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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2007

**Open to Public** Inspection

A F	or the	2007 calend	ar year	, or tax year beginning	07/01	, 2007, and end	ling 06	130	, 20 <i>O S</i>
<b>B</b> C	heck if ap	plicable	Please	C Name of organization					entification number
	Address c	hange	use IRS label or	Rotary Club of Po	in Bond	Foundation	Inc 54	21	26728
<u> </u>	vame cha	nge	print or	Number and street (or P O t	on if mail is not delive	ared to street address) F	Room/suite E Telep		
<u></u> □ '	nitial retur	rn	type.	PO Box 13		red to direct addition, t	•		42-1483
=	feminatio		See Specific						
=	Amended		Instruc-	City or town, state or country			<b>F</b> Grou		ption
$\perp$	Application	n pending	tions.	Koloa, HI	96756			oer .	<u>,                                    </u>
•	Section	on 501(c)(3)		ations and 4947(a)(1) nonex		ısts must attach	G Accounting me	ethod	Cash Accrual
			a con	npleted Schedule A (Form 9	990 or 990-EZ).		Other (specify)	<b>&gt;</b>	
				-			H Check ►	ıf the	organization
1 V	Vebsit	e: ▶ _ <i>X</i> /	[A_				is <b>not</b> required		•
			heck or	nly one)— <b>⊠</b> 501(c) ( <b>3</b> ) <b>⊲</b>	(insert no.)	7(a)(1) or	•		0, 990-EZ, or 990-PF)
						•			
				on is not a section 509(a)(3) su			its are normally not	more t	nan \$25,000 A return is
				ization chooses to file a return			·		
				ne 9 to determine gross receip				▶ \$	
Pa	rt I	Revenue	, Expe	nses, and Changes in	Net Assets or	<u>Fund Balances (</u>	See page 55 of	the i	nstructions.)
İ	1	Contributio	ns. aifts	s, grants, and similar amoui	nts received			1	22,025.
	2			revenue including govern		tracts		2	<del>-</del>
	3			s and assessments				3	4
	4	Investment	•		MECHIVE	3D)		4	7.541
						,			1,571.
- 1	5a			om sale of assets other that	B-T-[2 G 12 2/h	149	<del></del>	-{	
	b			er basis and sales expens		5b -	0	-} <u> </u>	_
as l	C	Gain or (los:	s) from	sale of assets other than inve	entopy, Subtract, line	55 from line 5a (attac	ch schedule)	5c	<i>\text{\tin}\text{\tett{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\xi}}}\\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\tex{\text{\text{\text{\text{\text{\texi}\tint{\ti}}}\\tinttitex{\texit{\text{\text{\text{\text{\texi}\tint{\text{\texi}\ti</i>
ě	6	Special eve	ents and	d activities (attach schedule ot including \$ _22,02	) If any ang ang a	forn gaming, check	k here ▶ 🔲		
ē	а	Gross reve	enue (n	ot including \$ 22.05	75. Green	butions			
Be		reported o				6a   <b>/</b> 4	40,234.		
2011Revenue	h	•		nses other than fundraisin		6b		7	
7.	c			ss) from special events ar		act line 6b from lin	e 6a	6c	140,234.
<b>e</b>	_			•		7a	<del>-</del>		770,000
==	7a			ventory, less returns and a	allowances .	7b		-	
,	b	Less: cost						I	-AD-
MAR	C			oss) from sales of inventor	y. Subtract line 7b	o from line 7a .		7c	9
	8	Other reve					)	8	<del></del>
( )	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c	, /c, and 8 .	1 <u>1.1 ! </u>		9	169,800.
1	10	Grants and	d simila	ar amounts paid (attach so	chedule)	B		10	61,976.
6,,	11	Benefits p	aid to d	or for members		(V)	.07 . [8]	11	<del>_</del>
တ္တ	12			empensation, and employe		I.I .2011	. 1991 . FEB.	12	-0-
şəşûè	13			and other payments to in			· [3]	13	0
Đ	14	_		utilities, and maintenance				14	0
Ä	15		-			· · · · · · · · · · · · · · · · · · ·	<u>.70  </u>	15	1,114.
		Other eve	ublicat	ions, postage, and shippir		=: ' : ' : ' :		16	80.907.
1	16 17	Total ave	enses (	describe ► Funds Add lines 10 through 16	raising E	enses			143.997.
-		-				· · ·	· · · · · ·	17	· · · · · · · · · · · · · · · · · · ·
ţ	18	Excess or	(deficit	) for the year. Subtract lin	e 17 from line 9 .			18	<i>25,803.</i>
Net Assets	19	Net assets	s or fu	nd balances at beginning	of year (from line	e 27, column (A)) (i	must agree with		
AS				e reported on prior year's				19	91,017.
<u>e</u>	20	Other char	nges in	net assets or fund baland	ces (attach explan	ation)		20	
Z	21	Net assets	or fur	nd balances at end of year	Combine lines 1	8 through 20	<u></u> . <b>&gt;</b>	21	116.820.
Pa	rt II			s—If Total assets on line			, file Form 990 ir	nstead	of Form 990-EZ.
		•		See page 60 of the instruc			(A) Beginning of		(B) End of year
00	Casi	h aaumaa	•	, -			20,946.	2	
22		h, savings,		/estillents			010,170,		3
23		d and buildi		1 1/1/11 in	نہ یہ ن	·	01 417		
24			escribe	Fidelity I	ves/ment	RCC Ti	9),017.		4 108,281.
25	Tota	al assets .		<i></i>			111,963		5 <i>134,084.</i>
26		al liabilities				)			6 —
27	Net	assets or t	fund b	alances (line 27 of columr	n (B) <b>must</b> agree v	vith line 21)	111,963	_ 2	7 134,084,
For	Privac	y Act and P	aperwo	rk Reduction Act Notice, se	ee the separate inst	tructions.	Cat No 106421	$\lambda$ [ $0$	For 990-EZ (2007)
							Ì	y W	<i>ง</i> แ

