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Department of the Freasury

# **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)

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

OMB No 1545-0047 2008 Open to Public

Form **990** (2008)

Glo

| inte                 | mai Revenue Ser      |   |                      | ilents         | Inspection   |  |  |  |  |  |  |  |  |
|----------------------|----------------------|---|----------------------|----------------|--|--|--|--|--|--|--|--|--|
| <u> </u>             | For the 2008 ca      | endar year, or tax year beginning $8/01/08$ , and ending $7/31/09$  | 9                    |                |  |  |  |  |  |  |  |  |  |
| В                    | Check if applicable  | Check if applicable Please C Name of organization D Employer identification number  |                      |                |  |  |  |  |  |  |  |  |  |
| $\Box$               | Address change       | use IRS Na Leo Pulama O Maui, Inc.  |                      |                |  |  |  |  |  |  |  |  |  |
| 믐                    | ٠,                   | label or Peace As   |                      | 95-            | 1171049  |  |  |  |  |  |  |  |  |
| Ц                    | Name change          | pint or   | Room/suite           |                |  |  |  |  |  |  |  |  |  |
| П                    | Initial return       | type. Number and street (or P O box if mail is not delivered to street address)  See P O Box 1038                                 | Room/suite           | •              | one number   |  |  |  |  |  |  |  |  |
| Ħ                    |                      | See P.O. Box 1038   |                      | 808            | -244-5676  |  |  |  |  |  |  |  |  |
| 닏                    | Termination          | Instruc- City or town, state or country, and ZIP + 4  |                      | G Gross recei  | ots \$ 91,201  |  |  |  |  |  |  |  |  |
|                      | Amended return       | tions. Wailuku HI 96793   |                      |                |  |  |  |  |  |  |  |  |  |
| 百                    | Applyation madens    | F Name and address of principal officer   |                      | H(a) Is this a | group return for                                     |  |  |  |  |  |  |  |  |
| ш                    | Application pending  |   |                      | affiliate      | ? Yes X No   |  |  |  |  |  |  |  |  |
|                      |                      |   |                      | H(b) Are all   | affiliates   |  |  |  |  |  |  |  |  |
|                      |                      |   |                      | include        |  |  |  |  |  |  |  |  |  |
|                      |                      |   |                      | If 'No,'       | attach a list (see instructions)                     |  |  |  |  |  |  |  |  |
| 1                    | Tax-exempt state     |   |                      |                |  |  |  |  |  |  |  |  |  |
| Į_                   | Website:             | http://naleopulama.org  |                      | H(c) Group     | exemption number                                     |  |  |  |  |  |  |  |  |
| ĸ                    | Type of organization | X Corporation Trust Association Other ▶ L   | ear of formation     |                | M State of legal domicile                            |  |  |  |  |  |  |  |  |
| ٩F                   | Part I S             | ummary  |                      |                |  |  |  |  |  |  |  |  |  |
| 7                    | <del></del>          | escribe the organization's mission or most significant activities:  |                      |                |  |  |  |  |  |  |  |  |  |
| _1                   | _                    | perpetuate the Hawaiian language and culture on Maui  | by.                  |                | •  |  |  |  |  |  |  |  |  |
| _ვ                   | 10                   |   |                      |                | •  |  |  |  |  |  |  |  |  |
| Ē                    | sup                  | porting a Hawaiian Language School for children with  | an                   |                |  |  |  |  |  |  |  |  |  |
| đ٤                   | emp                  | nasis on preschoolers.  |                      |                |  |  |  |  |  |  |  |  |  |
| ACEGO MENER PARTICUL | 2 Check th           | is box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25  | % of its assets.     |                |  |  |  |  |  |  |  |  |  |
| 22                   | 3 Number             | of voting members of the governing body (Part VI, line 1a)  |                      | 3              |  |  |  |  |  |  |  |  |  |
| Z                    | 4 Number             | of independent voting members of the governing body (Part VI, line 1b)  |                      | 4              |  |  |  |  |  |  |  |  |  |
| 3                    | 5 Total pu           | mber of employees (Part V, line 2a)   |                      | 5              |  |  |  |  |  |  |  |  |  |
| (A)                  | ) 3 Total lid        | •   |                      | 6              | · -  |  |  |  |  |  |  |  |  |
| ĕ                    |                      | mber of volunteers (estimate if necessary)  |                      |                |  |  |  |  |  |  |  |  |  |
|                      |                      | ss unrelated business revenue from Part VIII, line 12, column (C)   |                      | 7a             |  |  |  |  |  |  |  |  |  |
|                      | b Net unre           | lated business taxable income from Form 990-T, line 34 C E V E D  | · · · <u>·</u> · · · | 7b             | 0  |  |  |  |  |  |  |  |  |
|                      |                      | <del> </del>  | Prior Ye             |                | Current Year   |  |  |  |  |  |  |  |  |
| Ф                    | 8 Contribu           | tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d) | ь.                   | 2,737          | 56,412   |  |  |  |  |  |  |  |  |
| Revenue              | 9 Program            | service revenue (Part VIII, line 2g)  |                      |                |  |  |  |  |  |  |  |  |  |
| 9,6                  | 10 Investm           | ent income (Part VIII, column (A), lines 3, 4, and 7d)  |                      | 4,706          | 1,630  |  |  |  |  |  |  |  |  |
| æ                    | 11 Other re          | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and 18 1 15   | 2                    | 5,803          | 33,159   |  |  |  |  |  |  |  |  |
|                      |                      | enue—add lines 8 through 11 (must equal Part-VIII column A) Ine 2   |                      | 3,246          | 91,201   |  |  |  |  |  |  |  |  |
|                      |                      | nd similar amounts paid (Part IX, column (A), lines 1-3)  |                      | 4,550          |  |  |  |  |  |  |  |  |  |
|                      | 1                    | ·   | <del> </del>         | -/555          |  |  |  |  |  |  |  |  |  |
|                      | 4                    | paid to or for members (Part IX, column (A), line 4)  |                      |                |  |  |  |  |  |  |  |  |  |
| Se                   | 15 Salanes           | other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                      | <del></del>    |  |  |  |  |  |  |  |  |  |
| Expenses             | 16a Professi         | onal fundraising fees (Part IX, column (A), line 11e)   |                      |                |  |  |  |  |  |  |  |  |  |
| e e                  | b Total fur          | draising expenses (Part IX, column (D), line 25) 7,230  |                      | ļ.             |  |  |  |  |  |  |  |  |  |
| ũ                    | 17 Other ex          | penses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 6                    | 1,360          | 69,331   |  |  |  |  |  |  |  |  |
|                      |                      | penses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                      | 5,910          | 69,331   |  |  |  |  |  |  |  |  |
|                      |                      | e less expenses. Subtract line 18 from line 12  |                      | 7,336          | 21,870   |  |  |  |  |  |  |  |  |
| <u> </u>             | g Revenu             | s less expenses. Subtract line 10 ironn line 12   | Beginning o          |                | End of Year  |  |  |  |  |  |  |  |  |
| Net Assets or        | ខ្លី<br>20 Total as  | sets (Part X, line 16)  |                      | 4,213          | 607,897  |  |  |  |  |  |  |  |  |
| 188                  | 20 Total as          |   |                      | 2,113          | 3,927  |  |  |  |  |  |  |  |  |
| 귤                    | 21 lotalila          | illities (Part X, line 26)  |                      |                | 603,970  |  |  |  |  |  |  |  |  |
|                      |                      | ets or fund balances Subtract line 21 from line 20  | 36                   | 2,100          | 603,970  |  |  |  |  |  |  |  |  |
|                      | Part II   S          | gnature Block   |                      |                |  |  |  |  |  |  |  |  |  |
|                      |                      | der penalties of penury, I declare that I have examined this return, including accompanying schedules ar                          |                      |                |  |  |  |  |  |  |  |  |  |
|                      | ar                   | d belief, it is took correct, and complete. Declaration of preparer (other than officer) is based on all inform                   | nation of which pre  | parer has any  | knowledge  |  |  |  |  |  |  |  |  |
| Si                   | gn 📗                 | X ML M/C  |                      | 1 6            | 15//0  |  |  |  |  |  |  |  |  |
|                      | ere                  | Signature of officer  |                      | Date           | <del>-/</del>  |  |  |  |  |  |  |  |  |
| 110                  |                      | CHONNE PINHERO, THERE   | GR .                 | Date           |  |  |  |  |  |  |  |  |  |
|                      | i D                  |   |                      |                |  |  |  |  |  |  |  |  |  |
| _                    |                      | Type or print name and title  |                      |                | Denomina identification acceptant                    |  |  |  |  |  |  |  |  |
| _                    | Pi                   | eparer's Date   | Check                | ıf             | Preparer's identifying number<br>_(see instructions) |  |  |  |  |  |  |  |  |
|                      | aid si               |   | 5/10 self-<br>employ | /ed ▶ L        | P00089329  |  |  |  |  |  |  |  |  |
| Pr                   | eparer's 💳           | Ronald A. Kawahara & Co., CPA's,  | Inc.                 | EIN            | ▶ 99-0184098   |  |  |  |  |  |  |  |  |
| Us                   |                      | ms name (or yours   |                      |                | ,  |  |  |  |  |  |  |  |  |
|                      | ĭ   ıf               | on employed,  |                      | Phone          | 000_244. 5521  |  |  |  |  |  |  |  |  |
| _                    | l ad                 | dress, and ZIP+4 Wailuku, HI 96793-1482   |                      | no 🕨           | 808-244-5531   |  |  |  |  |  |  |  |  |
| 14-                  |                      | this return with the property shows above? (see instructions)   |                      |                | 1 1 1 1 1 1 1 1 1 1                                  |  |  |  |  |  |  |  |  |

