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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 **2016** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A	For the	e 2016 calend	dar year, or tax year beginning , and ending			
В	Check if a	applicable	C Name of organization		D Emp	loyer identification number
	Address	change	KAUAI PLANNING & ACTION ALLIANCE,		1	
П	Name cha	angę	INC.		20	-1579949
$\sqcap$	initial retu	ım	Number and street (or P O box, if mail is not delivered to street address)	Room/suite		phone number
П	Final retu	m/terminated	2959 UMI STREET SUITE 201			08-632-2005
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code			ip Exemption
П	Applicatio	n pending	LIHUE HI 96766			ber •
G	Accour	nting Method	Cash Accrual Other (specify) ► TAX	H Che	eck 🕨	if the organization is not
		-	.kauainetwork.org	- ı		ach Schedule B
			eck only one) — X 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or 527	<b>-</b>		0-EZ, or 990-PF)
		f organization	X Corporation Trust Association Other			
		-	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
			re \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ :	161,994
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (se	e the instru		
			f the organization used Schedule O to respond to any question in this Part I			X
	1	Contributions,	gifts, grants, and similar amounts received		1	148,107
	2	Program ser	vice revenue including government fees and contracts		2	13,627
	3	Membership	dues and assessments		3	
	4	Investment ii	ncome '		4	
	5a	Gross amou	nt from sale of assets other than inventory 5a	2	200	
	ь	Less cost or	other basis and sales expenses 5b	1	93	
٠,	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	7
	6	Gaming and	fundraising events			
	а	Gross incom	e from gaming (attach Schedule G if greater than			
 		\$15,000)	6a			
Revenue	b	Gross incom	e from fundraising events (not including \$ of contributions	s		
Z.		from fundrais	sing events reported on line 1) (attach Schedule G if the			
	}	sum of such	gross income and contributions exceeds \$15,000) 6b			
	С	Less direct	expenses from gaming and fundraising events 6c			
CHAMPION OF	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
14 m	1	line 6c)	O		6d	
( )	7a	Gross sales	of inventory less returns and allowances			
(',	ь	Less cost of	goods sold 7b		_	
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		ue (describe in Schedule O)		8_	60
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<del></del>	▶ 9	161,801
	10		imilar amounts paid (list in Schedule O)		10	
	11		to or for members		11_	110 505
S	12		er compensation, and employee benefits		12	112,695
Expenses	13		fees and other payments to independent contractors		13_	16,415
Ž	14	-	rent, utilities, and maintenance		14	8,051
ш	15		lications, postage, and shipping		15	1,911
	16	•	ses (describe in Schedule O)		16	14,533
	17		ses. Add lines 10 through 16	<del></del>	17	153,605
ţ	18		eficit) for the year (Subtract line 17 from line 9)		18_	8,196
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		40	63,432
ŤÀ	20		igure reported on prior year's return)		19_	-10,095
Š	20	_	es in net assets or fund balances (explain in Schedule O)		20	61,533
<del></del>	21		r fund balances at end of year. Combine lines 18 through 20		21	50 990 E7 (2016)