What is the organization's primary exempt purpose? See Set See and Man (Grant See and Corporation) and (Grant See and Corporat	Par	t III Statement of Program Service Accom	plishments (See page 60	of the instruction	ns.)		Expen	ses	
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, and describe the services provided in he number of persons benefited, or other relevant information for each program title optional for others?  28	Wha	t is the organization's primary exempt purpose?	See Statens	ut 1/1(a)	<del>-</del>				
Grants \$   If this amount includes foreign grants, check here   28a 6/, 976.	Desc	ribe what was achieved in carrying out the organiza	ation's exempt purposes In	a clear and cond	ise manner, rogram title	and	4947(a)	(1) tru	ısts,
Crants S   If this amount includes foreign grants, check here   28a   67,976.	28	See Statements 111(b) -	(e)						
Crants S   If this amount includes foreign grants, check here   28a   67,976.	-								
29 a doministre and by Marie and School of the Statement requirement in General Instruction V)  Part V Other Information (Note the statement requirement in General Instruction V)  30 do the organization make a change in its activities or methods of conducting activities? If "Yes," attach a conformed copy of the changes  34 Were any changes make to the organizing or governing documents but not reported to the IRS? If "Yes," attach a statement.  35 If the organization have urrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and provy tax requirements?  by If we organization have urrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and provy tax requirements?  by If "Yes," has it filled a tax return on Form 990-T for this year?  50 the organization before the schedule specified in the line 38 instructions and enter the amount instructions?  by If "Yes," attach has schedule specified in the line 38 instructions and enter the amount instructions?  by If "Yes," attach the schedule specified in the line 38 instructions and enter the amount instructions?  50 the organization before the schedule of the period covered by this return?  51 If the organization have urrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  by If "Yes," has it filled a tax return on Form 990-T for this year?  52 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  53 If the organization have urrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  by If "Yes," has it filled a tax return on Form 990-T for this year?  54 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  55 Did the organization have urrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and year the period covered by this return?  55 Did the organizatio	-	Grants W University of	Howaii for	schlorship	s of		11	07	,
Second Statement of each change   Second Statement of each compensation   Second Statement of each change   Second Statement Statement   Second Statement   Second Statement Statement   Second Statement Statement   Second Statement Statement   Second Statement Statement   Second		Grants \$ ) If this amount inclu	ides foreign grants, check	here .	<u>, ▶                                   </u>	28a	6/,	47	6-
Continue   Section   Sec	29 _				was/				
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None of the continued	-	Pronts & ) If this amount incli	ides foreign grapes shock	boro	.eu.s	202			
Carains S   If this amount includes foreign grants, check here	_	hon-exaft Oracuizati			· Files		<del></del>		
Comparison   Com	30 .	Por Warna - Foothall Kolon	You'll Boso ha	1 Bon Son	4. 012ª 4.				
Grants \$   If this amount includes foreign grants, check here	-	of America, etc.		14. Do.g. 2000	····				
See a	(0		ides foreign grants, check	here	▶ □	30a			
32 Total program service expenses. Add lines 28a through 31a  Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 1 of the instructions)  (A) Name and address  (B) Title and average hours per week of position (If not paid, enter -0)  (B) Compensation (If not paid, en	31								
List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the instructions)				here	. ▶ 🗆	31a			
(B) Title and average hours per week devoted to position    CI Compensation   (D) Contributions to plant, enter -0)				·	🕨		61,4	<u> </u>	6-
Part V   Other Information (Note the statement requirement in General Instruction V)   Yes   No	Pai	List of Officers, Directors, Trustees, and Key		~ <del>-</del>					<del></del>
Part V Other Information (Note the statement requirement in General Instruction V)  33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a statement of each changes  35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year?  5 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   37b   37b   37b   37b   37b   37b   37c		(A) Name and address	hours per week	(If not paid,	emplóyee benefit	plans &	acco	unt an	ıd
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b If "Yes," has it filed a tax return on Form 990-T for this year?  35b X  35b X  36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?  37b X  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  38a X  37b X  37b X  37b X  37b X  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 unpaid at the start of the period covered by this return?  38a X  38b 38b 39 501(c)(7) organizations Enter N/A	_		' -					-	
b If "Yes," has it filed a tax return on Form 990-T for this year?  36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions building buildi	а				e, reporting,	and	35a		X
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions but the organization file Form 1120-POL for this year?  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 unpaid at the start of the period covered by this return?  38b  39 501(c)(7) organizations Enter N/A	b					• •		-	X
statement.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions build the organization file Form 1120-POL for this year?  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 unpaid at the start of the period covered by this return?  38a Statement.  37b X  37b X  38b 38a 38a 38a 38b 39 501(c)(7) organizations Enter N/A			•		"Yes " attac	 ha			
The struction of political expenditures, direct or indirect, as described in the instructions by Did the organization file Form 1120-POL for this year?  37b	•	•					36		X
b Did the organization file Form 1120-POL for this year?	37a			structions > 37	a  <del>-0</del> -		<b>.</b>		
any such loans made in a prior year and still unpaid at the start of the period covered by this return?  b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved  38b  39 501(c)(7) organizations Enter N/R							37b		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38a					ere	_		
involved				1	return? .	•	38a		X
39 501(c)(7) organizations Enter N/R	b		e 38 instructions and ente						
				· · · ·   38	D		-		
a Initiation fees and capital contributions included on line 9			n line O	20	.				
a Initiation fees and capital contributions included on line 9				· · · · · · · · · · · · · · · · · · ·			-		