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| Form 990 (2008) Na Leo Pulama                 |   | 95-1171049                                 |   | Page 2        |
|---|---|--|---|---------------|
|   | n Service Accomplishm                             | ents (see instructions)                    |   |               |
| 1 Briefly describe the organization's miss    | ion:  |  | 1                                       |               |
| To perpetuate the Ha                          | waiian language                                   | and culture on Maui                        | рХ                                      |               |
| supporting a Hawaiia                          |   | ol for children with                       | an .                                    |               |
| emphasis on preschoo                          | lers.   |  |   |               |
|   | -   |  |   |               |
| 2 Did the organization undertake any sign     | nificant program services during                  | the year which were not listed on          |   |               |
| the prior Form 990 or 990-EZ?                 |   |  | U Ye                                    | s 🔀 No        |
| If "Yes," describe these new services of      |   |  |   |               |
| 3 Did the organization cease conducting,      | or make significant changes in                    | how it conducts, any program               |   | 53            |
| services?                                     |   |  | Ye:                                     | s 🗓 No        |
| If "Yes," describe these changes on Sc        |   |  |   |               |
|   |   | on's three largest program services by exp |   |               |
|   | • • • •   | rusts are required to report the amount of | grants and                              |               |
| allocations to others, the total expenses     | s, and revenue, if any, for each                  | program service reported.                  |   |               |
| 4- (Codo: \(\( \)\( \)\( \)                   | 14,215 includin                                   | m manufact C                               | \ /Dayanya f                            |               |
| 4a (Code: ) (Expenses \$ To perpetuate the Ha |   |  | ) (Revenue \$                           |               |
| by supporting a Hawa                          |   |  | ••                                      | •             |
| with an emphasis on                           |   | To provide Maui                            |   |               |
| youngsters with qual                          |   |  |   |               |
| Hawaiian language im                          |   |  |   |               |
| formed to provide su                          |   |  |   | •             |
|   | <del>, , , , , , , , , , , , , , , , , , , </del> |  | <u>.</u>                                |               |
| immersion program es                          |   |  | <b>.</b>                                |               |
|   | e focus of the                                    |  |   |               |
| activities will be t                          |   |  | ·                                       |               |
| parents involved in                           |   |  |   |               |
| program by the follo                          | wing principal                                    | means:                                     |   |               |
|   |   |  |   | <del></del> . |
| 4b (Code: ) (Expenses \$                      | . includin  | g grants of \$                             | ) (Revenue \$                           | '             |
|   | •-  |  | • • •                                   |               |
| • • • • • •                                   |   |  |   |               |
|   |   |  |   |               |
| •• • • • • •                                  |   |  |   |               |
| • • • • • • •                                 |   | • • • • •                                  |   |               |
|   |   | •  | • |               |
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|   |   |  |   |               |
|   |   |  |   |               |
|   |   |  |   |               |
|   |   |  | \ (D_1)                                 | <del></del> - |
| 4c (Code: ) (Expenses \$                      | includin  | g grants of \$                             | ) (Revenue \$                           | )             |
|   |   | •    |   |               |
|   |   |  |   |               |
|   |   |  |   |               |
|   |   |  |   |               |
|   |   |  |   |               |
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|   |   |  |   |               |
|   |   |  | •                                       |               |
|   |   |  |   |               |
|   |   |  |   |               |
| 4d Other program services. (Describe in S     | chedule O )                                       |  |   |               |
|   | J. 1000 0 )                                       |  |   |               |
| (Expenses \$                                  | including grants of \$ \$ 14,215                  | ) (Revenue \$                              | )                                       |               |

| P   | art IV 'Checklist of Required Schedules  |               |     |             |
|-----|--|---------------|-----|-------------|
|     | •  |               | Yes | No          |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |               |     |             |
|     | complete Schedule A  | 1             | X   |             |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2             | X   |             |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |               |     |             |
| J   | candidates for public office? If "Yes," complete Schedule C, Part I  | 3             |     | x           |
|     | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete  | _ <b>~</b>    |     |             |
| 4   |  | 4             |     | x           |
| _   | Schedule C, Part II  | <del>-</del>  |     |             |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)  | _             |     |             |
|     | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5             |     |             |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to   |               |     |             |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete  |               |     |             |
|     | Schedule D, Part I   | 6             |     | _X_         |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |               |     |             |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7             |     | X           |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |               |     |             |
|     | complete Schedule D, Part III  | 8             |     | X           |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part  |               |     |             |
| •   | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"   |               |     |             |
|     | complete Schedule D, Part IV   | 9             |     | x           |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10            |     | x           |
|     | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,   | _ <del></del> |     |             |
| 11  |  | 11            | x   |             |
| 40  | Parts VI, VIII, VIII, IX, or X as applicable   |               |     | _           |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return  | 12            |     | x           |
|     | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | -             |     | X           |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13            |     | X           |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?   | 14a           |     |             |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,  |               |     | 7.          |
|     | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I   | 14b           |     | <u>X</u>    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any   |               |     |             |
|     | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II   | 15            |     | X           |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance  |               |     |             |
|     | to individuals located outside the United States? If "Yes," complete Schedule F, Part III  | 16            |     | X           |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I   | 17            |     | X           |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18            |     | X           |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19            |     | X           |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20            |     | X           |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21            |     | X           |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22            |     | X           |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete   |               |     |             |
|     | Schedule J   | 23            |     | x           |
| 24- | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  | <u> </u>      |     | <del></del> |
| 24a |  |               |     |             |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions  | 24-           |     | x           |
| _   | 24b–24d and complete Schedule K. If "No," go to question 25  | 24a           | -   | <u> </u>    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b           |     |             |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |               |     |             |
|     | to defease any tax-exempt bonds?   | 24c           | _   | <u> </u>    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d           |     | <u> </u>    |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction  |               |     |             |
|     | with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a           |     | X           |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified   |               |     |             |
|     | person from a prior year? If "Yes," complete Schedule L, Part I  | 25b           |     | X           |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or  |               |     |             |
| _•  | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26            |     | х           |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or  |               |     |             |
|     | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III   | 27            |     | x           |
|     | Cappiantal Contributory of to a porson rolated to open an internation in 100, complete Contributor Con |               |     | (2008)      |

|    | •   |          | Yes | No |
|----|---|----------|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee.       |          |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or        |          |     |    |
|    | employee), or an indirect business relationship through ownership of more than 35% in another entity              |          |     | ŀ  |
|    | (Individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, |          |     |    |
|    | Part IV   | 28a      |     | X  |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"          |          |     |    |
|    | complete Schedule L, Part IV  | 28b      |     | X  |
| С  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a      |          |     |    |
|    | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV            | 28c      |     | X  |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M          | 29       | X   |    |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified    |          |     |    |
|    | conservation contributions? If "Yes," complete Schedule M   | 30       |     | X  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,       |          |     |    |
|    | Part I  | 31       |     | X  |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  | ·        |     |    |
| -  | Schedule N, Part II   | 32       |     | X  |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations        |          |     |    |
|    | sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I   | 33       |     | X  |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,        |          |     |    |
| •  | III, IV, and V, line 1  | 34       |     | X  |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete      |          |     |    |
| •• | Schedule R, Part V, line 2  | 35       |     | x  |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related       |          |     |    |
| •  | organization? If "Yes," complete Schedule R, Part V, line 2   | 36       |     | x  |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | <u> </u> |     |    |
| Ψ, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part         |          |     |    |
|    | VI  | 37       |     | x  |

Form **990** (2008)