For Paperwork Reduction Act Notice, see the separate instructions

orm **990-EZ** (2016

20-1579949

Form 990-EZ (2016) Page 2 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 60,433 22 Cash, savings, and investments 60,520 22 23 Land and buildings 23 3.959 24 Other assets (describe in Schedule O) 24 64, 479 642 25 Total assets 25 26 Total liabilities (describe in Schedule O) 1.047 109 26 432 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 63. 27 Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Expenses What is the organization's primary exempt purpose? (Required for section TO ADDRESS URGENT PUBLIC ISSUES THRU CROSS-SECTOR PLANNING & ACTION 501(c)(3) and 501(c)(4) 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 KPAA COORDINATES THE "KEIKI TO CAREER" INITIATIVE, A COLLABORATIVE WORK OF 40 COMMUNITY PARTNERS THAT ENSURES KAUAI'S YOUNG PEOPLE ARE "READY TO LEARN & READY FOR LIFE" USING DATA TO MEASURE PROGRESS. (cont. below on Line 29) (Grants \$ 28a 86,167 ) If this amount includes foreign grants, check here (cont. from above) KPAA LAUNCHED ITS "SHARE FAMILY MEALS PROGRAM" ENCOURAGING FAMILIES TO EAT TOGETHER. KPAA ALSO COORDINATED THE BIRTH TO GRADE THREE COMMITTEE WHICH FOCUSES ON REDUCING LOW BIRTH WEIGHT BABIES. 29a (Grants \$ ) If this amount includes foreign grants, check here KPAA ASSISTED IN THE FACILITATION OF PUBLIC INFORMATION MEETINGS ON THE KAUAI ADOLESCENT DRUG TREATMENT CENTER AND THE WAIMEA WASTEWATER RECYCLING PROGRAM AS WELL AS STRATEGIC PLAN SUPPORT FOR KAUAI TOURISM. ) If this amount includes foreign grants, check here 18,457 30a 31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a 624 104. 32 Total program service expenses (add lines 28a through 31a) 32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits (b) Average compensation (Forms W-2/1099-MISC) contributions to employee (e) Estimated amount of (a) Name and title hours per week benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation GILBERT PETER KEA Director 1.00 0 MARK HUBBARD 0 3.00 0 Chair BERYL BLAICH 1.00 0 0 Director JODY KONO KJELDSEN Director 1.00 0 0 0 OWEN MOE 1.00 0 0 Director DIANE ZACHARY 18.00 27,686 3,018 0 President (retired) KARISSA JONAS 0 0 2.00 0 Treasurer WANDA KAU-SHIBATA 0 0 1.00 0 Director JENNIFER LUCK 0 0 2.00 Vice Chair DEBRA DeLUIS 1.00 0 0 Secretary NORMA DOCTOR SPARKS 0 Director 1.00 MARION PAUL 53,438 6,035 40.00 President

P	art V 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 V	1		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
••	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		_	
	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	}	X
35a		04	<u> </u>	<del>  ^``</del>
	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	<b>†</b>	1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	-552		<del>                                     </del>
	reporting, and proxy,tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	333		<del> </del>
	during the year? If "Yes," complete applicable parts of Schedule N	. 36		Х
37a			$\Box$	
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities			
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 ▶			l
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Χ
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		i 1	
	40c reimbursed by the organization		. 1	l
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		. [	ĺ
	transaction? If "Yes," complete Form 8886-T	40e		Χ
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ MARION PAUL Telephone no ▶	808-63	2-2	005
	2959 UMI ST. #201			
		96766		
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, securities account, or other financial account)?	42b	$\longrightarrow$	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	— I I	.	İ
	Financial Accounts (FBAR)			ł
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
·	If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	<del></del>		_
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	40		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	
	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	170	$\neg$	
-	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c	$\dashv$	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1-7-0	$\dashv$	
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	750		<del></del>
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b		Χ
		1.001		

