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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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2009	calen	dar	year, or ta	х уе	ar begini	ning				, 2009, aı	nd ending				,	20		
B ch	eck if appli	-	Please	CN	ame of organ	zatio	n WEST	MAUI	PRESI	ERVAT	ION	ASSOCI	ATION		D Employ	er identi	fication i	number		
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1	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)									• • • • • - -				 					
\dashv			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)									136,865. 16,868.					30.			
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лау	the IR	o discu	ss mis	retu	ım with the	prepa	arer shown	above?	(see ins	tructions) .						. X	Yes	No.	

4e Total program service expenses ▶

12,208.

Form 990 (2009)

Part	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	Х	
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	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	j	1	
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	}	l	ĺ
	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 similar funds or accounts where donors have			1
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			v
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
•	complete Schedule D, Part III	8		<u> </u>
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		-:-
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			\vdash
• •	VII, VIII, IX, or X as applicable	11	Х	ł
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1949	**************************************	و المستد
	Schedule D, Part VI.	335	*	1. 100
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	1900	il i	100
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	, , , , , , , , , , , , , , , , , , ,	1	° 8.
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		, 4	ι<
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	14	1.5%	7 - 30 - 7
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	47.	tudings.	-
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	* x´,		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	'		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	ļ	_	
404	complete Schedule D, Parts XI, XII, and XIII.	12	<u> </u>	X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	ł		
4.2	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\lambda}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		 ^ -
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	+-	+
	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	13		
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	'	 	
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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		\vdash	X
			Щ.	

Form 990 (2009)

Part	Checklist of Required Schedules (continued)		 -	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			.,
	in the United States 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 of grants and other assistance to individuals in the			,,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	l		
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
•	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1	1	ŀ
	990-EZ? If "Yes," complete Schedule L Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	
27				ł
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		•	x
	If "Yes," complete Schedule L, Part III	27	<u> </u>	_^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	1	1	}
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	l		,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١.,
	Schedule L, Part N	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			l
	Part N	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	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,		1	
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	_	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ī
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	1	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	<u> </u>	 	†
	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	30	+-	+
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R	1	1	1
				U
20	Part VI	37	1-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	L.	X

Par	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	[i
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ĺ
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		,	
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	.		1
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	4°		· '
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ــــــ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account) ²	4a		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			
	and Financial Accounts.			,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		ł
	Prohibited Tax Shelter Transaction?	5c	-	├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۸.		1
_	gifts were not tax deductible?	6b	-	
	Organizations that may receive deductible contributions under section 170(c).	st.	*	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	72		-
_	and services provided to the payor?	7a 7b	ļ	
		7.0	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-		7e		
f	benefit contract?	7f		†
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	\vdash	T
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		\vdash	
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74.4
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring],
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	1200		
а	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12	4 5		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11		1		
а	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		[
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			.1

Form 990 (2009) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 Х supervision of officers, directors or trustees, or key employees to a management company or other person? . . . $\overline{\mathbf{x}}$ 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X Did the organization become aware during the year of a material diversion of the organization's assets?..... 5 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members Х Χ 7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Χ 8a a The governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization?...... Has the organization provided a copy of this Form 990 to all members of its governing body before fling the Х 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Χ 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 X 14 Does the organization have a written document retention and destruction policy?......... 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? 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶_____ 18 Section 6104 requires an organization to make its Forms 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 X | Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SHARYN MATIN 2070 MORNINGSIDE DR GRANITE BAY, CA 95746 20

808-662-0432

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee

- 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) Name and Title	(B) Average	Posit	ion /	(C		that app) (Vic	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SHARYN J. MATIN										
PRES./DIRECTOR		Х		Х						
JEFFRY R. JONES VICE - PRESIDENT		x		Х						
LINDA NYE SECRETARY/TREASURER/DIRECTOR		Х		х						
						}				
										-

