
	•	and other similar amounts)	dividends	, interest,	59,006			59,006
	4	Income from investment of tax	c-exempt l	ond proceeds				33,000
	5	Royalties		<b>&gt;</b>	-			
		(ı) Real		(II) Personal				
	6a	Gross rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7a	Gross amount from sales of assets (i) Securities		(ii) Other				
		other than inventory						
l	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
		Net gain or (loss)	_	<b>•</b>	:			
يو	8a	Gross income from fundraising eve	nts					
Other Revenue		(not including \$						
اچ		of contributions reported on line 1c	)					
ē		See Part IV, line 18	a	5,099				
튑		Less direct expenses	. <b>b</b> ∟_					
İ		Net income or (loss) from fund		ents	5,099			5,099
	уa	Gross income from gaming activities See Part IV, line 19			ĺ			
		Less direct expenses	a b					
		Net income or (loss) from garr		100	İ			
		Gross sales of inventory, less	IIIIg activit	103				
	·vu	returns and allowances	a					
	b	Less cost of goods sold	ь		[			
ı		Net income or (loss) from sale		tory		Ì		
Ī		Miscellaneous Revenue		Busn Code				
f	11a	· · · · · · · · · · · · · · · · · · ·			1	1		
	b							
-	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>•</b> _				
	12	Total revenue. See instruction	ns	<b>&gt;</b>	224,935	10,083	0	64,105

#### Part IX Statement of Functional Expenses

Sect	cion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			plete column (A)	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	14,590	14,590		<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		,		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				<del></del>
b	<u> </u>	10,800		10,800	
C		10,800		10,800	
d					
e	Professional fundraising services See Part IV, line 17	15,602		15,602	
f	Investment management fees	13,002	<u> </u>	15,602	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12		1,843	486		1,357
13	Office expenses	354	400	354	1,337
14	Information technology	334		334	
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance	500	500		
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	INSTRUCTOR EXPENSE	51,473	51,473		
þ	PERFORMANCES	17,542	17,542		
С	GIFTS AND AWARDS	5,824	5,824		
d	GENERAL EXCISE TAX	641			641
е	All other expenses	146		146	
25	Total functional expenses Add lines 1 through 24e	119,315	90,415	26,902	1,998
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		82,554	_1	103,401
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	[		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former off	icers, directors,			
		trustees, key employees, and highest compensated emp	oloyees			
		Complete Part II of Schedule L			_ 5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary			
क्	1	organizations (see instructions) Complete Part II of Scho	edule L		6	
Assets	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			
	b	Less accumulated depreciation	10b		10c	<del></del>
	11	Investments—publicly traded securities	<u> </u>	1,515,199	11	1,544,410
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets	Ļ		14	
	15	Other assets See Part IV, line 11	1		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	1,597,753		1,647,811
	17	Accounts payable and accrued expenses	-	2,188		
	18	Grants payable			_18	
	19	Deferred revenue	}-		19	<del></del>
	20	Tax-exempt bond liabilities	-a		20	<del></del>
	21	Escrow or custodial account liability Complete Part IV of			21	<del> </del>
Liabilities	22	Loans and other payables to current and former officers,	· ·			
Ē		trustees, key employees, highest compensated employe	es, and	i		
Ë	22	disqualified persons Complete Part II of Schedule L			22	
	23 24	Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable to unrelated third pa	· · · · · · · · · · · · · · · · · · ·		23	
	25	Other liabilities (including federal income tax, payables to		<del></del>	24	<del></del>
	-"	parties, and other liabilities not included on lines 17-24)	į			
		of Schedule D	Complete Fall X		25	
	26	Total liabilities. Add lines 17 through 25	Ţ	2,188		0
_		Organizations that follow SFAS 117 (ASC 958), check	here X and			
es		complete lines 27 through 29, and lines 33 and 34.				
and	27	Unrestricted net assets	Í	1,595,565	27	1,647,811
Bal	28	Temporarily restricted net assets			28	
힏	29	Permanently restricted net assets	[		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958)	), check here ▶ 🔲 and			
ō		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	<u>[</u>		30	
As	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Net	32	Retained earnings, endowment, accumulated income, or	other funds		32	
_	33	Total net assets or fund balances	ļ	1,595,565		1,647,811
	34	Total liabilities and net assets/fund balances		1,597,753	34	<u>1,647,811</u>