1 0/111	KAUAI PLANNING & ACT	TON ALLIAN	ICE, 20-15	79949	Page 4
46	Did the assessment on a second describe a second describe as			•	Yes No
46	Did the organization engage, directly or indirectly, in political of to candidates for public office? If "Yes," complete Schedule C	. •	n behalf of or in opposition	on	46 X
Pa	rt VI Section 501(c)(3) organizations only	, raiti		<del></del>	40   1
٠. ٣	All section 501(c)(3) organizations must answ	ver questions 47-	49b and 52, and com	plete the tables for line	S
	50 and 51				
	Check if the organization used Schedule O to	o respond to any o	question in this Part V		
47	Did the organization engage in lobbying activities or have a se	ection 501(h) election	n in effect during the tax		Yes No
	year? If "Yes," complete Schedule C, Part II				47 X
48	Is the organization a school as described in section 170(b)(1)	(A)(ıı)? If "Yes," com	plete Schedule E		48 X
49a	Did the organization make any transfers to an exempt non-ch	arıtable related orga	nization?		49a X
b	If "Yes," was the related organization a section 527 organization				49b
50	Complete this table for the organization's five highest compen				
	employees) who each received more than \$100,000 of compe	ensation from the org	ganization If there is non	e, enter "None "	
	(a) Name and title of each employee	(b) Average     hours per week     devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
No	ne				
	·				
		<del> </del>		<del> </del>	<del></del>
	•	1	1		
		1			
		<u> </u>	<u> </u>		
f 	Total number of other employees paid over \$100,000		<b>•</b>	<del></del>	
51	Complete this table for the organization's five highest compen \$100,000 of compensation from the organization. If there is no		contractors who each rec	eived more than	
	(a) Name and business address of each independent conf	tractor	(b) Typ	e of service	(c) Compensation
Noi	ne .				
	<u> </u>				
	<del></del>			<del>-</del> <del>-</del> <del>-</del>	
		<del></del>			
		<del></del> -			·
d	Total number of other independent contractors each receiving	over \$100,000	<b>-</b>		
52	Did the organization complete Schedule A? Note: All section	501(c)(3) organizatio	ons must attach a	_	(Fr
	completed Schedule A	<del></del>	<del></del>		X Yes No
	penalties of perjury, I declare that I have examined this return, includir prrect, and complete Declaration of preparer (other than officer) is bas				ind belief, it is
	Kaussa Innas			5/18/2017	
Sign	Signature of officer	•		ate	
Here	KARISSA JONAS		Treasure	er	
	Type or print name and title	$\Omega$			
	Print/Type preparer's name	ebarer i signature	Q(( ) ) ( )		X if PTIN
Paid	Laura Wiley	10000		05/13/17 self-em	F00443333
Prep	24424 1122011	$\overline{}$	<del></del>	Firm's EIN	27-1628293
Use	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		$\bigcirc$		00_630_3137
Marri	Lihue, HI 96766 he IRS discuss this return with the preparer shown above? Se	e instructions		Phone no 8	08-639-2137 ► X Yes No
way	the tivo discuss this return with the brebater shown above > 26	e aistructions	<del></del>		Form 990-F7 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part ) See instructions.

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

2016

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I

Department of the Treasury

KAUAI PLANNING & ACTION ALLIANCE, INC.

Employer identification number 20–1579949

The	orga	nızatıon ıs not	a private foundation because	t it is (For lines 1 through 12, che	eck only o	ne box )					
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).				
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form !	990 or 99	0-EZ))					
3		A hospital or	a cooperative hospital service	e organization described in <b>secti</b>	ion 170(b	)(1)(A)(iii	. 5				
4		A medical res	search organization operated	in conjunction with a hospital de-	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name,			
		city, and state	9								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II )									
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170	b)(1)(A)(	<i>(</i> ).				
7	X		on that normally receives a s	ubstantial part of its support from emplete Part II)	a govern	mental ur	nit or from the general public				
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II	1)						
9		An agricultura	al research organization desc	ribed in section 170(b)(1)(A)(ix)	) operated	l in conjur	nction with a land-grant college				
		or university of university	or a non-land grant college of	agriculture (see instructions) Er	nter the na	ame, city,	and state of the college or				
10		An organization	on that normally receives (1)	more than 33 1/3% of its suppor	rt from co	ntributions	s, membership fees, and gross				
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its									
			-	d unrelated business taxable inco , 1975 See <b>section 509(a)(2).</b> (			11 tax) from businesses				
11	Ц	-	•	xclusively to test for public safety		•	** *				
12				xclusively for the benefit of, to pe							
				ations described in section 509(a				_			
	а			at describes the type of supportin rated, supervised, or controlled b				9			
	a			er to regularly appoint or elect a r		•					
		• •	• ,, .	mplete Part IV, Sections A and		i ino direc	itors of tradices of the				
	b			ervised or controlled in connection		supporte	d organization(s), by having				
				ing organization vested in the sar							
		organizat	ion(s) You must complete	Part IV, Sections A and C.							
	С			upporting organization operated in ructions) You must complete P							
	d			. A supporting organization opera				)			
		that is no	t functionally integrated. The	organization generally must satis	fy a distril	oution req	uirement and an attentiveness				
		requireme	ent (see instructions) You m	ust complete Part IV, Sections	A and D	, and Par	t V.				
	е			ived a written determination from			Type I, Type II, Type III				
	f		ny integrated, or Type in non- ober of supported organizatio	functionally integrated supporting	g organiza	luon					
	g		ollowing information about the					<u> </u>			
		e of supported	· (II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
		anization	(11) 2.114	(described on lines 1–10		ur governing	support (see	other support (see			
				above (see instructions))	docu	ment?	instructions)	Instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)				•							
(E)								<u>.                                      </u>			
T . 4 .	,										
Tota	<u> </u>			L	<u></u>	L					