FOIIII	990-62 (	(2007)				-	age 3
Par	t V	Other Information (Note the statement requirement in	General Instr	uction V.) (Continu	ied)		
40a	501(c) seçtio	e)(3) <i>qrganizations</i> . Enter amount of tax imposed on the organization 4911 ►	tion during the	e year under 1955 ▶ <del></del>			<u> </u>
b		)(3) and (4) organizations Did the organization engage in any section or did it become aware of an excess benefit transaction from a prio				_	No ⊁
С	Enter the ye	amount of tax imposed on organization managers or disqualifie ear under sections 4912, 4955, and 4958	ed persons du	ring . ▶ <del></del> _			
d	Enter	amount of tax on line 40c reimbursed by the organization .		• <del>-2-</del>			1
е	_	ganizations. At any time during the tax year, was the organization action?			ter		×
41	List th	ne states with which a copy of this return is filed >					
<b>42</b> a	The b	books are in care of Richard G. Kersten		Telephone no	► (8.08).74°	3 - 14	183
	Locat	ted at > 1650 Makanui Road, Koloa, H.	I	ZIP + 4	▶ 967.50	á	
b	At any	y time during the calendar year, did the organization have an in	terest in or a :	signature or other at	uthority		
		a financial account in a foreign country (such as a bank account			nancial	<del></del>	No
	accou	unt)?			42t	4	×
	If "Ye	es," enter the name of the foreign country:			<u></u>		
	See th	he instructions for exceptions and filing requirements for Form	TD F 90-22.1.				
С	At any	ly time during the calendar year, did the organization maintain a	n office outsic	le of the US.? .	. 420	:	LX_
	If "Ye	es," enter the name of the foreign country: >					
43		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lenter the amount of tax-exempt interest received or accrued dur			43 N/A	•	▶ ∐
		Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other that					
Plea	ase	Minhael Stde withen		106/	30/2009		
Sigr	ו	Signature of officer	·	Date	77,400,	•	
Her	e	Richard Go Kersten - Trea					
		Type or print name and title	LJUFER				
		Preparer's	Date	Check if Pro	eparer's SSN or PTIN	(See Gen	Inst X)
Paid		signature N/M		self- employed ▶			,
	arer's	Firm's name (or yours		EIN ▶			
Use	Only	If self-employed), address, and ZIP + 4		Phone no ▶	( )		
					Form <b>9</b> 9	90-EZ	(2007)
							, /