om	990 (2015) NAPILI KAI FOUNDATION	99-6011281			Pa	ige <b>12</b>
	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any	line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1			935
2	Total expenses (must equal Part IX, column (A), line 25)		2			<u>315</u>
3	Revenue less expenses Subtract line 2 from line 1		3	1	05,	620
4	Net assets or fund balances at beginning of year (must equal Part X, line 3	33, column (A))	4			565
5	Net unrealized gains (losses) on investments		5	<u> </u>	64,	<u> 174</u>
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9		10,	800
10	Net assets or fund balances at end of year Combine lines 3 through 9 (mil	ust equal Part X, line				
	33, column (B))		10	1,6	<u>47,</u>	<u>811</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any	line in this Part XII				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash A	ccrual Other			1	
	If the organization changed its method of accounting from a prior year or o	hecked "Other," explain in		-		
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an i	ndependent accountant?		2a	<u></u>	X
	If "Yes," check a box below to indicate whether the financial statements fo	r the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			İ		
	Separate basis Consolidated basis Both consolidated	d and separate basis		İ		
b	Were the organization's financial statements audited by an independent ac	ccountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements fo	r the year were audited on a				
	separate basis, consolidated basis, or both			}	1	
	X Separate basis Consolidated basis Both consolidated	i and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assu	mes responsibility for oversight		j	Ì	l
	of the audit, review, or compilation of its financial statements and selection	n of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process	s during the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo at	n audit or audits as set forth in				_
	the Single Audit Act and OMB Circular A-133?			3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the or	ganization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any step	s taken to undergo such audits		3b	<u> </u>	<u> </u>
				Fo	rm <b>99</b> (	<b>0</b> (2015)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MADELE WAT POINIDAMEON

Employer identification number

			NAPILI KAI E	OUNDATION			99-601	.1281
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part ) See instructio	ns.
The	orga	nization is not	t a private foundation becaus	se it is (For lines 1 through 11, o	check onl	y one box	<b>(</b> )	
1		A church, co	invention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(	1)(A)(i).	
2		A school des	scribed in section 170(b)(1)(	(A)(ii). (Attach Schedule E (Forr	n 990 or 9	990-EZ))		
3		A hospital or	a cooperative hospital servi	ce organization described in se-	ction 170	(b)(1)(A)	(iii).	
4		A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and stat	te					
5		An organizat	tion operated for the benefit	of a college or university owned	or operat	ed by a g	overnmental unit described in	
			(b)(1)(A)(iv). (Complete Part					
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	70(b)(1)( <i>A</i>	۸)(v).	
7	X		-	substantial part of its support fro			** *	:
		-	section 170(b)(1)(A)(vi). (C		ŭ		· .	
8				170(b)(1)(A)(vi). (Complete Part	: 11.)			
9	П	=		1) more than 33 1/3% of its supp	•	contributi	ons, membership fees, and gro	oss
				npt functions—subject to certain				
				nd unrelated business taxable in				
				0, 1975 See section 509(a)(2)	•		,	
10				exclusively to test for public safe				
11	П	-		exclusively for the benefit of, to	•			ses of
				ions described in section 509(a				
				cribes the type of supporting org				
а			=	ed, supervised, or controlled by			•	
	ш			o regularly appoint or elect a mi		_		α
			You must complete Part I		.,,		от от пристем объеми	9
b		_	<del>-</del>	rised or controlled in connection	with its s	upported	organization(s), by having	
	ш			organization vested in the same				
			s) You must complete Par		, p = 1 = 1 = 1		mer er manage me cappenda	
С			· ·	orting organization operated in o	connectio	n with an	d functionally integrated with	
_				tions) You must complete Par				
d								
	ш				tion operated in connection with its supported organization(s) must satisfy a distribution requirement and an attentiveness			
				t complete Part IV, Sections A		•		
е				d a written determination from t				
•				nctionally integrated supporting			Type II, Type III	
f		-	r of supported organizations	.cc.iany integrated depporting	, ga <u>_</u>			
g			ving information about the su	ipported organization(s)				<u> </u>
(1	) Name	of supported	(ii) EIN	(iii) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
		anization		(described on lines 1–9	listed in you	ır governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
A)								
•								
B)						-		
C)								
•								
D)								
E)								
								•
Γota	ı		ŀ					