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Schedule A (Form 990 or 990-EZ) 2016 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	iano to quamy c		noted below, pr	odog dompiete	r art iii /	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	770,596	780,278	367,803	175,991	148,107	2,242,775
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						
<b>4 5</b>	Total. Add lines 1 through 3  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)	770,596	780,278	367,803	175,991	148,107	2,242,775
6_	Public support. Subtract line 5 from line 4						2,242,775
	tion B. Total Support	[	#1.00.00 T	T	<del></del>	·	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	770,596	. 780,278	367,803	175,991	148,107	2,242,775
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,242,775
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the co	organization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3		30,105
<u> </u>	organization, check this box and stop here						<b>&gt;</b>
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •					
14	Public support percentage for 2016 (line 6,			))		14	100.00%
15	Public support percentage from 2015 Sched				(20)	15	%_
тоа	33 1/3% support test—2016. If the drganiz box and stop here. The organization qualifi				73% or more, chec	K this	<b>▶</b> [X]
b	33 1/3% support test—2015. If the organization quality		•		33 1/3% or more	check	
b	this box and <b>stop here</b> . The organization qu				33 1/3/0 of filore,	CHECK	▶ □
17a	10%-facts-and-circumstances test—201	•			or 16b, and line 14	IS	٠ ـــا
	10% or more, and if the organization meets Part VI how the organization meets the "faci	the "facts-and-circu	mstances" test, che	eck this box and st	op here. Explain ir	ı	
b	organization  10%-facts-and-circumstances test—201  15 is 10% or more, and if the organization in	•			*	ne .	▶ []
	Explain in Part VI how the organization mee	ts the "facts-and-cire	cumstances" test	The organization qu	ualifies as a publici	у	▶ □
18	supported organization  Private foundation. If the organization did	not check a box on i	ine 13, 16a, 16b, 1	7a, or 17b, check ti	his box and see		
	instructions		<del>-</del>		<del> </del>	Sabadula A /Form 90	00 at 000 ET) C040

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Sched

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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.)
Public Support

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 201	6	(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		i					
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)							
Sec	tion B. Total Support							
Caler	dar year (or fiscal year beginning in)	(a) 2012	( <b>b</b> ) 2013	(c) 2014	(d) 2015	(e) 201	6	(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,							
	and 12)				İ	L		
14	First five years. If the Form 990 is for the c	•	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		. [-
<u></u>	organization, check this box and stop here							<u> </u>
	tion C. Computation of Public Su						4=	
15 46	Public support percentage for 2016 (line 8,	• •	-	T))			15	<u>%</u> %
<u>16</u>	Public support percentage from 2015 Schero D. Computation of Investment					<del> </del>	10	
<u>360</u> 17	Investment income percentage for 2016 (lin			olumn (ft)			17	<del></del> %
18	Investment income percentage from 2015 S			oldiliii (1))			18	%
19a	33 1/3% support tests—2016. If the organ			4, and line 15 is m	ore than 33 1/3%	and line		
	17 is not more than 33 1/3%, check this box						•	ightharpoons
b	33 1/3% support tests—2015. If the organ		=		* * *			
	line 18 is not more than 33 1/3%, check this							▶ □
20	Private foundation. If the organization did	-	-	•				▶ 🗌

Schedule A (Form 990 or 990-EZ) 2016

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	All S	Supporting	Organization	ons
------------	-------	------------	--------------	-----

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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b 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) 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b 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. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

10a

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

3а

trustees of each of the supported organizations? Provide details in Part VI.