| Pa  | rt V Statements Regarding Other IRS Filings and Tax Compliance   |        |     |   |     |     |          |
|-----|--|--------|-----|---|-----|-----|----------|
|     | •  |        |     |   |     | Yes | No       |
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of                                     |        |     |   |     |     | l        |
|     | U S. Information Returns. Enter -0- if not applicable  | 1a     |     |   | ļ   |     |          |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b     |     |   | ļ   |     | l        |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable            | able   |     |   |     |     |          |
|     | gaming (gambling) winnings to prize winners?   | ٠,     |     |   | 1c  |     | X        |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |        |     |   |     |     | 1        |
|     | Statements, filed for the calendar year ending with or within the year covered by this return                          | 2a     |     |   |     |     | İ        |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         | •      | •   |   | 2b  |     |          |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) |        |     |   |     |     |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by                | ,      |     |   |     |     |          |
| -   | this return?   |        |     |   | 3a  |     | X        |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                       |        |     |   | 3b  |     |          |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other auth           | ontv   | •   |   |     |     |          |
| -   | over, a financial account in a foreign country (such as a bank account, securities account, or other financial         |        |     |   |     |     |          |
|     | account)?  |        |     |   | 4a  | 1   | X        |
| b   | If "Yes," enter the name of the foreign country:   | •      | •   |   |     |     |          |
| -   | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank              | <br>k  |     |   |     |     |          |
|     | and Financial Accounts.  |        |     |   |     |     |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                  |        |     |   | 5a  |     | X        |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction        | ?      |     | • | 5b  |     | Х        |
| C   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity                 |        |     |   |     |     |          |
| -   | Regarding Prohibited Tax Shelter Transaction?  |        |     |   | 5c  |     |          |
| 6a  | Did the organization solicit any contributions that were not tax deductible?   |        |     | • | 6a  |     | X        |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions of         | <br>or |     |   |     |     |          |
|     | gifts were not tax deductible?   |        |     |   | 6b  |     |          |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |        |     | • |     |     |          |
| а   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than              | า      |     |   |     |     |          |
|     | \$75?  |        |     |   | 7a  |     | X        |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                        |        |     | • | 7b  |     |          |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was               |        |     | - |     |     |          |
|     | required to file Form 8282?  |        |     |   | 7c  |     | X        |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d     | • • |   |     |     |          |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person          | nal    |     |   | 1   |     |          |
|     | benefit contract?  |        |     |   | 7e  |     | X        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?           |        | • • | • | 7f  |     | X        |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?             |        | • • |   | 7g  |     | Х        |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as            |        |     |   |     |     |          |
|     | required?  |        |     |   | 7h  |     | X        |
| 8   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section                       | on     |     |   |     |     |          |
|     | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor                 | ing    |     |   |     |     | <u> </u> |
|     | organization, have excess business holdings at any time during the year?   |        | _   |   | 8   |     | X        |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.                                  |        |     |   |     |     |          |
| а   | Did the organization make any taxable distributions under section 4966?  |        |     |   | 9a  |     | X        |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                 |        |     |   | 9b  | , i | X        |
| 10  | Section 501(c)(7) organizations. Enter:  |        |     |   |     |     |          |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a    |     |   |     | İ   |          |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                            | 10b    |     |   | ]   |     |          |
| 11  | Section 501(c)(12) organizations. Enter:   |        |     |   |     |     |          |
| а   | Gross income from members or shareholders  | 11a    |     |   |     |     |          |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against                               |        |     |   |     |     |          |
|     | amounts due or received from them.)  | 11b    |     |   |     |     |          |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104               | 41?    |     |   | 12a |     |          |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                  | 12b    |     |   |     |     |          |

Form 990 (2008) Na Leo Pulama O Maui, Inc. 95-1171049

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management   |      |          |             |
|-----|---|------|----------|-------------|
|     |   |      | Yes      | No          |
|     | For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the             |      |          |             |
|     | circumstances, processes, or changes in Schedule O. See instructions.   | 1    |          |             |
| 1a  | Enter the number of voting members of the governing body  | 4    |          |             |
| b   | Enter the number of voting members that are independent   | -    |          |             |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with        |      |          | 72          |
|     | any other officer, director, trustee, or key employee?  | 2    |          | <u>X</u> _  |
| 3   | Did the organization delegate control over management duties customanly performed by or under the direct              |      |          | 7.7         |
|     | supervision of officers, directors or trustees, or key employees to a management company or other person?             | 3    |          | X           |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4    |          | X           |
| 5   | Did the organization become aware during the year of a material diversion of the organization's assets?               | 5    |          | X           |
| 6   | Does the organization have members or stockholders?   | 6    | <u> </u> | X           |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members                  |      |          |             |
|     | of the governing body?  | 7a   |          | X           |
| b   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?               | 7b   |          | X           |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during                |      |          |             |
|     | the year by the following:  |      |          |             |
| а   | The governing body?   | 8a   | X        |             |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b   | X        |             |
| 9a  | Does the organization have local chapters, branches, or affiliates?   | 9a   |          | X           |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,       |      |          |             |
|     | affiliates, and branches to ensure their operations are consistent with those of the organization?                    | 9b   |          |             |
| 10  | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations       |      |          |             |
|     | must describe in Schedule O the process, if any, the organization uses to review the Form 990                         | 10   |          | X_          |
| 11  | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at    |      |          |             |
|     | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                           | 11   |          | <u> X</u> . |
| Sec | tion B. Policies  |      |          |             |
|     |   | _    | Yes      | No          |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13                              | 12a  |          | X           |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give        |      |          |             |
|     | rise to conflicts?  | 12b  |          |             |
| C   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"            |      |          |             |
|     | describe in Schedule O how this is done   | 12c  |          |             |
| 13  | Does the organization have a written whistleblower policy?  | 13   |          | X           |
| 14  | Does the organization have a written document retention and destruction policy?                                       | 14   |          | X           |
| 15  | Did the process for determining compensation of the following persons include a review and approval by                |      |          |             |
|     | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:         |      |          |             |
| а   | The organization's CEO, Executive Director, or top management official?   | 15a  | <u></u>  | X           |
| b   | Other officers or key employees of the organization?  | 15b  |          | X           |
|     | Describe the process in Schedule O. (see instructions)  |      |          |             |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement        |      |          |             |
|     | with a taxable entity during the year?  | 16a  |          | X           |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate           |      |          |             |
|     | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard        |      |          |             |
|     | the organization's exempt status with respect to such arrangements?   | 16b  |          |             |
| Sec | tion C. Disclosure  |      |          | _           |
| 17  | List the states with which a copy of this Form 990 is required to be filed None                                       |      |          |             |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | •    | •        | • •         |
|     | available for public inspection. Indicate how you make these available. Check all that apply.                         |      |          |             |
|     | Own website Another's website Upon request  |      |          |             |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest |      |          |             |
| 13  | policy, and financial statements available to the public.   |      |          |             |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the       |      |          |             |
| 20  | organization. Shonna Pinheiro 355 Hukilike St.  |      |          |             |
| W.  | ahului HI 96732 80  | 8-87 | 7-4      | 488         |
| 11  |   |      |          |             |

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

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

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

| (A)                          | ( <b>B)</b><br>Average | Posi        | tion (   |  | C)<br>call ti | nat ap                       | ply)   | (D)<br>Reportable  | <b>(E)</b><br>Reportable   | (F)<br>Estimated   |
|------------------------------|------------------------|-------------|--|--|---------------|------------------------------|--------|--|--|--|
| Name and Title               | hours per<br>week      | or director |  | Officer  | Key employee  | Highest compensated employee | Former | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Hanalei Coll<br>Pelekikena   | eado                   |             |  |  |               |                              |        | 0  | 0  | 0  |
| Joe Liu                      | ·-·                    | +           | <del>                                     </del> | <del>                                     </del> |               |                              |        |  |  |  |
| Hope Peleki                  |                        |             |  |  |               | ļ                            |        | 0  | 0  | 0  |
| Laurie Ah Sa                 | u                      |             |  |  |               |                              |        |  | <del></del>  |  |
| Kakau 'Olelo                 |                        |             |  |  |               |                              |        | 0  | 0  | 0  |
| Ku'uleialoha                 | Bulusan                |             |  |  |               |                              |        |  |  |  |
| Kakau 'Olelo                 |                        |             |  | <u>L</u>   |               | $oxed{oxed}$                 |        | 0  | 0  | 0  |
| Shonna Pinhe                 | iro                    |             |  | 1  |               |                              |        |  |  |  |
| Pu'uku                       |                        |             | <u> </u>   | ┞  | <u> </u>      | ╙                            | L_     | 0  | 0  | 0  |
| Moses Kane                   |                        |             |  |  | İ             |                              |        |  |  | •  |
| Lala Kaiaulu                 |                        | +           | _  | ├-   | -             |                              |        | 0  | 0  | 0  |
| Melony NeSmi                 | tn                     |             |  |  |               |                              | ŀ      | o  | 0  | 0  |
| Lala Kaiaulu<br>Charlene Doi | <del></del>            | +           | ┢  | ├  |               | ┢                            |        | 0  | 0  |  |
| Lala Kaiaulu                 |                        |             |  |  |               |                              |        | o  | 0  | 0  |
| Mark Givense                 | 1                      | +           | $\vdash$   | ┢╴   |               |                              |        |  |  |  |
| Lala Kaiaulu                 | _                      |             |  |  |               |                              |        | o  | 0  | 0  |
| Kili Namau'u<br>Kahu         |                        |             |  |  |               |                              |        | 0  | 0  | 0  |
|                              |                        |             |  |  |               |                              |        |  |  |  |
|                              |                        |             |  |  |               |                              |        |  |  |  |
|                              |                        |             |  |  |               |                              |        |  |  |  |
|                              |                        |             |  |  |               |                              |        |  |  |  |
|                              |                        |             |  |  |               |                              |        |  |  |  |
|                              |                        |             |  |  |               |                              |        |  |  |  |
|                              |                        |             |  |  |               |                              |        |  |  |  |