9E1041 3 000

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and H	ligl	nest Compensat	ed Employe	es (c	ontinuec	1)	
(A)	(B)			(0	2)			(D)	(E)		(F)	
 Name and title 	Average hours per		_	chec Officer		that app		Reportable compensation	Reportable compensati	on	amo	mated unt of	
	week	Individual trustee	Institutional trust	ള	Key employee	Highest compensated employee	Former	from the	from relate organizatio	ns	compe	her ensatio	on
		g 5	nal t	Ì	oloye	laga Magα		organization (W-2/1099-MISC)	(W-2/1099-N 	IISC)		n the uzatio	n
		stee	nste		ľ)ensa		(11 2) 1000 111100)			and	related	d
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	†					İ							
1b Total	 						—						
2 Total number of individuals (including but not			_	ed a	bov	e) who	o re	eceived more than	\$100,000 in				
reportable compensation from the organization	n 🕨		<u> </u>					······································					
2. Did the organization list any former office	or direct			ınta		يميا		alayaa ar biabaa		4 m of		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	ule J for su	ch inc	ııı Iıvia	uste lual	:е, 			oloyee, or nighes		ieu	3		Х
4 For any individual listed on line 1a, is th												, .	•
the organization and related organizations	greater th	han \$	150	0,00	00?	If "Y	es,	" complete Sched	dule J for s	uch	4°, 12		١
ındıvidual											4	~ ~	X
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,"	e or acci " <i>complete</i>	rue c Sched	om _l Iule	pen: <i>J f</i> o	sati Ir si	on tro Jch be	om rso	any unrelated o n	organization	tor	5	. '1	X
Section B. Independent Contractors													
 Complete this table for your five highest compensation from the organization. 	compensa	ted in	nde	pen	den	t con	trac	ctors that receive	d more that	n \$10	00,000	of	
(A)								(B)		_	(C)		
Name and business add	ress						+	Description of se	ervices		Compens	ation	
							+						
	 -		_				十		- 				
							士						
2 Total number of independent contractors (i more than \$100,000 in compensation from the	ncluding b	ut no	t lir	nıte	d t	_	se	listed above) who	received	\$\$.	,		
more than \$100,000 in compensation from the	ie organiza	เเบท				0				/		1	

Par	t VII	Statement of Revenue			20-1434103		rage 3
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns					
	h	Total. Add lines 1a-1f		0			
anue		Business	Code				
Program Service Revenue	2a b c d						
õ	f g	All other program service revenue L		0			
	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4		15			15
	5	Income from investment of tax-exempt bond proceeds . Royalties		0.	-		
	6a b c	Gross Rents	onal		***		
	d	Net rental income or (loss)		0.			
	7a b c d	Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses		0.	p NE		3
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		**************************************			
ţ		Less: direct expenses b		<u>'</u>		* *************************************	
0	9a	Net income or (loss) from fundraising events		0			
	b c	Less. direct expenses					
	10a	Gross sales of inventory, less returns and allowances		. 0		<u> </u>	
	b c	Less: cost of goods sold	▶	0.	Therefore is a serious or quite a		
			Code				
	11a b c	MISCELLANEOUS		15.			15
	d	All other revenue					
	e	Total. Add lines 11a-11d		15.			
	12	Total Revenue. See instructions		30.		<u> </u>	30
							30