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

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

2

3

<u>4</u> 5

Schedule A (Form 990 or 990-EZ) 2016

Enter 85% of line 1

instructions)

Enter greater of line 2 or line 3

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016

and 4c

Breakdown of line 7

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Excess distributions carryover to 2017. Add lines 3j

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

## **Political Campaign and Lobbying Activities**

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

Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

_ • §	Section 501(c)(4), (5), or (6) organizations. Complete Part II	II			
Nam	e of organization KAUAI PLANNING & A	CTION ALLIANCE,			tification number
	INC.			20-15799	949
Pa	rt I-A Complete if the organization is exe	empt under section 501(c)	or is a sectio	n 527 organizatio	n.
1	Provide a description of the organization's direct and indir	ect political campaign activities in	Part IV (see instru	ctions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
_3_	Volunteer hours for political campaign activities (see instri				
<u>Paı</u>	t I-B Complete if the organization is exe	mpt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organic	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	=		▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fe	orm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
<u>Pai</u>	t I-C Complete if the organization is exe	mpt under section 501(c)	, except secti	on 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt functio	n		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	uted to other organizations for sec	tion		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-POL,			
	line 17b	•		▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification n	umber (EIN) of all section 527 pol	itical organizations	to which the filing	
	organization made payments For each organization listed	l, enter the amount paid from the f	iling organization's	funds Also enter	
	the amount of political contributions received that were pro-		•	•	
	as a separate segregated fund or a political action commi	ttee (PAC) If additional space is n	eeded, provide info	rmation in Part IV	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lands in none, critisis	delivered to a separate
			]		political organization If none, enter -0-
					none, enter -o-
(1)		·			
	•				
(2)					
(3)					
	77.77				
(4)					
/E\		+			
(5)					
(E)					
(6)					

Sche	edule C (Form 990 or 990-EZ) 2016 KAUAI	PLANNING	& ACTION A	LLIANCE,	20-1579949	Page <b>2</b>
Pa	rt II-A Complete if the organiz	ation is exemp	t under section 5	501(c)(3) and f	iled Form 5768 (elec	ction under
	section 501(h)).					
Α	Check 🕨 🗌 if the filing organization					up member's
	name, address, EIN,	expenses, and s	share of excess lo	bbying expend	itures)	
В	Check ▶ ☐ if the filing organization	on checked box	A and "limited con	itrol" provisions	s apply.	
	Limits on Lob	bying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures" i	means amounts	paid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass ro	ots lobbying)			
t	Total lobbying expenditures to influence a le	gislative body (direc	t lobbying)			· <u>-</u>
c			, 0,			***
c		,				
е	Total exempt purpose expenditures (add line	es 1c and 1d)			1	<del></del>
1	Lobbying nontaxable amount Enter the amount	·	ng table in both		"	
	columns		ig table in both			
[	If the amount on line 1e, column (a) or (b) is:	The lobbying nor	ntaxable amount is:			
	Not over \$500,000	20% of the amoun		·		
	Over \$500,000 but not over \$1,000,000	<u> </u>	% of the excess over \$500	000		
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,0			
	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,50			
ı	Over \$17,000,000	\$1,000,000	- οι αιο ολοσού ονοι ψ1,οα	0,000		
	Grassroots nontaxable amount (enter 25% of	<del></del>				
9 h	Subtract line 1g from line 1a If zero or less,			<del>  ,</del>		
"	Subtract line 1f from line 1c If zero or less,					
:	•		led the ergeneration file			
J	If there is an amount other than zero on either	er line in or line ii, c	ild the organization file	Form 4720		
	reporting section 4911 tax for this year?			<del></del>		Yes No
		_	ing Period Under s			
	(Some organizations that mad		<ul> <li>election do not hastructions for line</li> </ul>	-		ns below.
	<u>Lo</u>	bbying Expendit	ures During 4-Year	r Averaging Per	iod	<del></del>
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
С	Total lobbying expenditures	•				
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	v				
f	Grassroots lobbying expenditures			-		