|   |   | . Officers, Directors, Trus                             |  |                                  |  | iplo                     |                                    | , an           | d Highest Compensated E  | mployees (continued)   | Page 8   |
|---|---|---|--|----------------------------------|--|--------------------------|------------------------------------|----------------|--|--|--|
| (A)<br>Name and title                                       | 9,  | 1 /wordgo  -  | <b>├</b>                               | _                                | check  | _                        | hat ap                             | _              | (D)<br>Reportable  | (E)<br>Reportable  | (F)<br>Estimated   |
| ٠   |   | hours per<br>week                                       | Individual trustee or director         | Institutional trustee            | Officer  | Key employee             | Highest compensated employee       | Former         | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
|   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
| · .   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
| · · · · ·   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
| ·   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
|   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
|   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
| · · · · · · ·   | •   |   |  |                                  |  |                          |                                    |                |  |  | _  |
| ·· ·  |   |   |  |                                  |  |                          |                                    |                |  |  |  |
|   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
|   | . ,   |   |  |                                  |  |                          |                                    |                |  |  | <u>.</u>   |
|   |   |   |  |                                  | !  |                          |                                    |                |  |  |  |
|   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
|   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
| 1b Total  |   | · · · · · · · · · · · · · · · · · · ·                   |  |                                  |  |                          |                                    | <u> </u>       | <u></u>  |  |  |
| 2 Total number<br>organization                              |   | viduals (including those in 1                           | a) wi                                  | no re                            | ceive  | ea m                     | nore i                             | man            | \$100,000 in reportable com                                    | pensation from the   |  |
| employee on 4 For any individual individual 5 Did any perse | line 1a'<br>idual lis<br>ion and<br><br>on listed | ? If "Yes," complete Scheduted on line 1a, is the sum o | ule J<br>f repo<br>ter th<br><br>ue co | for si<br>ortab<br>an \$<br>ompe | uch i<br>le co<br>150,<br>nsat                 | ndiv<br>ompe<br>0007<br> | idual<br>ensat<br>? If "Y<br>rom a | ion a<br>'es," |  | <br>m  | Yes No  3 X  4 X  5 X  |
| Section B. Indepo   |   |   | nsate                                  | ed inc                           | depe   | nder                     | nt coi                             | ntrac          | ctors that received more tha                                   | n \$100,000 of   |  |
|   |   | he organization. (A) Name and business address          |  |                                  |  |                          |                                    |                |  | (B)<br>tuon of services  | (C)<br>Compensation  |
| · · · · ·   |   |   |  |                                  |  |                          |                                    |                |  |  |  |
|   |   | <del></del>   |  |                                  |  | -                        |                                    |                |  |  |  |
| -   |   |   |  |                                  |  |                          |                                    | T              |  |  |  |
|   | ·   |   |  |                                  |  | _                        |                                    |                | <u>.</u>   |  |  |
|   |   | <del></del> ,   |  |                                  | <u>.                                      </u> |                          |                                    |                |  |  |  |
|   |   | ependent contractors (including                         | ding t                                 | hose                             | in 1   | ) wh                     | o rec                              | eive           | ed more than \$100,000 in                                      |  | 0  |
| DAA   |   | and organization P                                      |  |                                  |  |                          | _                                  |                |  | <del></del>  | Form <b>990</b> (2008)   |

Form 990 (2008) Na Leo Pulama O Maui, Inc. Statement of Revenue (A) Total revenue (B) Related or (C) (D) Revenue Unrelated exempt function excluded from tax business under sections revenue 512, 513, or 514 revenue 1a 1a Federated campaigns b Membership dues 1b 1c c Fundraising events d Related organizations 1d 44,800 Contributions, and other simi 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above <u>11,612</u> 44,800 g Noncash contributions included in lines 1a-1f 56,412 h Total. Add lines 1a-1f Program Service Revenue Busn. Code f All other program service revenue . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,630 1,630 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (ı) Secunties (II) Other sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) . . 8a Gross income from fundraising events (not including \$ . . Other Revenue of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less. direct expenses . . . b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 26,441 26,441 11a Ho'omau 4,722 4,722 b County Fair 1,694 1,694 Other Fundraising Activity 302 302 d All other revenue . . . . 33,159 e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 91,201 0 34,789 9c, 10c, and 11e

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do       | not include amounts reported on lines 6b,                         | (A)<br>Total expenses | (B) Program service | (C)<br>Management and | (D)<br>Fundraising |
|----------|---|-----------------------|---------------------|-----------------------|--------------------|
| 7b,      | 8b, 9b, and 10b of Part VIII.                                     |                       | expenses            | general expenses      | expenses           |
| 1        | Grants and other assistance to governments and                    |                       |                     |                       |                    |
|          | organizations in the U.S. See Part IV, line 21                    |                       | <del></del>         |                       |                    |
| 2        | Grants and other assistance to individuals in                     |                       |                     |                       |                    |
|          | the U.S. See Part IV, line 22                                     |                       | -                   |                       |                    |
| 3        | Grants and other assistance to governments,                       |                       |                     |                       | }                  |
|          | organizations, and individuals outside the                        |                       |                     |                       |                    |
|          | U.S See Part IV, lines 15 and 16                                  |                       |                     | ·                     |                    |
| 4        | Benefits paid to or for members                                   |                       |                     |                       |                    |
| 5        | Compensation of current officers, directors,                      |                       |                     |                       |                    |
|          | trustees, and key employees                                       |                       |                     |                       |                    |
| 6        | Compensation not included above, to disqualified                  |                       |                     |                       |                    |
|          | persons (as defined under section 4958(f)(1)) and                 |                       |                     |                       |                    |
|          | persons described in section 4958(c)(3)(B)                        |                       |                     |                       | <del></del>        |
| 7        | Other salaries and wages  |                       |                     |                       |                    |
| 8        | Pension plan contributions (include section 401(k)                |                       |                     |                       |                    |
|          | and section 403(b) employer contributions)                        |                       |                     |                       |                    |
| 9        | Other employee benefits   |                       |                     |                       |                    |
| 10       | Payroll taxes   |                       |                     |                       |                    |
| 11       | Fees for services (non-employees)                                 |                       |                     |                       |                    |
| а        | Management  |                       |                     |                       |                    |
| b        | Legal   | 2 776                 |                     | 2 776                 |                    |
| С        | Accounting  | 3,776                 |                     | 3,776                 |                    |
| d        | Lobbying  |                       |                     |                       | <del></del>        |
| 8        | Professional fundraising services. See Part IV, line 17           |                       |                     |                       |                    |
| f        | Investment management fees  |                       |                     |                       |                    |
| g        | Other   |                       |                     |                       |                    |
| 12       | Advertising and promotion   |                       |                     |                       |                    |
| 13       | Office expenses   |                       |                     |                       |                    |
| 14       | Information technology  |                       |                     |                       |                    |
| 15       | Royalties   | 43,400                |                     | 43,400                |                    |
| 16       | Occupancy   | 43,400                |                     | 43,400                | <u></u>            |
| 17       | Travel  |                       |                     |                       |                    |
| 18       | Payments of travel or entertainment expenses                      |                       |                     |                       |                    |
| 40       | for any federal, state, or local public officials                 |                       |                     |                       |                    |
|          | Conferences, conventions, and meetings                            | <del>-</del>          |                     |                       |                    |
| 20       | Interest  |                       |                     | <del></del>           |                    |
| 21       | Payments to affiliates  | 1,705                 | 1,209               | 496                   |                    |
| 22<br>23 | Insurance   | = 7.00                |                     |                       |                    |
| 23       |   |                       |                     |                       |                    |
| 24       | Other expenses. Itemize expenses not                              |                       |                     |                       |                    |
|          | covered above. (Expenses grouped together                         |                       |                     |                       |                    |
|          | and labeled miscellaneous may not exceed                          |                       |                     |                       |                    |
|          | 5% of total expenses shown on line 25 below.)                     |                       |                     |                       |                    |
| а        | School Activities and Eve   | 6,649                 | 1,232               |                       | 5,417              |
| b        | Scholarships  | 4,090                 |                     |                       | <u> </u>           |
| c        | Outside Services  | 3,070                 | 3,070               |                       | <del></del>        |
| d        | Licenses and Accreditatio   | 2,239                 | 2,239               | <del></del>           |                    |
| e        | Taxes   | 2,027                 |                     | 214                   | 1,813              |
| f        | All other expenses  | 2,375                 | 2,375               |                       |                    |
| 25       | Total functional expenses. Add lines 1 through 24f                | 69,331                | 14,215              | 47,886                | 7,230              |
| 26       | Joint Costs. Check here   |                       |                     |                       | . ,                |
|          | SOP 98-2. Complete this line only if the                          |                       |                     |                       |                    |
|          | organization reported in column (B) joint costs                   |                       |                     |                       |                    |
|          | from a combined educational campaign and fundraising solicitation |                       |                     |                       |                    |
|          |   |                       |                     |                       |                    |