Page 2

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						
Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	63,841	62,631	65,344	64,765	50,747	307,328
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	63,841	62,631	65,344	64,765	50,747	307,328
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)						2,589
6	Public support. Subtract line 5 from line 4						304,739
	tion B. Total Support	<u></u>					
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	63,841	62,631	65,344	64,765	50,747	307,328
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,933	54,777	38,195	54,466	59,006	248,377
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. Add lines 7 through 10	10,726	14,821	10,092	14,017	15,172	64,828 620,533
12	Gross receipts from related activities, etc	(see instructions)				12	10,083
13	First five years. If the Form 990 is for the	•	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her						<b>&gt;</b>
Sec	tion C. Computation of Public S	upport Percent	age				
14	Public support percentage for 2015 (line 6	, column (f) divided	by line 11, column	n (f))		14	49.11%
15	Public support percentage from 2014 Sch	edule A, Part II, line	14			15	53.08%_
16a	33 1/3% support test-2015. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 3	3 1/3% or more, cl	heck this	
	box and stop here. The organization qual	ifies as a publicly su	upported organizat	cion			<b>▶</b> [X
b	33 1/3% support test—2014. If the organ				5 is 33 1/3% or mo	ore,	
	check this box and stop here. The organi						▶ _
17a							
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	acts-and-circumstan	ices" test. The org	anization qualifies	as a publicly supp	orted	
	organization				401 . 47	1.1	▶ _
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the facts-and-	circumstances tes	si The organizatio	n quannes as a pu	DICIY	<b>_</b>
40	supported organization  Private foundation. If the organization di	d not check a hay a	n line 13 16a 16h	17a or 17h cha	ck this hov and se	· A	
18	instructions	u not check a box o	n mie 13, 10a, 10L	5, 17a, 01 170, Cite	on this box and se	G	▶ □
	manuchona						
						/= 000	

#### 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.)

	If the organization fails to	qualify under t	he tests listed t	pelow, please c	omplete Part I	<u>)                                    </u>	
	tion A. Public Support		<del></del> _			<del>,                                    </del>	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	· 					··
6	Total. Add lines 1 through 5						
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)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,	<del></del>				1	
	and 12 )						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	<b>&gt;</b> []
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2015 (line 8	, column (f) divide	d by line 13, colum	ın (f))		15	%
16_	Public support percentage from 2014 Sche					16	%_
<u>Sec</u>	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2015 (In	ne 10c, column (f	divided by line 13	, column (f))		17	%_
18	Investment income percentage from 2014					18	%_
19a	33 1/3% support tests—2015. If the orga						
	17 is not more than 33 1/3%, check this be	-	_				▶ [_
b	33 1/3% support tests—2014. If the orga						<u> </u>
~~	line 18 is not more than 33 1/3%, check the	=					
20	Private foundation, If the organization did	i not check a box :	on line 14, 19a. Of	TED, CHECK THIS DO	ix and see instruct	.10115	

#### Part IV S

**Supporting Organizations** 

(Complete only if you checked a box in line 11 on 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. All S	Supporting Organizations
------------------	--------------------------

	u. capporting organizations			
_		,	Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	3b		
С	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	3с		
4a	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	4a		·····
þ	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		- 1	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
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		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		- 1	
	anyone other than (ı) its supported organizations, (ıı) individuals that are part of the charitable class benefited		1	
	by one or more of its supported organizations, or (iii) 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	- 1	- 1	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		<del></del>
В	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) 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.	9c		<del></del> -
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			-
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
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 )	10b		

Page !