### **SCHEDULE A**

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization			Employer identifica	tion number
Rotary Club of Poince Beac	h Foundation,	Inc.	54 212	6728
Part I Compensation of the Five High	nest Paid Employees O	ther Than Offic	ers, Directors, a	and Trustees
(See page 1 of the instructions. I	List each one. If there ai	re none, enter "N	None ")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
	-			
Total number of other employees paid over \$50,000 .				
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor		T	of service	(c) Compensation
NONE			4.04	
			5	
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	med services other than i	professional serv	Other Services vices, whether inc	dividuals or
(a) Name and address of each independent contractor	or paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
NONE				
			1.44.	
Total number of other contractors receiving over \$50,000 for other services	0			

Pai	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		i !
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
С	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
е	Transfer of any part of its income or assets?	ļ	X
3а	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) Kinckersity of 3a	X	
b	Hawaii de termines recipiants.  Did the organization have a section 403(b) annuity plan for its employees?		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3c		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	<del> </del>	×
С	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year	0-	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .	0	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0-	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	9-	

Pa	rt IN	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	of the instruct	tions.)
cer	tify t	hat the organization is not a privat	te foundation bec	ause it is (Please check	only ONE ap	plicable box)	
5		A church, convention of churches	, or association o	of churches. Section 170	0(b)(1)(A)(i).		
6		A school Section 170(b)(1)(A)(II) (	Also complete Pa	art V)			
7		A hospital or a cooperative hospit	al service organiz	zation Section 170(b)(1)(	(A)(III)		
8		A federal, state, or local government	ent or governmer	ntal unit Section 170(b)(1	1)(A)(v)		
9		A medical research organization o and state ▶	perated in conjun	iction with a hospital Sec	ction 170(b)(1)	(A)(III). Enter th	e hospital's name, city
0		An organization operated for the be (Also complete the <b>Support Sched</b>		or university owned or op	perated by a go	overnmental un	it Section 170(b)(1)(A)(iv)
l1a		An organization that normally receil 170(b)(1)(A)(vi) (Also complete the			a governmenta	I unit or from th	e general public Sectior
1 <b>1</b> b		A community trust. Section 170(b)	)(1)(A)(vi) (Also co	omplete the Support Sci	hedule ın Pari	t IV-A)	
12	X	An organization that normally receifrom activities related to its charitation gross investment income an organization after June 30, 1975	able, etc., function id unrelated busii	ns—subject to certain ex ness taxable income (les	ceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3% of its support incesses acquired by the
13		An organization that is not control requirements of section 509(a)(3)  Type I Type II	Check the box th	ualified persons (other that describes the type of II-Functionally Integrate	f supporting o	rganization	
					d		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r -		
Na	ime(	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizati the sup organi	upported on listed in oporting zation's documents?	(e) Amount of support
		NONE			Yes	No	
			-,				
Tota	l .					. •	-0-
14		An organization organized and op	erated to test for	public safety Section 5	009(a)(4) (See	page 8 of the	nstructions)

Schedule A (Form 990 or 990-EZ) 2007 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2005 (c) 2004 (d) 2003 (e) Total 'Gifts, grants, and contributions received (Do not include unusual grants See line 28). 22,025, 22,025.