| P            | art > | Balance Sheet  |             |                                |                                       |             |                 |                  |
|--------------|-------|--|-------------|--------------------------------|---------------------------------------|-------------|-----------------|------------------|
|              |       |  |             |                                | (A)                                   |             | (B)             |                  |
|              |       | <u> </u>   |             |                                | Beginning of year                     |             | End of yea      |                  |
|              | 1     | Cash—non-interest bearing  |             |                                | 119,741                               | _1          |                 | ,491             |
|              | 2     | Savings and temporary cash investments   |             |                                | 140,307                               | 2           | 191             | ,937             |
|              | 3     | Pledges and grants receivable, net   |             |                                |                                       | 3           |                 |                  |
|              | 4     | Accounts receivable, net   |             |                                |                                       | 4           |                 |                  |
|              | 5     | Receivables from current and former officers, directors, tru   | stees,      | key                            |                                       |             |                 |                  |
|              |       | employees, or other related parties. Complete Part II of Sc  | hedule      | L                              |                                       | 5_          |                 |                  |
|              | 6     |  |             |                                |                                       |             |                 |                  |
|              | -     | Receivables from other disqualified persons (as defined ur<br>4958(f)(1)) and persons described in section 4958(c)(3)(B)         |             |                                |                                       |             |                 |                  |
|              |       | Part II of Schedule L  | •           |                                |                                       | 6           |                 |                  |
| G            | 7     | Notes and loans receivable, net  |             | 7                              |                                       |             |                 |                  |
| šet          | 8     | Inventories for sale or use  |             |                                |                                       | 8           |                 |                  |
| Assets       | 9     | Prepaid expenses and deferred charges  | •           |                                |                                       | 9           |                 |                  |
| 4            | 10a   |  | 10a         | 352,343                        |                                       |             |                 |                  |
|              |       | Less. accumulated depreciation Complete  | 1           |                                |                                       |             |                 |                  |
|              | ן י   | Part VI of Schedule D  | 10ь         | 16,874                         | 324,165                               | 10c         | 335             | ,469             |
|              |       | Investments—publicly traded securities   | 100         |                                | 521,200                               | 11          |                 | 7 - 0 5          |
|              | 11    | •  |             | ·                              |                                       | 12          |                 |                  |
|              | 12    | Investments—other securities. See Part IV, line 11   | •           |                                |                                       | 13          | <del></del>     |                  |
|              | 13    | Investments—program-related. See Part IV, line 11  |             | ·· ··                          |                                       | 14          |                 |                  |
|              | 14    | Intangible assets  |             |                                |                                       | 15          |                 |                  |
|              | 15    | Other assets. See Part IV, line 11   |             | · · · · -                      | 584,213                               | 16          | 607             | ,897             |
|              | 16    | Total assets. Add lines 1 through 15 (must equal line 34)  | •           | •••                            | 364,213                               |             | 807             | ,091             |
|              | 17    | Accounts payable and accrued expenses  |             |                                |                                       | 17          |                 |                  |
|              | 18    | Grants payable   |             | <del> </del> -                 |                                       | 18          | - 1             |                  |
|              | 19    | Deferred revenue   |             | -                              |                                       | 19          |                 | <del></del> -    |
| w            | 20    | Tax-exempt bond liabilities  |             | -                              |                                       | 20          |                 |                  |
| ë            | 21    | Escrow account liability. Complete Part IV of Schedule D .   |             | -                              |                                       | 21          |                 |                  |
| Liabilities  | 22    | Payables to current and former officers, directors, trustees   |             |                                |                                       |             |                 |                  |
| iak          |       | employees, highest compensated employees, and disquali   | fied        | <u> </u>                       | · · · · · · · · · · · · · · · · · · · |             |                 |                  |
| _            |       | persons. Complete Part II of Schedule L  |             | -                              |                                       | 22          |                 |                  |
|              | 23    | Secured mortgages and notes payable to unrelated third p   | arties      |                                |                                       | 23          |                 |                  |
|              | 24    | Unsecured notes and loans payable  |             |                                | 0.110                                 | 24          |                 | 000              |
|              | 25    | Other liabilities. Complete Part X of Schedule D   |             |                                | 2,113                                 | 25          |                 | ,927             |
| _            | 26    | Total liabilities. Add lines 17 through 25   | <del></del> | <u></u>                        | 2,113                                 | 26          | 3               | ,927             |
| ces          |       | Organizations that follow SFAS 117, check here   | and         |                                |                                       |             |                 |                  |
| ĕ            |       | complete lines 27 through 29, and lines 33 and 34.   |             | ļ                              |                                       |             |                 |                  |
| Balan        | 27    | Unrestricted net assets  |             |                                | 156,894                               | _           |                 | ,764             |
| ä            | 28    | Temporarily restricted net assets  |             |                                | 425,206                               | 28          | 425             | ,206             |
| Б            | 29    | Permanently restricted net assets  |             | ., <u> </u>                    |                                       | 29          |                 |                  |
| Fund         |       | Organizations that do not follow SFAS 117, check here  | ∍► L        | ]                              |                                       |             |                 |                  |
| <u></u>      |       | and complete lines 30 through 34.  |             |                                |                                       |             |                 |                  |
|              | 30    | Capital stock or trust principal, or current funds   |             | L                              |                                       | 30          |                 |                  |
| Assets       | 31    | Paid-in or capital surplus, or land, building, or equipment fu   | ınd         | L                              |                                       | 31          |                 |                  |
| Ş            | 32    | Retained earnings, endowment, accumulated income, or o   | ther fur    | nds                            |                                       | 32          |                 |                  |
| <del>,</del> | 33    | Total net assets or fund balances  |             |                                | 582,100                               | 33          | 603             | ,970             |
| Net          | 34    | Total liabilities and net assets/fund balances   | ••          |                                | 584,213                               | 34          | 607             | ,897             |
| Р            | art > |  | _           |                                |                                       |             |                 |                  |
|              |       |  | _           |                                |                                       |             | Ye              | s No             |
| 1            | Δc    | counting method used to prepare the Form 990.  | ash         | X Accrual Oth                  | er                                    |             |                 |                  |
| 2            |       | ere the organization's financial statements compiled or review   |             |                                |                                       |             | 2a              | х                |
|              |       | ere the organization's financial statements complied or reviewer the organization's financial statements audited by an inde      |             |                                | • • • •                               |             | 2b              | X                |
|              |       | Yes" to lines 2a or 2b, does the organization have a commit  |             |                                | oversight of                          |             | ·   <del></del> | _ <del> </del> - |
| •            |       | e audit, review, or compilation of its financial statements and  |             |                                |                                       |             | 2c              |                  |
| 9.           |       | e audit, review, or compilation of its financial statements and<br>a result of a federal award, was the organization required to |             |                                |                                       | • •         |                 |                  |
| 3            |       |  | under       | yo arrauun or auults as sel li | oral III                              |             | 20              |                  |
|              |       | e Single Audit Act and OMB Circular A-133?   | iin 2       |                                |                                       | -           | 3a              |                  |
|              | ti c  | Yes," did the organization undergo the required audit or aud   | I(\$ /      | <u></u>                        |                                       | <del></del> | 3b              |                  |

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

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number Na Leo Pulama O Maui, Inc. 95-1171049 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, 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 support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c | Type III-Functionally Integrated Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? (i) organized in the col (i) of your (see instructions)) US? support? No No

Total

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Gomplete only if you checked the box on line 9 of Part I.)

| Sec       | tion A. Public Support   |                        |                      |                                       |                      |          |              |
|-----------|--|------------------------|----------------------|---------------------------------------|----------------------|----------|--------------|
|           | llendar year (or fiscal year beginning in) ▶   | (a) 2004               | <b>(b)</b> 2005      | (c) 2006                              | (d) 2007             | (e) 2008 | (f) Total    |
| 1         | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 63,350                 | 185,265              | 67,888                                | 62,737               |          | 379,240      |
| 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 | 45,883                 | 38,529               | 63,910                                | 39,064               |          | 187,386      |
| 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 1-5   | 109,233                | 223,794              | 131,798                               | 101,801              |          | 566,626      |
| 7a        | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                        |                      |                                       |                      |          | _            |
| b         | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for               |                        |                      |                                       |                      |          |              |
|           | the year or \$5,000  | 40,883                 | 33,529               | 58,910                                | 34,064               |          | 167,386      |
| C         | Add lines 7a and 7b  | 40,883                 | 33,529               | 58,910                                | 34,064               |          | 167,386      |
| 8         | Public support (Subtract line 7c from line 6)  | 68,350                 | 190,265              | 72,888                                | 67,737               |          | 399,240      |
|           | tion B. Total Support  |                        |                      |                                       |                      |          |              |
| Ca        | lendar year (or fiscal year beginning in) ▶  | (a) 2004               | <b>(b)</b> 2005      | (c) 2006                              | (d) 2007             | (e) 2008 | (f) Total    |
| 9         | Amounts from line 6  | 109,233                | 223,794              | 131,798                               | 101,801              |          | 566,626      |
| 10a       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 268                    | 330                  | 4,183                                 | 4,706                |          | 9,487        |
| b         | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                        |                      |                                       |                      |          |              |
| С         | Add lines 10a and 10b  | 268                    | 330                  | 4,183                                 | 4,706                |          | 9,487        |
| 11        | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on   |                        |                      |                                       |                      |          |              |
| 12        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                        |                      |                                       |                      |          |              |
| 13        | Total support. (Add lines 9, 10c, 11,  | 109,501                | 224,124              | 135,981                               | 106,507              |          |              |
|           | and 12.)   |                        |                      |                                       |                      |          | 576,113      |
| 14        | First five years. If the Form 990 is for the organization, check this box and stop here  | rganızatıon's first, s | econd, third, fourth | , or fifth tax year as                | s a section 501(c)(3 | 3)       | . •          |
| Sec       | tion C. Computation of Public Sup  | port Percenta          | ge                   |                                       |                      |          | <u> </u>     |
| 15        | Public support percentage for 2008 (line 8, o  | xolumn (f) divided b   | y line 13, column (f | ))                                    |                      | 15       | 69.2989 %    |
| <u>16</u> | Public support percentage from 2007 Sched  | ule A, Part IV-A, lin  | ie 27g .             | <u> </u>                              | <u> </u>             | . 16     | 99.1737 %    |
| Sec       | tion D. Computation of Investmen   | t Income Perce         | entage               |                                       |                      |          |              |
| 17        | Investment income percentage for 2008 (line  | * *                    |                      | lumn (f))                             |                      | 17       | 1.6467 %     |
| 18        | Investment income percentage from 2007 S   |                        |                      |                                       |                      | 18       | 0.8263 %     |
| 19a       | 33 1/3 % support tests—2008. If the organ  |                        |                      |                                       |                      |          | <u>_</u> === |
| b         | 17 is not more than 33 1/3 %, check this box 33 1/3 % support tests—2007. If the organ   |                        | -                    |                                       |                      | •        | <b>▶</b> 🗓   |
| -         | line 18 is not more than 33 1/3 %, check this  |                        |                      |                                       |                      |          | ▶□           |
| 20        | Private foundation. If the organization did  |                        | -                    |                                       |                      |          | ··. •        |