	Mile A ( of the cook of 350 EE) Eo to			
Par	tt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		<b> </b>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sect	ion B. Type I Supporting Organizations			·
		·	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		1
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.			
э a				
a	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	[	1
	or no supported organizations in 100, describe in 1 are 41 the following buyes by the organization in this regard	<del></del>	<del></del>	<del></del>

Schedule A (Form 990 or 990-EZ) 2015 NAPILI KAI FOUNDATION		99-6011	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organization	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	on Nov 20, 197	70 See instructions. Al	l
other Type III non-functionally integrated supporting organizations must complete \$	Sections A thro	ugh E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u>.</u>	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	. <u> </u>	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	<del></del>	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		,
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		-
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integral	grated Type III	supporting organization	(see
instructions)	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2015

	tule A (Form 990 or 990-EZ) 2015 NAPILI KAI FOUNI		99-6011	281 Page 7
	tion D - Distributions	oj oupporting Organiza	dons (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		- Julione Tour
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the orga	inization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
С				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>i</u>				
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount		***************************************	
	Remainder Subtract lines 4a and 4b from 4		······································	
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
<u>a</u>				
<u>b</u>				
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015	<u> </u>		İ

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NAPILI KAI FOUNDATION

99-6011281

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Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

\$

SUPPORTING SCHEDULE - UNUSUAL GRANTS

SCHOLARSHIP

50,000

PART II, LINE 10 - OTHER INCOME DETAIL

TUESDAY NIGHT SHOWS

64,828

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047

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

Open to Public Inspection

lame	of the organization		Employe	r identification number
N	APILI KAI FOUNDATION		99-6	5011281
_	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	<u> </u>	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6		
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		ļ <u></u>	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		L	
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pá	art II Conservation Easements.	F 000 D 11/1 l 7		
	Complete if the organization answered "Yes" on			
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically imp		
	Protection of natural habitat	Preservation of a certified histori	c structur	е
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cons	ervation 	1
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure inc	, ,	2c	
a	Number of conservation easements included in (c) acquired after 8/17/	706, and not on a	ـ ا	
_	historic structure listed in the National Register	diagnizated as to assist a to the array		_ the
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organiza	ition aurin	g tne
4	tax year	located >		
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon	moning, inspection, handling of		Yes No
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of	of wolations, and onforcing consequation of	acomont	
0	Start and volunteer flours devoted to morntoning, inspecting, flanding of	or violations, and emorcing conservation e	asement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ease	mente dur	ing the year
•	S	nations, and emorning conservation cases	nonta dui	ing the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(	ı)	
•	and section 170(h)(4)(B)(ii)?		• /	Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt. and	
•	balance sheet, and include, if applicable, the text of the footnote to the	•		the
	organization's accounting for conservation easements	-		
Pa	art III Organizations Maintaining Collections of Art,		Similar	Assets.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	not to report in its revenue statement and	balance s	heet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	•		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	· \$
	(ii) Assets included in Form 990, Part X		•	<b>\$</b>
2	If the organization received or held works of art, historical treasures, or	• • • •	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		
	Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>
h	Assets included in Form 990. Part X			• <b>\$</b>

Pa	art III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar A	ssets (	continue	d)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	s, check any of the follo	owing that are a signifi	cant use of its	3			
а	Public exhibition	d 🗌	Loan or exchange prog	grams					
b	Scholarly research		Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's	collections and explain	how they further the o	organization's exempt p	ourpose in Pa	rt			
	XIII								
5	During the year, did the organization solicit						П.,		١
	assets to be sold to raise funds rather than		art of the organization	s collection?		·	Yes	L,	No
Pā	Escrow and Custodial A Complete if the organization	_	on Form 990, Pai	rt IV, line 9, or repo	orted an an	nount o	n Form		
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custo	dian or other intermed	iary for contributions of	r other assets not				_	1
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part X	III and complete the fol	llowing table						
					<u> </u>		Amount		
	Beginning balance				1c				
	Additions during the year				1d				
_	Distributions during the year				1e				
f 2-	3	F 000 B+ V I	24 for an array		1f	l			<u> </u>
	Did the organization include an amount on						Yes	H	No
	If "Yes," explain the arrangement in Part X Endowment Funds.	ii Check here ii the ex	tpianation has been pro	ovided on Part XIII					
ГФ	Complete if the organization	on answered "Ves"	on Form 990 Par	t IV line 10					
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back	(e) Four ye	ars h	ack
12	Beginning of year balance	1,114,689	1,035,374	948,379		1,719			878
	Contributions		2,000,013	21,951		-,,,			<del></del>
	Net investment earnings, gains, and								
·	losses	-6,638	89,236	77,507	82	2,507	2	0.	175
d	Grants or scholarships	0,000	00,100	11/001		,,,,,,		-/	
	Other expenditures for facilities and		-				• •		
_	programs				36	5,000			
f	Administrative expenses	14,027	9,921	12,463		2,847	1	2,	334
	End of year balance	1,094,024	1,114,689	1,035,374		3,379			719
2	Provide the estimated percentage of the cu		<del>`</del>				•		
а	Board designated or quasi-endowment ▶		, , , , , , , , , , , , , , , , , , ,						
	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c st	nould equal 100%							
3a	Are there endowment funds not in the poss	session of the organiza	tion that are held and a	administered for the					
	organization by						Y6	es	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)	4	X
b	If "Yes" on line 3a(ii), are the related organ	zations listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of t		wment funds						
Pa	ert VI Land, Buildings, and Equ	_							
	Complete if the organization					Part X			
	Description of property	(a) Cost or other b			ccumulated		(d) Book valu	ıe	
		(investment)	(other	r) de	preciation				
	Land					+-			
	Buildings					+			<del></del>
	Leasehold improvements		<u> </u>		<u></u>	+			
	-1· F · · ·					-			
_	Other	t oqual Form CCC Dod	V column (P) trac 40			+			
ota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Paπ	A, COIUIAIN (D), IINE 100	<u> </u>			<del></del>		