16	Membership fees received	0				•
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	140,234.				140,234.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7541.				7,541.
19	Net income from unrelated business activities not included in line 18	0				7,541.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0				-0-
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.	0				0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	<del>-0</del> -				0
23	Total of lines 15 through 22	169,800.				169,800.
24	Line 23 minus line 17	29,566			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20566
25	Enter 1% of line 23	1,698.				2, 1,500.
26	Organizations described on lines 10 or 11:		amount in colum	n (a) line 24 <b>A</b>	14 . 2	6a
b c d	Prepare a list for your records to show the nar governmental unit or publicly supported organiamount shown in line 26a <b>Do not file this list w</b> Total support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines 18	me of and amoun zation) whose tota ith your return. E	t contributed by al gifts for 2003 the state of a state	each person (oth hrough 2006 exce Il these excess am	er than a eded the counts > 2	6b 6c
e f	Public support (line 26c minus line 26d total)				• 2	6e %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and	ded in lines 15, total amounts re	16, and 17 that v	vere received	from a "disqualified
	(2006) (2005)					
b	For any amount included in line 17 that was received the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year (2006)	year, that was mo 5 through 11b, as the larger amoun	re than the <mark>larger</mark> well as individuals	of (1) the amount of (1) Do not file this list or (2), enter the second	on line 25 for t st with your re um of these di	he year or (2) \$5,000 turn. After computing
С	Add Amounts from column (e) for lines 15	22,025.	16		▶ 2	7c 162,259.
d	Add Line 27a total	and line 27b tota	- <del></del>		▶ 2	7d <b>4</b>
е	Public support (line 27c total minus line 27d to	otal)			2	7e 162,259
f	Total support for section 509(a)(2) test Enter a	mount from line	23, column (e) .	► 27f   16 d	7,359	,
g _h	Public support percentage (line 27e (numera Investment income percentage (line 18, colo	ator) divided by	ine 27f (denomi	nator))	▶ 2	7g /00 % 7h 4.65 %

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Schedule A (Form 990 or 990-EZ) 2007

Pai	Private School Questionnaire (See page 9 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
00	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
32	Does the organization maintain the following.	200		-
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
IJ	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
00	Dana the annual discussion of the control of the co			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		240		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	eligible organ	ization that file	ed Form 5	768)		IV / BH
Chec	k ▶ a ☐ if the organization belongs to an affilia	ted group Che	ck ▶ b ☐ ıf	you checked	<b>"a"</b> an	d "limited contro	ol" provisions apply
	Limits on Lobbyir (The term "expenditures" mear				1	(a) Affiliated group totals	tor all electing
	······································	<del></del>			-	4104/	organizations
36	Total lobbying expenditures to influence public				36 37	NONE	
37	Total lobbying expenditures to influence a legis				38		
38	Total lobbying expenditures (add lines 36 and 3	•			39		
39	Other exempt purpose expenditures				40	<del></del>	
40	Total exempt purpose expenditures (add lines 3 Lobbying nontaxable amount. Enter the amount	•			70		<del></del>
41		bbying nontaxa	-				
	Not over \$500,000 20% c			•			
	Over \$500,000 but not over \$1,000,000 \$100,0				[ [		
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	•			41		7
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•					
		1,000		,000,000			
42	Grassroots nontaxable amount (enter 25% of li			•	42		
43	Subtract line 42 from line 36. Enter -0- if line 43	•			43		
44	Subtract line 41 from line 38. Enter -0- if line 4				44		
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47	20			
	4-Year Ave (Some organizations that made a section See the instructions for		do not have to	complete al	of the		below
		Lob	bying Expenditu	ıres During	4-Ye	ar Averaging	Period
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2007	<b>(b)</b> 2006	(c) 2005		( <b>d)</b> 2004	(e) Total
45_	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures	······································					
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
	t VI-B Lobbying Activity by Nonelection (For reporting only by organization)			Part VI-A)	(See	page 14 of	the instructions.)
Dur	ng the year, did the organization attempt to influ	,					
	mpt to influence public opinion on a legislative m					"' <sup>y</sup> Yes N	o Amount
	Volunteers		_				
b	Paid staff or management (Include compensation			<b>c</b> through <b>h</b>	1.)		
c	Media advertisements				,		
d	Mailings to members, legislators, or the public						
e	Publications, or published or broadcast statem						
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gove					.	
h	Rallies, demonstrations, seminars, conventions	, speeches, lectu	ires, or any othe	r means		.	
	Total lobbying expenditures (Add lines c through If "Yes" to any of the above, also attach a stat		etailed description	on of the lol	 obying	activities	