| Schedule A (Fo | m 990 or 990-EZ) 2008                     | Na Leo | Pulama | O Maui, | Inc.     |                                       | 95-1171049 | Page 4 |
|----------------|---|--------|--------|---------|----------|---------------------------------------|------------|--------|
|                | Supplemental Info<br>Part II, line 17a or |        |        |         |          |                                       |            | 10;    |
| •              |   |        |        |         |          |                                       |            |        |
|                | •   |        |        |         |          |                                       |            |        |
| •              |   |        |        |         |          |                                       |            |        |
|                |   |        |        |         |          |                                       |            | •      |
| •              | •••                                       | •      | •      |         |          |                                       | •          | •      |
| •              |   | •      |        |         | •        |                                       |            |        |
|                |   |        | ٠      | •       | •        |                                       |            |        |
|                |   |        |        |         | ••       |                                       |            |        |
|                |   |        |        |         |          |                                       |            |        |
|                |   |        |        |         |          |                                       |            |        |
|                |   |        |        |         |          |                                       |            |        |
|                |   |        | ••     |         | ٠        |                                       |            |        |
|                |   |        |        |         |          |                                       |            |        |
|                |   |        |        |         |          |                                       |            |        |
|                |   | ٠      |        |         |          |                                       |            |        |
| • -            |   |        |        | •       |          |                                       |            | • •    |
| •              |   |        |        | •       |          |                                       | •          |        |
|                |   | •      |        |         |          |                                       |            | •      |
| • •            |   |        |        |         |          |                                       | •          | •      |
|                |   |        |        |         |          |                                       |            |        |
|                |   |        |        |         | •        |                                       |            |        |
|                |   |        |        |         |          |                                       |            |        |
|                |   |        |        |         | <u>.</u> |                                       |            |        |
|                |   |        |        |         |          | · · · · · · · · · · · · · · · · · · · |            |        |
| • •            |   | •      |        | ٠       |          |                                       | •          |        |
|                |   |        |        |         | •        |                                       |            |        |
|                |   |        |        | •       |          |                                       |            |        |
|                |   |        |        | •       |          |                                       |            |        |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Employer identification number

Open to Public Inspection

|        | -   |  |                                     |
|--------|---|--|-------------------------------------|
| N      | a Leo Pulama O Maui, Inc.   |  | 95-1171049                          |
|        | art I Organizations Maintaining Donor Advised Fur   | ds or Other Similar Funds or               |                                     |
| L      | the organization answered "Yes" to Form 990,  |  |                                     |
|        |   | (a) Donor advised funds                    | (b) Funds and other accounts        |
| 1      | Total number at end of year   |  |                                     |
| 2      | Aggregate contributions to (during year)  |  |                                     |
| 3      | Aggregate contributions to (during year)  Aggregate grants from (during year)                 |  | _                                   |
| 3<br>4 | Aggregate value at end of year  | <del> </del>                               |                                     |
| -      |   | the accete hold in doner advised           | <u> </u>                            |
| 5      | Did the organization inform all donors and donor advisors in writing that                     |  | □ v <sub></sub> □ v <sub>-</sub>    |
|        | funds are the organization's property, subject to the organization's exclu                    |  | L Yes L No                          |
| 0      | Did the organization inform all grantees, donors, and donor advisors in v                     |  |                                     |
|        | used only for charitable purposes and not for the benefit of the donor or                     | donor advisor or other                     | $\square_{M}$ $\cdot$ $\square_{M}$ |
| - D    | impermissible private benefit?  | nization analyses d "Vas" to Es            | Yes No                              |
|        | art II Conservation Easements. Complete if the organical Conservation Conservation Easements. |  | orm 990, Part IV, line 7.           |
| 1      | Purpose(s) of conservation easements held by the organization (check a                        |  |                                     |
|        | Preservation of land for public use (e.g., recreation or pleasure)                            | Preservation of an historically            |                                     |
|        | Protection of natural habitat   | Preservation of certified histor           | nc structure                        |
|        | Preservation of open space  |  |                                     |
| 2      | Complete lines 2a–2d if the organization held a qualified conservation $\propto$              | intribution in the form of a conservation  | easement                            |
|        | on the last day of the tax year.  |  |                                     |
|        |   |  | Held at the End of the Year         |
| а      | Total number of conservation easements  |  | 2a                                  |
| b      | Total acreage restricted by conservation easements  |  | 2b                                  |
| C      | Number of conservation easements on a certified historic structure inclu-                     | ded in (a)                                 | 2c                                  |
| d      | Number of conservation easements included in (c) acquired after 8/17/0                        | 6  | 2d                                  |
| 3      | Number of conservation easements modified, transferred, released, exti                        | nguished, or terminated by the organiza    | ition during                        |
|        | the taxable year  |  |                                     |
| 4      | Number of states where property subject to conservation easement is lo                        | cated                                      |                                     |
| 5      | Does the organization have a written policy regarding the periodic monitor                    | onng, inspection, violations, and          | _                                   |
|        | enforcement of the conservation easements it holds?   |  | ∐ Yes                               |
| 6      | Staff or volunteer hours devoted to monitoring, inspecting, and enforcing                     | easements during the year                  |                                     |
| 7      | Amount of expenses incurred in monitoring, inspecting, and enforcing ea                       | sements dunng the year                     |                                     |
| 8      | Does each conservation easement reported on line 2(d) above satisfy the                       |  |                                     |
|        | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?   |  | Yes No                              |
| 9      | In Part XIV, describe how the organization reports conservation easeme                        | nts in its revenue and expense stateme     | ent. and                            |
|        | balance sheet, and include, if applicable, the text of the footnote to the o                  | •  |                                     |
|        | the organization's accounting for conservation easements.                                     |  |                                     |
| Pa     | art III Organizations Maintaining Collections of Art,   | Historical Treasures, or Other             | Similar Assets.                     |
|        | Complete if the organization answered "Yes" to  | Form 990, Part IV, line 8.                 |                                     |
|        | · · · · · · · · · · · · · · · · · · ·   |  |                                     |
| 12     | If the organization elected, as permitted under SFAS 116, not to report in                    | uts revenue statement and halance she      | eet works of                        |
| 10     | art, historical treasures, or other similar assets held for public exhibition,                |  |                                     |
|        | provide, in Part XIV, the text of the footnote to its financial statements the                |  | , public sorvice,                   |
|        | provide, in Fart XIV, the text of the loothole to its infaricial statements the               | a describes trese terris.                  |                                     |
|        | If the consequents a plantad are accounted under CEAC 446 to report in its                    | savenue etetement and balance cheet        | wada af ad                          |
| b      | If the organization elected, as permitted under SFAS 116, to report in its                    |  |                                     |
|        | historical treasures, or other similar assets held for public exhibition, edu                 | cauon, or research in furtherance of pu    | DIIC SERVICE,                       |
|        | provide the following amounts relating to these items:  |  |                                     |
|        | (i) Revenues included in Form 990, Part VIII, line 1  |  | • \$                                |
|        | (ii) Assets included in Form 990, Part X  |  | <b>&gt;</b> \$                      |
| 2      | If the organization received or held works of art, historical treasures, or c                 | ther similar assets for financial gain, pr | ovide the                           |
|        | following amounts required to be reported under SFAS 116 relating to the                      |  |                                     |
| а      | Revenues included in Form 990, Part VIII, line 1  |  | . <b>&gt; \$ _</b>                  |
| b      | Assets included in Form 990, Part X   |  | <b>&gt;</b> \$                      |
|        | • •   | • • • •                                    |                                     |