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, 7b, 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
Grants and other assistance to governments and											
organizations in the U.S. See Part IV, line 21	0.										
2 Grants and other assistance to individuals in											
the U.S. See Part IV, line 22	0.										
3 Grants and other assistance to governments,											
organizations, and individuals outside the											
U.S. See Part IV, lines 15 and 16	0.										
4 Benefits paid to or for members	0.										
5 Compensation of current officers, directors,											
trustees, and key employees	0.										
6 Compensation not included above, to disqualified											
persons (as defined under section 4958(f)(1)) and											
persons described in section 4958(c)(3)(B)	0.										
	0.										
7 Other salaries and wages											
8 Pension plan contributions (include section 401(k)	<u>, </u>										
and section 403(b) employer contributions)	0.										
9 Other employee benefits	0.										
10 Payroll taxes	0.										
11 Fees for services (non-employees).	_										
a Management	0.										
b Legal	31,586.	12,208.	19,378.								
c Accounting	0.			·							
d Lobbying	0.										
e Professional fundraising services See Part IV, line 17	0.										
f Investment management fees	0.										
g Other	0.										
12 Advertising and promotion	0.										
13 Office expenses	13,567.		13,567.								
14 Information technology	0.										
	0.										
15 Royaltes	0.										
· · ·	0.										
17 Travel											
18 Payments of travel or entertainment expenses	0.										
for any federal, state, or local public officials	25.		25.								
19 Conferences, conventions, and meetings	0.1										
20 Interest	0.1										
21 Payments to affiliates			1 030								
22 Depreciation, depletion, and amortization	1,939.		1,939.								
23 Insurance	0.			· · · · · · · · · · · · · · · · · · ·							
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.)											
a PO BOX/SHIPPING	1,469.		1,469.								
b STORAGE RENT	1,700.		1,700.								
c DONATIONS	1,150.		1,150.								
d REIMBURSED EXPENSES	2,050.		2,050.								
e DUES & SUBSCRIPTIONS	94.		94.	····							
f All other expenses											
25 Total functional expenses, Add lines 1 through 24f	53,580.	12,208.	41,372.	· 							
26 Joint Costs. Check here ► If following	33,330.		11,5,2.								
SOP 98-2. Complete this line only if the											
organization reported in column (B) joint costs											
from a combined educational campaign and	ļ	ļ	-								
fundraising solicitation											

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	179,194.	1	124,433.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	_	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
\$ a	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or 10a 7,242.			
''	other basis. Complete Part VI of Schedule D			
h	Less. accumulated depreciation	3,274.	10c	4,485.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part V, line 11		12	
13	Investments - program-related See Part V, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part V, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	182,468.	16	128,918.
17	Accounts payable and accrued expenses	102,100.	17	0.
18			18	
19	Grants payable		19	
20	Deferred revenue		20	
0.4	Tax-exempt bond liabilities			
Liabilities	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u> </u>	Payables to current and former officers, directors, trustees, key			
<u> </u>	employees, highest compensated employees, and disqualified			
-	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	0.
26	Total liabilities. Add lines 17 through 25		26	<u></u>
se	Organizations that follow SFAS 117, check here $ ightharpoonup$ and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	182,468.	27	128,918
교 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
£ 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
8 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	182,468.		128,918
34	Total liabilities and net assets/fund balances	182,468.		128,918
34	Total liabilities and fiet assets/fully balances	182,468.	34	128,91

Form **990** (2009)