Par	t VII		n Regarding T ganizations (Se	ransfers To and Trans e page 14 of the instruct		Relationships		Nonc	hari	table
51	Did , coa	the reporting orga	nization directly or	indirectly engage in any of t	he following with	any other organiz	ation de	escribe	d in s	ection
				1(c)(3) organizations) or in se		g to political organ	ızatıons	7	V	NI-
а		•		to a noncharitable exempt or	rganization of		Г	E4 - (3)	Yes	No
		Cash	•				-	51a(i)		<del> </del>
<b>L</b>		Other assets .		• • • • • •			. }	a(iı)		<del> </del>
b		er transactions	as of socots with a	nonchortable average array			- 1	b(i)		
				noncharitable exempt organi itable exempt organization	zation ,		•	b(ii)		
				ner assets			•	b(iii)		
							•	b(iv)		
		Loans or loan gua					•	b(v)		<b></b>
		•		ship or fundraising solicitation			F	b(vi)		
С				sts, other assets, or paid emp			. [	c		
d	If the	e answer to any of	the above is "Yes,"	complete the following schede	ule Column (b) sh	 nould always show t	۔ the fair r	market	value	of the
	good	ds, other assets, o	r services given by	the reporting organization is column (d) the value of the go	f the organization	received less that	n fair m	arket v	alue	ın any
(a		(b)		(c)		(d)				
Line	no	Amount involved	Name of nonc	haritable exempt organization	Description of	transfers, transactions	s, and sha	aring arra	angem	ents
		NONE						-		
				-						
				_, , , ,						
				·····						
				-		·····				
							<del></del> -			
										·
									-,	
	-									
				<del></del> .						
	desc	cribed in section 50	ectly or indirectly 01(c) of the Code (in following schedule	**** *********************************	one or more tax or in section 527?	-exempt organizat	ions . ► [	Yes	. [	] No
		(a) Name of organiz	ration	(b) Type of organization		(c) Description of rel	ationship			
		NONE								
						**-				
		, ,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-				
			-							
				7 - <del>7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -</del>						

# 5 Faxement 111 (b)

Designated Project Expenses Schlorships Expenses College Schlorships Check 8/1/2007					
College Schlorshi Check	ses ses				
	sdi				
	8/1/2007	1218	Naomi Rivera	2007 - 2008 KCC Culinary Scholarship Awardee	00 008
	8/1/2007	1219	Jacky Villanueva	2007 - 2008 KCC Culinary Scholarship Awardee	800 00
	8/1/2007	1220	Gracean Manuel	2007 - 2008 KCC Culinary Scholarship Awardee	800 00
•	1/23/2008	1262	Jesusa Ganır	2007 - 2008 Nursing Scholarship Grant	2,500 00
_	/23/2008	1263	Ashley Davis	2007 - 2008 Nursing Scholarship Grant	2,500 00
_	/23/2008	1264	Kelly Linoz	2007 - 2008 Nursing Scholarship Grant	1,000 00
_	1/23/2008	1265	Dori Muraoka	2007 - 2008 Nursing Scholarship Grant	1,000 00
•	/23/2008	1266	Nalanı Vidal	2007 - 2008 Nursing Scholarship Grant	1,000 00
	5/21/2008	1293	Naomi Rivera	2007 - 2008 KCC Culinary Scholarship Awardee	800 00
	5/21/2008	1294	Jacky Villanueva	2007 - 2008 KCC Culinary Scholarship Awardee	800 00
Check 5	5/21/2008	1295	Gracean Manuel	2007 - 2008 KCC Culinary Scholarship Awardee	800 00
Total College Schlo	chlorships				12,800 00
Home Grown Tead Check 9	Teachers Program 9/20/2007 13	am 1227	Rotary Club of Ha	"Grow Your Own Teachers Scholarship Program"	8,000 00
Total Home Grown Teachers Program	Teachers P	rogram			8,000 00
Total Schlorships Exp	Expenses				20,800 00
Total Designated Project Expenses	ot Expenses				20,800 00
TOTAL					20,800.00

Rotary Club of Poipu Beach Foundation, Inc. Transaction Detail By Account July 2007 through June 2008