| Sche     | dule D (Form 990) 2008 Na Leo Pu   | lama O Maui,                          | Inc.                     | 95-11                   | L71049                                | Page 2                |
|----------|--|---------------------------------------|--------------------------|-------------------------|---------------------------------------|-----------------------|
| Pa       | art III Organizations Maintaining  | Collections of Art, F                 | listorical Treas         | ures, or Other S        | imilar Assets                         | (continued)           |
| 3        | Using the organization's accession and other items (check all that apply):                       | records, check any of the fo          | ollowing that are a sign | gnificant use of its co | llection                              |                       |
|          |  | a 🗆                                   |                          |                         |                                       |                       |
| a        | Public exhibition  |                                       | or exchange progran      | ris                     |                                       |                       |
| þ        | Scholarly research   | e U Other                             |                          |                         |                                       |                       |
| C        | Preservation for future generations  |                                       |                          |                         |                                       |                       |
| 4        | Provide a description of the organization's coll Part XIV.                                       | ections and explain how the           | ey further the organia   | zation's exempt purp    | ose in                                | ·                     |
| 5        | During the year, did the organization solicit or assets to be sold to raise funds rather than to |                                       |                          |                         |                                       | Yes No                |
| Pa       | rt IV Trust, Escrow and Custodi  | al Arrangements. Co                   | omplete if organ         | ization answere         | d "Yes" to Form                       | n 990,                |
|          | Part IV, line 9, or reported a   | _                                     | •                        |                         |                                       | •                     |
| 1a       | Is the organization an agent, trustee, custodial   |                                       |                          |                         |                                       | -                     |
|          | included on Form 990, Part X?  | · · · · · · · · · · · · · · · · · · · |                          |                         | Γ                                     | Yes No                |
| h        | If "Yes," explain the arrangement in Part XIV a  | <br>and complete the following to     | ahle:                    | •                       | –                                     | 00                    |
| •        | The root of opposition and are stated  | and complete the lenewing t           | 2010.                    |                         |                                       | Amount                |
| _        | Paginna halanca  |                                       |                          |                         | 40                                    | - Tunodit             |
| C        | Beginning balance  | •                                     |                          |                         | 1c                                    |                       |
| đ        | Additions during the year  |                                       | •                        |                         | . 1d                                  |                       |
| е        | Distributions during the year  | •                                     | •• •                     |                         | 1e                                    |                       |
| f        | Ending balance   |                                       |                          | • •                     | . <u>  1f  </u>                       |                       |
| 2a       | Did the organization include an amount on For  | m 990, Part X, line 21?               |                          |                         |                                       | Yes No                |
| b        | If "Yes," explain the arrangement in Part XIV.   |                                       | _                        |                         |                                       |                       |
| Pa       | ert V Endowment Funds. Compl   | ete if organization an                | swered "Yes" to          | Form 990, Par           | IV, line 10.                          |                       |
|          |  | (a) Current year                      | (b) Pnor year            | (c) Two years back      | (d) Three years bac                   | k (e) Four years back |
| 1a       | Beginning of year balance  |                                       |                          |                         |                                       |                       |
| b        | Contributions  |                                       |                          |                         |                                       |                       |
| c        | Investment earnings or losses  |                                       |                          |                         |                                       |                       |
| d        | Grants or scholarships   | _                                     |                          | 7                       |                                       |                       |
| _        | Other expenditures for facilities  |                                       |                          |                         |                                       |                       |
| ·        | and programs   |                                       |                          |                         |                                       |                       |
|          | , <del>-</del>   |                                       | -                        |                         | <u> </u>                              | <del></del> -         |
| ı        | Administrative expenses  |                                       |                          |                         |                                       | <del></del>           |
| g        | End of year balance  |                                       | <del></del>              | <u> </u>                | <u> </u>                              | <u> </u>              |
| 2        | Provide the estimated percentage of the year   | end balance held as.                  |                          |                         |                                       |                       |
| а        | Board designated or quasi-endowment  | %                                     |                          |                         |                                       |                       |
|          | Permanent endowment  |                                       |                          |                         |                                       |                       |
| C        | Term endowment ▶ %   |                                       |                          |                         |                                       |                       |
| 3a       | Are there endowment funds not in the possess   | sion of the organization that         | are held and admini      | stered for the          |                                       |                       |
|          | organization by  |                                       |                          |                         |                                       | Yes No                |
|          | (i) unrelated organizations  |                                       |                          |                         |                                       | 3a(i)                 |
|          | (ii) related organizations   |                                       | ••                       | • •                     |                                       | 3a(ii)                |
| ь        | If "Yes" to 3a(II), are the related organizations  | listed as required on Sched           | ule R?                   | •                       | •                                     | 3b                    |
| 4        | Describe in Part XIV the intended uses of the  |                                       | •                        |                         |                                       |                       |
|          | art VI Investments—Land, Buildi  |                                       |                          | Part Y line 10          | · · · · · · · · · · · · · · · · · · · |                       |
| <u> </u> | Description of investment  | (a) Cost or other basis               | (b) Cost or other        |                         | preciation                            | (d) Book visities     |
|          |  | (investment)                          | 1 ' '                    | 1 '                     | preciation                            | (d) Book value        |
|          |  | (investment)                          | basis (other             | ,                       |                                       | = <del>-</del> -      |
|          | Land   |                                       | <del> </del>             |                         |                                       | <del></del>           |
| b        | Buildings  |                                       |                          |                         |                                       |                       |
| C        | Leasehold improvements .   |                                       |                          |                         |                                       | <u> </u>              |
| d        | Equipment  |                                       |                          |                         |                                       |                       |
|          | Other  |                                       | 352                      | ,343                    | 16,874                                | 335,469               |
| Γota     | I. Add lines 1a-1e. (Column (d) should equal Fo  | orm 990, Part X, column (B)           |                          |                         | ▶                                     | 335,469               |

| Schedule D (Form 990) 2008 Na Leo Pulama O Maui,                                    |                                       | 95-1171049                    | Page 3         |
|---|---------------------------------------|-------------------------------|----------------|
| Part VII Investments—Other Securities. See Form 990,                                | Part X, line 12.                      |                               |                |
| (a) Description of security or category   | (b) Book value                        | (c) Method of                 | valuation      |
| (including name of secunty)   |                                       | Cost or end-of-year           | r market value |
| Financial derivatives and other financial products                                  |                                       | <del></del>                   | <del></del>    |
| Closely-held equity interests   |                                       |                               | <u> </u>       |
| Other   | -                                     |                               |                |
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|   |                                       |                               |                |
| Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 12.)                |                                       |                               |                |
| Part VIII Investments—Program Related. See Form 990,                                | Part X, line 13.                      |                               |                |
| (a) Description of investment type  | (b) Book value                        | (c) Method of                 | valuation      |
|   |                                       | Cost or end-of-year           | market value   |
|   | 1                                     | ····                          |                |
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| Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 13.)                |                                       |                               |                |
| Part IX Other Assets. See Form 990, Part X, line 15.                                |                                       |                               |                |
| (a) Description   |                                       |                               | (b) Book value |
|   |                                       | _                             |                |
|   |                                       |                               |                |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)                |                                       | <u> </u>                      | <del></del>    |
| Part X Other Liabilities. See Form 990, Part X, line 25.                            |                                       |                               |                |
| (a) Description of liability  | (b) Amount                            |                               |                |
| Federal income taxes  |                                       |                               |                |
| General Excise Tax Payable  | 3,927                                 |                               |                |
|   |                                       |                               |                |
|   |                                       |                               |                |
|   |                                       |                               |                |
|   |                                       |                               |                |
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|   |                                       |                               |                |
|   |                                       |                               |                |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25)                 | 3,927                                 |                               |                |
| a Part XIV, provide the text of the feetnate to the organization's financial statem |                                       | and a refer the building from |                |

uncertain tax positions under FIN 48

| Sche  | dule D (Form 990) 2008 Na Leo Pulama O Maui, Inc.   | 95-11710                 | 949 Page 4 |
|-------|---|--------------------------|------------|
| Pa    | rt XI Reconciliation of Change in Net Assets from Form 990 to                                       | Financial Statements     |            |
| 1     | Total revenue (Form 990, Part VIII, column (A), line 12)  |                          | 1          |
| 2     | Total expenses (Form 990, Part IX, column (A), line 25)   |                          | 2          |
| 3     | Excess or (deficit) for the year Subtract line 2 from line 1  |                          | 3          |
| 4     | Net unrealized gains (losses) on investments  |                          | 4          |
| 5     | Donated services and use of facilities  |                          | 5          |
| 6     | Investment expenses   |                          | _6         |
| 7     | Prior penod adjustments   |                          | 7          |
| 8     | Other (Describe in Part XIV)  |                          | 8          |
| 9     | Total adjustments (net). Add lines 4-8  |                          | 9          |
| 10    | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9                    |                          | 10         |
| Pa    | rt XII Reconciliation of Revenue per Audited Financial Stateme                                      | ents With Revenue per Re | eturn      |
| 1     | Total revenue, gains, and other support per audited financial statements                            |                          | 1          |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                 | 1 1                      | <u> </u>   |
| а     | Net unrealized gains on investments   | 2a                       | -          |
| b     | Donated services and use of facilities  | 2b                       |            |
| C     | Recovenes of prior year grants  | 2c                       |            |
| d     | Other (Describe in Part XIV)  | 2d                       | +          |
| θ     | Add lines 2a through 2d   |                          | 26         |
| 3     | Subtract line 2e from line 1  | ) (                      | 3          |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                | 4.0                      |            |
| a     | Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)      | 4a   4b                  | <b>⊣</b>   |
| b     | Add lines 4a and 4b   | [ 40 ]                   | 4c         |
| 5     | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)                     | • •                      | 5          |
|       | rt XIII Reconciliation of Expenses per Audited Financial Statem                                     | ents With Expenses per   |            |
| 1     | Total expenses and losses per audited financial statements  |                          | 1          |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                   |                          |            |
| а     | Donated services and use of facilities  | 2a                       |            |
| b     | Prior year adjustments  | 2b                       | 7          |
| С     | Losses reported on Form 990, Part IX, line 25   | 2c                       | 7          |
| d     | Other (Describe in Part XIV)  | 2d                       |            |
| 0     | Add lines 2a through 2d   |                          | 2е         |
| 3     | Subtract line 2e from line 1  |                          | 3          |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                  |                          |            |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b                                    | 4a                       | _          |
| b     | Other (Describe in Part XIV)  | 4b                       | 4          |
| C     | Add lines <b>4a</b> and <b>4b</b>   |                          | 4c         |
|       | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)                    |                          | 5          |
|       | rt XIV   Supplemental Information   | <del> </del>             |            |
|       | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line |                          |            |
| and 2 | b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a    | nd 4b.                   |            |
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| Schedule D (Form 990) 2008 Na                          | Leo Pulam         | a O Maui,      | Inc. | 95-1171049 | Page <b>5</b> |
|--|-------------------|----------------|------|------------|---------------|
| Schedule D (Form 990) 2008 Na Part XIV Supplemental Ir | nformation (conti | nued)          |      |            |               |
| •  |                   |                |      |            |               |
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## **SCHEDULE M** (Form 990) `