	t XI Financial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	1		Ì
	Separate bass Consolidated bass Both consolidated and separate bass			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
		Form	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Nam	e of t	he organizatio	n						Employer	identificati	on numb	er			
WES	T M	AUI PRES	ERVATION AS	SOCIATION						20-143	34103				
Pai	rt I	Reason fo	or Public Charit	y Status (All organi	izations m	ust compl	ete this p	oart.) Se	e instruc	tions.					
The	orga	nization is no	t a private found	ation because it is. (F	or lines 1 to	hrough 11,	check on	y one box	ι)						
1		A church, co	nvention of chur	ches, or association of	of churches	described	n section	170(b)(1)(A)(i).						
2		A school de	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Schedi	ule E.)									
3		A hospital o	r a cooperative h	ospital service organi	zation desc	ribed in sec	tion 170((b)(1)(A)(iii).						
4		A medical r	esearch organiz	ation operated in cor	njunction w	vith a hosp	oital desc	cribed in	section	170(b)(1)(A)(iii).	Enter	the		
		hospital's na	ame, city, and sta	te											
5		An organiza	ition operated fo	r the benefit of a coll	lege or uni	versity owi	ned or or	perated b	y a gove	rnmental ı	unit des	cribe	ed in		
		section 170	(b)(1)(A)(iv). (Co	mplete Part II)											
6		A federal, st	tate, or local gov	ernment or governme	ntal unit de	scribed in s	ection 17	70(b)(1)(<i>A</i>	o)(1)(A)(v).						
7	X	An organiza	ition that normal	ly receives a substant	tial part of	its support	from a g	overnme	ntal unit	or from th	ne gene	ral p	ublic		
		described in	section 170(b)(1)(A)(vi). (Complete P	art II.)										
8		A communit	y trust described	I in sect <mark>ion 170(b)(1)(</mark>	A)(vi). (Co	mplete Part	: II.)								
9		An organiza	ition that normal	ly receives: (1) more t	than 331/3	% of its su	pport fror	n contrib	utions, m	embership	o fees, a	and g	ross		
		receipts fro	m activities relat	ed to its exempt fun-	ctions - sul	bject to ce	rtain exc	eptions, a	and (2) n	o more th	ian 331	/3% C	of its		
		support fro	m gross investn	nent income and uni	related bus	siness taxa	ible incor	ne (less	section	511 tax)	from b	usine	sses		
	_	acquired by	the organization	after June 30, 1975.	See section	n 509(a)(2)). (Comple	ete Part II	l.)						
10		An organiza	tion organized a	nd operated exclusive	ly to test fo	r public saf	ety See s	ection 5	09(a)(4).						
11		An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform the	e functio	ns of, or	to carr	y out	the		
				ublicly supported orga					-			e se	ction		
		509 <u>(a)(</u> 3). (Check the box that	at describes the type o	f supportin	g organiza	tion and c	complete	lines 11e						
	_	а Тур		<i>'</i> '		e III - Func	-	_			pe III - C				
е			=	rtify that the organiz				-							
				on managers and oth	er than on	e or more	publicly s	supported	organiza	ations des	cribed	ın se	ction		
			r section 509(a)(2	•											
f				a written determina	tion from t	he iRS tha	it it is a	Type I, T	ype II, o	r Type III	suppor	ting	$\overline{}$		
			n, check this box												
g		_		the organization acce	pted any g	ift or contri	bution fro	m any of	the						
		following pe						_					1		
				or indirectly controls								Yes	No		
		and (III)	below, the gove	rning body of the supp	ported orga	inization?					11g(i)	↓			
		(II) A famil	y member of a p	erson described in (ı) a	bove?						11g(ii)	+	<u> </u>		
			=	of a person described		•					11g(ıli)		<u> </u>		
h				ation about the suppo					· · · · · · · · · · · · · · · · · · ·						
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the c	organization sted in voiir		ou notify	(vi) l organizat	s the	(vii) Ar	nount oport	of		
	0.9	S20.0		above or IRC section		document?	col (i)	of your	(i) organı	zed in the	34	эрогс			
				(see instructions))	\	Т		oort?		S.?					
					Yes	No	Yes	No	Yes	No					
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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Par	Support Schedule for Org (Complete only if you check				b)(1)(A)(iv) ar	nd 170(b)(1)(A	\)(vi)
Sect	ion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,113	0	12,750.	75,000		224,863.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	137,113	0.	12,750	75,000		224,863
5	The portion of total contributions by each person (other than a governmental unit or						
	publicly supported organization) included			EMERICAN.			
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	9 222			· ** * * .	4	
6	Public support. Subtract line 5 from line 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7		Same Same	Marie	224,863
	tion B. Total Support	() 2005	# 1 0000		(, , , , , , , , , , , , , , , , , , ,		(0.7.1.1
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4	137,113.	0.	12,750.	75,000		224,863
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	784	41	7,662.	890.	30	9,407
11	Total support. Add lines 7 through 10		· . 《 "		/ 7/8/4 3/8E*	'>*` '> %	234,270
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is toganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2009 (I						95.98%
15	Public support percentage from 2008						96.85%
16a	331/3% support test - 2009. If the						
	this box and stop here. The organization						
b	331/3% support test - 2008. If the						
47-	check this box and stop here . The org						
1/a	10%-facts-and-circumstances test - 2	_				•	
	or more, and if the organization mets	the "facts-and-	circumstances" t	est. The organ	zation qualifies	as a publicly s	upported
b	organization	2008. If the or		not check a box			▶
	15 is 10% or more, and if the org						
	Explain in Part IV how the organiat supported organization	ion meets the '	facts-and-circur	nstances" test.	The organization	on qualifies as a	publicly
18	Private foundation. If the organization	on did not che	ck a box on lin	e 13, 16a, 16l	o, 17a, or 17b,	check this box	and see