# Rotary Club of Poipu Beach Foundation, Inc. Transaction Detail By Account July 2007 through June 2008

Туре	Date	Num	Name	Мето	Paid Amount
Community Service Projects Elder Care Gift Baskets Check 11/8/200	Projects skets 11/8/2007	1243	Dietrich Oberreit	Reimbursement for Elder Gift Care Baskets	291 00
Total Elder Care Gift Baskets	ft Baskets				291 00
General Community Service Check 9/28/2007	ty Service 9/28/2007		Gabriela Rosendal	Exp Reimb of 09/19/07 - Kukueiula Park Cleanup	82 65
Che &	10/16/2007	1234	Michael Curtis Roberta Williams	EXP Keimb for YMCA Parts Donation Rotary Humanitarian Award	43 /1 500 00
Check Check	2/6/2008 2/18/2008		Kauai High School Girls Basketball Gabriela Rosendal	2007-2008 Community Service Grant Exp Reimb of 02/02/07 - Kukueiula Park Cleanup	500 00 35 08
Total General Community Service	nunity Service	ø,			1,161 44
Kauai Kid's Xmas Annual Benefit Check 12/13/2007	Annual Benet 12/13/2007	fit 1255	Waimea Theater	Inv #2007-12-0015 - Theater Reental for Kid's Xmas	925 00
Total Kauaı Kıd's Xmas Annual Benefit	mas Annual Bo	enefit			925 00
Kauai Schools					
Check	7/18/2007		Koloa School	2006-2007 Donation Parenting Workshops	200 00
Creck	7/18/2007	1208	Koloa School	2005-2007 Donation Reading Cillicinnent 2006-2007 Donation Pride Center Materials	400 00
Check	7/18/2007		Koloa School	2005-2007 Donation Kindergarten Welcome Camp Supplies	200 00
Check	7/18/2007		Koloa School	2006-2007 Donation Games fot the A M Club	250 00
Check	7/24/2007	1213	Rotary District 5000 Foundation	School Kids "Dictionary Project" - 5 Cases	180 00
Check	10/9/2007		Craig Nishimoto	Reimb for Kalaheo Elem School Playground Project	167 12
Check	2/11/2008	1274	2008 Interact Convention	Grant for Student Attendance	449 50
Total Kauai Schools	<b>,</b>				2,696 62
Rotary Youth Check	5/23/2008	1312	Rotary Club of Kauai	2008 RYLA Camp Attendees	1,008 04
Total Rotary Youth					1,008 04
Total Community Service Projects	nce Projects				6,082 10
TOTAL					6,082.10

Statement III (c)

Туре	Date	N	Name	Memo	Paid Amount
Designated Project Expenses	Expenses				
Community Service Project Expen	ice Project Ex	ben	1		
Check	7/24/2007	1212	Malama Pono	2006 - 2007 Donation for "Kauai AIDS Project"	1,000 00
Check	11/14/2007	1242	Kauai Search and Rescue	Defibrillator Donation fr RCPB Foundation	1,195 00
Check	5/19/2008	1296	Boys & Girls Club - Lihue Branch	2007 - 2008 Donation Grant	1,000 00
Check	5/19/2008	1297	Koloa Youth Pop Warner Football	2007 - 2008 Community Service Donation Grant	00 099
Check	5/19/2008	1298	Salvation Army - Hanapepe, HI Branch	2007 - 2008 Community Service Donation Grant	1,500 00
Check	5/19/2008	1301	AYSO Region 940	2007 - 2008 Community Service Donation Grant	200 00
Check	5/19/2008	1302	Lihue Luthern Church	Mobile Munchie Outreach	1,000 00
Check	5/19/2008	1303	Malama Pono	Hepatitis Education Program	1,000 00
Check	5/19/2008	1304	St Michael's & All Angels'	Food Pantry Program	1,000 00
Check	5/19/2008	1305	Aloha Council - Boy Scouts of America	2007 - 2008 Community Service Donation Grant	200 00
Check	5/19/2008	1306	Koloa School	2007 - 2008 Community Service Donation Grant	3,000 00
Check	5/19/2008	1307	Koloa Youth Baseball Ass'n	2007 - 2008 Community Service Donation Grant	200 00
Check	5/19/2008	1308	Malama Maha'ulepu	Limu Pilot Project	250 00
Check	5/23/2008	1310	Child & Family Service	Teen Club Development	1,000 00
Check	5/23/2008	1311	Child & Family Service	Kid's County Summer Program	1,000 00
Check	5/27/2008	1313	Edena Ray	Reimb for Garden Isle Health Care Donation	309 06
Total Community Service Project	Service Project	Expen			15,404 06
Total Designated Project Expenses	yect Expenses				15,404 06
TOTAL					15,404.06