### **NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

|          | Na Leo Pi   | ırama                         | O Maui, inc.                          | ·   | 95-11/104                               | 9  |     |               |
|----------|---|-------------------------------|---------------------------------------|---|---|--|-----|---------------|
| Pa       | art I Types of Property   |                               | <u></u>                               |   |   |  |     |               |
|          |   | (a)<br>Check if<br>applicable | (b)<br>Number of Contributions        | (c) Revenues reported on Form 990, Part VIII, line 1g | (d)<br>Method of determinin<br>revenues | 9  |     |               |
| 1        | Art—Works of art  |                               | -                                     |   |   |  |     |               |
| 2        | Art—Historical treasures  |                               |                                       |   |   |  |     |               |
| 3        | Art—Fractional interests  |                               |                                       |   |   |  |     |               |
| 4        | Books and publications  |                               |                                       |   |   |  |     |               |
| 5        | Clothing and household goods  |                               |                                       |   |   |  |     | -             |
| 6        | Cars and other vehicles   |                               |                                       |   |   |  |     |               |
| 7        | Boats and planes  |                               |                                       |   |   |  |     |               |
| 8        | Intellectual property   |                               |                                       |   |   |  |     |               |
| 9        | Securities—Publicly traded  |                               |                                       |   |   |  |     |               |
| 10       | Securities—Closely held stock   |                               |                                       |   |   |  |     |               |
| 11       | Securities—Partnership, LLC, or trust interests                               |                               |                                       |   |   |  |     |               |
| 12       | Securities—Miscellaneous  |                               |                                       |   |   |  |     |               |
| 13       | Qualified conservation contribution (historic                                 |                               |                                       |   |   |  |     |               |
|          | structures)   |                               | · · · · · · · · · · · · · · · · · · · |   |   |  |     |               |
| 14       | Qualified conservation contribution (other)                                   |                               |                                       |   |   |  | _   |               |
| 15       | Real estate—Residential   |                               |                                       |   |   |  |     |               |
| 16       | Real estate—Commercial  |                               |                                       |   |   |  |     |               |
| 17       | Real estate—Other   |                               |                                       |   |   |  |     |               |
| 18       | Collectibles  |                               |                                       |   | ·                                       |  |     |               |
| 19       | Food inventory  |                               |                                       |   | <u>-</u>                                |  |     |               |
| 20       | Drugs and medical supplies  |                               |                                       | <u> </u>  |   |  |     |               |
| 21       | Taxidermy   |                               |                                       |   | · · · · · · · · · · · · · · · · · · ·   | _  |     |               |
| 22       | Historical artifacts  |                               |                                       |   |   |  | -   |               |
| 23       | Scientific specimens  |                               |                                       |   | · · · · · · · · · · · · · · · · · · ·   |  |     |               |
| 24       | Archeological artifacts   | x                             | 1                                     | 44,800  |   |  |     |               |
| 25       | Other ►(  |                               | т                                     | 44,800  | -                                       |  |     |               |
| 26       | Other ►( )  |                               |                                       | -   | <del></del>                             |  |     |               |
| 27       | Other ▶ ( )   |                               |                                       | ,   | •                                       |  |     |               |
| 28       | Other ►(  | ho organiza                   | tion during the toy year f            | ios contributions for                                 |   |  |     |               |
| 29       | Number of Forms 8283 received by t which the organization completed Fo        | _                             |                                       |   | 29                                      |  |     |               |
|          | which the organization completed Fo   | IIII 0203, F                  | art IV, Donee Acknowled               | gement  | 25                                      |  | Yes | No            |
| 30a      | During the year, did the organization   | receive by                    | contribution any property             | roported in Part I lines 1-29                         | R that                                  | $\overline{}$                                  | 163 | NO            |
| Jua      | it must hold for at least three years fr                                      |                               |                                       |   |   |  |     |               |
|          |   |                               |                                       | , and which is not required t                         | o be                                    | 30a  |     | x             |
| <b>.</b> | used for exempt purposes for the ent<br>If "Yes," describe the arrangement in |                               | periou?                               |   | • | Jua  |     |               |
| ь<br>31  | Does the organization have a gift acc   |                               | alicy that requires the revi          | ew of any non-standard                                |   |  |     |               |
| 31       | and the stance of   |                               |                                       | ew or any non-standard                                |   | 31   |     | X             |
| 32a      | Does the organization hire or use thir  | <br>d narties oi              |                                       | enlicit process or sell non-                          |   | <del>                                   </del> |     | <del></del> - |
| JZd      | contributions?  |                               | _                                     | solidi, process, or sell fiori-                       | COSI,                                   | 32a  |     | x             |
| b        | If "Yes," describe in Part II.  |                               | •• • • • •                            |   | •                                       | 32a  |     | <del></del>   |
| 33       | If the organization did not report reve                                       | nues in coli                  | umn (c) for a type of prop            | perty for which column (a) is                         | checked.                                |  |     |               |
|          | describe in Part II   |                               | c (c) for a type of prop              |   |   |  |     |               |

| Schedule M (Form | 990) 2008        | Na L     | eo Pu   | ılama   | O Mau     | i,    | Inc.      |          |     | 95-      | 11710 | 49 |            |      | Page 2 |
|------------------|------------------|----------|---------|---------|-----------|-------|-----------|----------|-----|----------|-------|----|------------|------|--------|
| Part II          | Supplem 32b, and | ental Ir | nformat | ion. Co | mplete th | is pa | rt to pro | vide the |     | nation i |       |    | l, lines 3 | 30b, |        |
| <b>-</b>         |                  |          |         |         |           |       |           |          |     |          |       |    |            |      |        |
|                  |                  | •        | •       |         | •         |       |           |          | • • |          | ••    |    |            | •    | •      |
|                  |                  | •        |         |         |           |       |           |          |     |          | • •   | •• |            |      | •      |
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|                  |                  | •        |         |         |           |       |           |          |     |          |       |    |            | ••   |        |
|                  |                  | •        |         |         |           |       |           |          |     |          |       |    |            |      | • • •  |
|                  |                  |          |         | •       |           |       | •         |          | •   |          | •     |    |            |      | •      |
|                  |                  |          |         |         |           |       |           | ٠        | •   |          |       |    | •          |      |        |
|                  |                  |          |         | •       |           |       |           |          |     |          | ••    |    |            | •    |        |
| ••               |                  |          |         |         |           |       |           |          |     |          |       |    |            |      |        |
|                  |                  |          |         |         |           |       |           |          |     |          |       |    |            |      | ••     |
|                  |                  |          |         |         | ••        |       |           |          |     |          |       |    |            |      |        |
|                  |                  | •        |         |         |           | ••    |           |          |     |          |       |    |            |      |        |
|                  |                  |          |         |         |           |       |           |          |     |          |       |    |            | -    |        |
|                  |                  |          |         |         |           |       |           |          |     |          |       |    |            |      |        |

## SCHEDULE'O

Supplemental Information to Form 990

(Form 990) Department of the Treasury ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 2008

> Open to Public Inspection

Internal Revenue Service Name of the organization

Na Leo Pulama O Maui, Inc.

**Employer identification number** 

95-1171049 Form 990, Part III, Line 4a - First Achievement -To financially assist the Punana Leo O Maui Pre-school with operational expenses not provided through other sources in order to provide Maui youngsters with quality preschool education through the medium of Hawaiian language immersion. -To provide opportunities for professional enrichment and development for Punana Leo O Maui Pre-school staff. Funds would be expended for special projects, including field trips for the students to attend Hawaiian language and cultural events and to visit Hawaiian sites and places on Maui and elsewhere in the State of Hawaii. Every year, the Organization will send the teachers in Hawaiian language immersion program on Maui to conferences and teacher training programs held in the At times, a parent delegation may also attend any appropriate conferences or meetings that are directly related to Hawaiian language immersion. To raise community awareness of the Hawaiian language immersion programs by providing classes which will assist children and adults with ways to incorporate Hawaiian language into their homes and daily lives and by disseminating information through fundraising activities, information booths, lectures and community events. To provide tuition scholarships to qualified families of

Employer identification number Name of the organization Na Leo Pulama O Maui, Inc. 95-1171049 the organization based upon financial need.

| 000   | <del></del>                         | Special Even               | ts Schedule         |         |             |                                |
|---|-------------------------------------|----------------------------|---------------------|---------|-------------|--------------------------------|
| Form <b>990</b>                                 | For calendar year 2008, or tax      | vear heginning             | 8/01/08 , and e     | ndina 7 | /31/09      | 2008                           |
| lame  | Tor calcinaar year 2000; or tax     | Cycar boginning            |                     | raing r | <del></del> | ntification Number             |
| Na Leo Pulam                                    | a O Maui, Inc.                      |                            |                     |         | 95-1171     | 1049                           |
| Gross receipts Less contributions Gross revenue | (A)<br>38,640<br>0<br>38,640        | (B)<br>5,000<br>0<br>5,000 | 1,694<br>0<br>1,694 | Others  | 0 0         | Total<br>45,334<br>0<br>45,334 |
| Less direct expenses                            | 12,199                              | 278                        |                     |         | $\frac{}{}$ | 12,477                         |
| Net income (loss)                               | 26,441                              | 4,722                      | 1,694               |         | 0           | 32,857                         |
| Description. (A) (B) (C) Others                 | Ho'omau  County Fair  Other Fundrai | sing Activit               | <b>X</b>            |         |             |                                |

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Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Identifying number Name(s) shown on return 95-1171049 Na Leo Pulama O Maui, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 16 619 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 1,086 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction year placed in period only-see instructions) service 19a 3-year property h 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L h Residential rental 27 5 yrs MM property MM S/L 27 5 yrs MM Nonresidential real S/L 39 yrs. property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs мм S/L 40 yrs c 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,705 22 · Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23