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sect	tion A. Public Support						
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received (Do not include						
	any "unusual grants ")						ļ
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					i	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
A	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	' i						
-	its behalf			·			
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge					···-	
	Total. Add lines 1 through 5					 -	
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3					ļ	
Ü	received from other than disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from						
	line 6)			<u> </u>	<u> </u>		<u></u>
Sec	tion B. Total Support						-
C	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			<u></u>			
10a	Gross income from interest, dividends,]				
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses						
	acquired after June 30, 1975				l 		1
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,			1]		
	whether or not the business is regularly						
12	Other income. Do not include gain or					†	
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			1	 	 	1
. •	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	n's first second	third fourth or	fifth tay year :	as a section 50	1(c)(3)
	organization, check this box and stop here				•		
Sac	tion C. Computation of Public Sup				<u> </u>		•••••
	Public support percentage for 2009 (line 8			mp (6)		14-	
15						15	<u>%</u>
16	Public support percentage from 2008 Sche			• • • • • • • •	· · · · · · · · · · · · · · · · · · ·	16	%_
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (In						
18	Investment income percentage from 2008						%
19a	33 1/3% support tests - 2009. If the or						
	17 is not more than 33 1/3 %, check the	his box and ste	op here. The or	ganization qualific	es as a publicly	supported orga	nization 🕨 🔲
b	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
ISA							

Page 4

Part IV	Supplemental Information.	Complete this part to	provide the	e explanation required	by Part II, line 10;
	Part II, line 17a or 17b; or Pa	art III, line 12. Provide a	iny other addi	itional information. See	e instructions

1				A	TTACHMENT 1	
SCHEDULE A, PART II - OTHER INCOM	ME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
INTEREST INCOME	784	41	7,662	890	15	9,392
MISCELLANEOUS					15	15
TOTALS =	784.	41.	7,662.	890	30.	9,407

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization		Employer identification number
WEST MAUI PRESERVATION ASSOCIATION		20-1434103
Part I Organizations Maintaining Donor Advithe organization answered "Yes" to For		or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor a	dvisors in writing that the assets held in	donor advised
funds are the organization's property, subject to the	-	
6 Did the organization inform all grantees, donors, a		
used only for charitable purposes and not for the b		
purpose conferring impermissible private benefit?		
Part II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990. Part IV. line 7.
Purpose(s) of conservation easements held by the		
Preservation of land for public use (e.g., recre	· · · · · · · · · · · · · · · · · · ·	n of an historically important land area
Protection of natural habitat	, I I	n of a certified historic structure
Preservation of open space	Trescrivation	n or a dorumou motorio structure
2 Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
easement on the last day of the tax year.	old a qualified defined validit definition of	in the form of a conservation
		Held at the End of the Year
a Total number of conservation easements		. 2a
b Total acreage restricted by conservation easements		I' I
c Number of conservation easements on a certified		· · · · · · · · · · · · · · · · · · ·
d Number of conservation easements included in (c	• *	
3 Number of conservation easements modified, tran	•	
the tax year >	isierred, reieased, extinguished, or tern	milated by the organization during
4 Number of states where property subject to conse	ervation easement is located >	
5 Does the organization have a written policy regard		handling of
violations, and enforcement of the conservation ea	- · ·	
6 Staff and volunteer hours devoted to monitoring, in		
	inspecting, and chiloreing conservation c	doctricing the year
7 Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easer	ments during the year
S	cting, and emorting conservation easer	ments during the year
8 Does each conservation easement reported on lin	as 2(d) above satisfy the requirements of	section
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• • • •	1 :: 7 = 1
9 In Part XIV, describe how the organization reports		
balance sheet, and include, if applicable, the text of		•
the organization's accounting for conservation eas		andai statements that describes
Part III Organizations Maintaining Collections		har Similar Assats
Complete if the organization answered	I "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under S art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f		
b If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education, or re-	atement and balance sheet works of art esearch in furtherance of public service
(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
(ii) Assets included in Form 990, Part X		· · · · · · · · . · ▶ \$
2 If the organization received or held works of a		

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

following amounts required to be reported under SFAS 116 relating to these items:

Schedule D (Form 990) 2009

Par	Urganizations Maintainii	ng Colle	cuons of	АП, Н	SCOPICA	reasures	s, or	Other Similar A	resers (Jonunue	<u>u)</u>	
3	Using the organization's acquisition	, accessic	on, and ot	her reco	ords, che	eck any of th	ne fol	lowing that are a	signıficar	nt use of it	s	
	collection items (check all that apply	λ).										
а	Public exhibition			d		Loan or ex	chan	ge programs				
þ	Scholarly research			е		Other						
C	Preservation for future get	nerations										
4	Provide a description of the organiz	ation's co	llections a	and exp	lain how	they further	the o	organization's ex	empt pur	pose in		
	Part XIV.											
5	During the year, did the organization	n solicit o	r receive	donatio	ns of art	, historical ti	reasu	ires, or other simi	ar			
	assets to be sold to raise funds rath	ner than to	be main	tained a	s part of	the organiz	ation	's collection?	[Yes		No
Par	t IV Escrow and Custodial An IV, line 9, or reported an						ans	wered "Yes" to	Form 99	00, Part		
1 a	Is the organization an agent, trustee	e, custodii	an or othe	er intern	nediary f	or contributi	ons d	or other assets no	ot			
	included on Form 990, Part X?				-					Yes		No
b	If "Yes," explain the arrangement in											,
	, ,		•			•		Α	mount			
С	Beginning balance						1c				-	
	Additions during the year						_					
	Distributions during the year							·····				
f	Ending balance											
2a	Did the organization include an am									Yes	T	No
	If "Yes," explain the arrangement in											,
Par				tion an	swered	"Yes" to Fo	orm 9	990, Part IV, line	e 10.			
		(a) Curre			or year	(c) Two ye				(e) Four	years I	back
1a	Beginning of year balance										-	
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities .									 		
	and programs											
f	Administrative expenses											
	End of year balance		-							+		
-	Provide the estimated percentage	of the vea	r end hala	ance hel	d as					<u> </u>		
a	Board designated or quasi-endown		ii ona baic	% %	u uş							
	Permanent endowment ▶			′								
	Term endowment ▶	 /										
	Are there endowment funds not in		ession of i	the oras	anization	that are hel	ld an	d administered fo	r the			
•	organization by	o pood	000.0.1	and orga	27112011011	triat are no				[·	Yes	No
	(i) unrelated organizations		. .							3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related org									3b		
4	Describe in Part XIV the intended in			-			• • •			1331		
	rt VI Investments - Land, Buil						ort X	line 10				
	Description of investment	g_,	(a) Cost			(b) Cost or other basis (other)		(c) Accumulated depreciation		(d) Book val	ue	
	Land		\\\						-			
			 						 	 -		
b	Buildings								 			
C C	Leasehold improvements		<u></u>	7 -				0.355	 			
d	Equipment		-	1,2	242.	 <u>-</u>		2,757	<u> </u>		4,4	185.
e Take	Other		1	000	2 ()	, ,=,			 			
1018	il. Add lines 1a through 1e. (Column	i (a) must	equal Fo	rm 990,	rart X, c	olu m n (B), lii	ne 10	<u>/(c).) ▶</u>		d 5 /=	4,4	185.

Part VII	Investments - Other Securities. See	Form 990, Part X, II	ne 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	raluation market value
Financial de	rivatives			
	d equity interests			
Other				
				
- <i></i>				
		-	 	
	(A)			
	(b) must equal Form 990, Part X, col (B) line 12) Investments - Program Related. See	Form 900 Port V I	ino 13	
Part VIII				
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	market value
	· · · · · · · · · · · · · · · · · · ·			
				
	· · · · · · · · · · · · · · · · · · ·	- 		····
T-4-1 (0-1:	(b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part 3			
raitiA	Other Assets. Occ 1 only 000, 1 dit /	(a) Description		(b) Book value
		<u> </u>		
				-
				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	<u>. ▶ </u>
Part X	Other Liabilities. See Form 990, Pa	rt X, line 25.		
1.	(a) Description of liability	(b) Amount		4 4 4
Federal inc	ome taxes			* ^~
				*
				* *
				→
				*
				** *
			Same to Land with a second of the second of	no minuselle
			Control State of the Control of the	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)	•		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