9,523.69

## Statement (e)

Type Date	Num	Name	Memo	Paid Amount
International Service Projects Cebu Blood Bank Project #59170 Check 1/25/2008	59170 8 1267	The Rotary Foundation	Grant # 59170 - Return of Unused Funds	1,915 08
Total Cebu Blood Bank Project #59170	ct #59170			1,915 08
Exchange Student Education	u.			
Check 8/1/2007	1221	Anna Pifferi	Exchange Student Monthly Allowance May 2007	100 00
Check 9/1/2007	1225	Anna Pifferi	Exchange Student Monthly Allowance Sept 2007	100 00
Check 10/1/2007	_	Anna Pifferi	Exchange Student Monthly Allowance Oct 2007	100 00
Check 11/1/2007		Anna Pifferi	Exchange Student Monthly Allowance Nov 2007	100 00
Check 12/1/2007	_	Anna Pifferi	Exchange Student Monthly Allowance Dec 2007	100 00
Check 1/1/2008	-	Anna Pifferi	Exchange Student Monthly Allowance Jan 2008	100 00
Check 1/7/2008	_	YWCA	Youth Exchange Airfare Reimb	197 88
		Rotary District 5000	Exchange Student Exps - Jan 2007 YE Trip to Hawaii	100 00
	ν-	Anna Pifferi	Exchange Student Monthly Allowance Feb 2008	100 00
Check 2/18/2008		Joe McEvoy	Exchange Student Airfare-Honolulu Youth Conference	140 00
Check 3/1/2008	_	Anna Piffen	Exchange Student Monthly Allowance Mar 2008	100 00
Check 3/1/2008	_	2008 Interact Convention	XChange Student Anna Pifferi's Interact Registration	224 75
	_	Anna Pifferi	Exchange Student Monthly Allowance - April 2008	100 00
	•	Joe McEvoy	Reimb Exchange Student Medical	64 49
	œ	Tom Gross	Reimb Exchange Student Airfare to D5000 Conf	202 00
	•	Anna Pifferi	Exchange Student Monthly Allowance - May 2008	100 001
Check 5/19/2008	8 1309	Rotary District 5000	Exchange Student Exps - District Conference 5/23 & 24	00 0
Total Exchange Student Education	cation			1,929 12
FLOW Matching Grant Check 9/21/2007	7 1229	Metropolian Honolulu Rotary Foundat	"FLOW" Matching Grant - Club #26,D5000	1,000 00
Total FLOW Matching Grant				1,000 00
Grant #61792-Rainwater Project Check 11/27/2007	<b>oject</b> 07 1248	The Rotary Foundation	Grant # 61792 - Philippine Rainwater Collection Project	3,954 00
Total Grant #61792-Raınwater Project	er Project			3,954 00
Rotary Ambassadorial Scholar Check 9/1/2007 Check 9/1/2007	olar 1226 1226	Leila Fuller Leila Fuller	Lodging - Reimb for Rotary Ambassadorial Scholar Tr Airfare - Reimb for Rotary Ambassadorial Scholar Trai	104 85 620 64
Total Rotary Ambassadorial Scholar	Scholar			725 49
Total International Service Projects	ects			9,523 69

TOTAL

2007

# Federal Statements ROTARY CLUB OF POIPU BEACH FOUNDATION, INC.

54-2126728

Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	····	Title and Average Hours <u>Per Week Devoted</u>	_	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Monroe Richman 1728 Keoniloa Place Koloa, HI 96756		President/Direc 2	\$	0.	\$ 0.	\$ 0.
Richard G Kersten 1650 Makanui Road Koloa, HI 96756		Treasurer/Direc 2		0.	0.	0.
Geoff Sheldon PO Box 632 Lawai, HI 96765		Secretary/Direc 2		0.	0.	0.
Roberta Cable PO Box 1725 Lihue, HI 96766	,	V.P./Director 2		0.	0.	0.
Hans Zeevat PO Box 1166 Koloa, HI 96756	,	V.P/Director 2		0.	0.	0.
Thomas J Canute PO Box 74 Hanapepe, HI 96716		Vice President 1		0.	0.	0.
		Total	\$	0.	\$ 0.	\$ 0.

#### Statement 6 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No