, 0,	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(	a)	(1	b)	
	cription of the lobbying activity	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or		[			
	referendum, through the use of					
	Volunteers?	77	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	X	37			
			X	<del></del>		
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	-	X			
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	$\stackrel{\wedge}{\longrightarrow}$			75
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	<u> </u>	=	7 3
	Other activities?	<b> </b>	X			
i	Total Add lines 1c through 1:		$\stackrel{\wedge}{\longrightarrow}$			75
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
1	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 7	1 1	<del> </del>
2				2		I
3 Pai	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yet		V 600	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	501(c)(5), c		3 tion	3, is	I
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	501(c)(5), c	Part I	3 tion	3, is	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members	501(c)(5), c		3 tion	3, is	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	501(c)(5), c	Part I	3 tion	3, is	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	501(c)(5), c	Part I	3 tion	3, is	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c)(5), c	Part I	3 tion	3, is	
1 2 a b	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	501(c)(5), c	Part I	3 tion	3, is	
1 2 a b	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments-and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	501(c)(5), c	1 2a 2b	3 tion	3, is	
Pai 1 2 a b c	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	501(c)(5), c	1 2a 2b 2c	3 tion	3, is	
Pai 1 2 a b c	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	501(c)(5), c	1 2a 2b 2c	3 tion	3, is	
Pai 1 2 a b c	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	501(c)(5), c	1 2a 2b 2c	3 tion	3, is	
1 2 a b c 3 4	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	501(c)(5), c	2a 2b 2c 3	3 tion	3, is	
1 2 a b c 3 4	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments-and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	501(c)(5), c	2a 2b 2c 3	3 tion	3, is	
1 2 a b c 3 4 Provi	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	501(c)(5), c	2a 2b 2c 3 4 5	3 tion	3, is	

KEIKI TO CAREER GRANT WHICH WAS ULTIMATELY NOT AWARDED BY THE COUNTY.

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.

2016

Doen to Publi

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

KAUAI PLANNING & ACTION ALLIANCE,

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

Open to Public Inspection

Employer identification number 20-1579949

-				20 10
	Form 990-EZ, Part I, Line 8 - Other	Rev	enue	
•	Description		Amount	
	Sale of Furniture	\$	60	
	Total	\$	60	
	,			
	Form 990-EZ, Part I, Line 16 - Othe	r Exp	penses	
	Description		Amount	
	Expenses			
	Advertising & Promotion	\$	833	
	Info Technology (Education)	\$	850	
	Travel (Education)	\$	1,375	
	Travel Meeting Facilitations	\$	236	
	Meetings (Education)	\$	871	
	Meetings (Facilitation)	\$	442	
	Insurance	\$	3,090	
	Bank Fees	\$	77	
	Dues/Subscriptions	\$	425	
	Eqpt Rental/Leasing	\$	2,804	
	Supplies (Education)	\$	714	
	Telephone (Education).	\$	2,489	

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description

Amount

Total \$

327

14,533

Non-investment Depreciation

Schedule O (Form 990 or 990-EZ) (2016)				Page <b>2</b>	
Name of the organization			Employer identification number		
KAUAI PLANNING & ACTION ALLIANCE,			<u> 57994</u>	49	
Prior period accrued vacation paid out	. \$	-10,0	95		
Form 990-EZ, Part II, Line 24 - Other Assets					
Description .	Beg.	of Year	End	of Year	
Prepaid Expenses and Deferred Charges	\$	2,050	\$	820	
Equipment	\$	16,532	\$	14,854	
Less Accumulated Depreciation	\$ .	15,623	\$	14,465	
Security Deposit	\$	1,000	\$	1,000	
Total	\$	3,959	\$	2,209	
•					
Form 990-EZ, Part II, Line 26 - Other Liabiliti	es			•	
Description	Beg.	of Year	End	of Year	
Accounts Payable and Accrued Expenses	\$	1,047	\$	1,109	