Schedule D (Form 990) 2015 NAPILI KAI FOUNDATION 99-6011281 Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (b) Book value (c) Method of valuation (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶ Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (1) (2) (3) (4)(5) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)(8) Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2015 NAPILLI RAI FOUNDALION		99-001120	<u> </u>	_ Page 4
Pa	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements	<u> </u>		1	171,561
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	-64,174		
b		2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d	10,800		
е	Add lines 2a through 2d			2e	-53,374
3	Subtract line 2e from line 1			3	224,935
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b	•		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	224,935
Pa	Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Return.	<del></del>
	Complete if the organization answered "Yes" on Form 990	, Part IV, line	12a		
1	Total expenses and losses per audited financial statements	•		1	119,315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	119,315
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	119,315
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV, lines 1b and	d 2b, Part V, line 4, P	art X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provi	de any additiona	l information		

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

INTENDED USE FOR ENDOWMENT FUNDS IS FOR OPERATING EXPENSES

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER IN KIND DONATIONS \$ 10,800 Part XIII Supplemental Information (continued)

Open to Public Inspection ŝ OMB No 1545-0047 2015 × (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer Identification number Yes 🗌 99-6011281 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Attach to Form 990. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (p) EIN NAPILI KAI FOUNDATION the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part II Part  $\equiv$ 6 3 3 9 9 6 8 6

Schedule I (Form 990) (2015)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule I (Form 990) (2015) NAPILI KAI FOUNDATION	FOUNDATION	6	99-6011281		Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	to Domestic Individua	ils. Complete if the o	rganization answered	d "Yes" on Form 990, Part	IV, line 22
Part III can be duplicated if additional space is needed	itional space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, ff) Description of non-cash assistance FMV, appraisal, other)
1 SCHOLARSHIP	വ	14,590			
2					

NAP13

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE BOARD REVIEWS SCHOLARSHIP APPLICATIONS AND GRANTS AWARDS DEPENDING ON DETERMINED CRITERIA. ANY SCHOLARSHIP AWARD IS CONDITIONED ON THE USE OF PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS Part IV

THE AWARD SOLELY IN CONNECTION WITH DIRECT EXPENSES OF COLLEGE OR

UNIVERSITY. IN SOME CASES CHECKS ARE SENT DIRECTLY TO COLLEGES.

NAPI3

SCHEDULE O (Form 990 or 990-ÈZ) 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
2015

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

NAPILI KAI FOUNDATION

Employer identification number 99-6011281

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD REVIEWS FORM 990 AND APPROVES BEFORE FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOARD. ANY POTENTIAL

CONFLICTS ARE IMMEDIATELY ADDRESSED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DOCUMENTS ARE MADE AVAILABLE BY THE TREASURER AT THE REQUEST OF AN INDIVIDUAL.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
IN KIND DONATIONS \$ 10,800
TOTAL \$ 10,800