20-1434103

Part 2	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemer	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses6	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	0
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	1
c	Recoveries of prior year grants	1
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
-	Investment expenses not included on Form 990, Part VIII, line 7b	
a b	Other (Describe in Part XIV.)	-{
_		- 4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
5 Port	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	
	Total expenses and losses per audited financial statements	urii
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
_		
a		1
b		1
C		-
d	Add to an On Abarrah Od	- <u>-</u>
e	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	3
4		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 4b	-
b	`	-
C	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c
5 Part	XIV Supplemental Information	5
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	
	o, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also	complete
this pa	ırt to provide any additional information.	

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WEST MAUI PRESERVATION ASSOCIATION

Employer identification number 20-1434103

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PRESERVING THE NATURAL PHYSICAL ENVIRONMENT OF THE WEST MAUI AND NORTH BEACH COMMUNITY THROUGH PUBLIC ENHANCEMENT PROJECTS. BECAUSE WEST MAUI IS UNDERGOING TREMENDOUS DEVELOPMENT AND CHANGES, GOVERNMENT AGENCIES HAVE GENERALLY NOT BEEN ABLE TO KEEP UP WITH THE COMMUNITY'S NEEDS FOR PUBLIC RECREATIONAL FACILITIES, ENVIRONMENTAL PROTECTION, PROTECTION OF SHORELINE AND NEARSHORE AREAS FOR PUBLIC, REGIONAL DRAINAGE, TRAFFIC IMPACTS AND OTHER IMPORTANT PUBLIC AND CULTURAL NEEDS. THE ORGANIZATION HAS OPPOSED SPECIFIC DEVELOPMENT PROJECTS AND OBTAINED SIGNIFICANT CONCESSIONS IN THE PUBLIC INTEREST WHICH HAVE PROVIDED FOR PUBLIC NEEDS STATED ABOVE. THIS ORGANIZATION HAS ALSO ENHANCED PUBLIC EDUCATION, AND DIRECTLY IMPLEMENTED COMMUNITY BETTERMENT PROJECTS.

FORM 990, PART III, LINE 4D - OTHER P	PROGRAM SERVICES	ATTACHI	MENT 3
DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEWER INJECTION WELLS		780.	
PROTECTION OF SHORELINE FROM REST		960.	
BEACH MAP BROCHURES		534.	
TOTALS		2,274.	

TOTALS

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ► Attach to Form 990.

Related Organizations and Unrelated Partnerships

Employer identification number 20-1434103

> Identification of Disregarded Entities (Complete of the organization answered "Yes" on Form 990, Part IV, line 33.) WEST MAUI PRESERVATION ASSOCIATION

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
						•	
Part II	Identification of Related Tax-Exempt Organizations (Complete if the	(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it	wered "Yes" on F	orm 990, Part N	/, line 34 becaus	e it	

Part II	Identification of Related Tax-Exempt Organizations (Complete if the had one or more related tax-exempt organizations during the tax year.)	is (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because is during the tax year.)	swered "Yes" on	Form 990, Part N	/, line 34 becaus	e it
	(a)	(q)	(3)	(D)	(e)	€
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Legal domicile (state Exempt Code section Public charity status Direct controlling	on Public chanty status	Direct controlling

(a) Name, address, and EIN of related organization	janization	(b) Primary activity	(c) Legal domicile (state	Legal domicial (state Exempt Code section Public chanty status	Public chanty status	Direct controlling
			מו וסופולוו בסתוווא/	_	וו פפרנותו הת ולכולה//	cillity
- HO						1
P.O. BOX 11329 LAHAINA,	LAHAINA, HI 96761	COMMUN. PROJS HI	HI	501(C)(3)	7	N/A

	•		

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 (j) General or managing partner? Yes No (h) Percentage ownership Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes No Ξ (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year.) (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV

9E1308 1 000

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

2	Note Complete land 1 if and antitude latered in Date II II or IV of this subsortion		Yes	ž
ź ,	Total Complete into the any entity is instead in the first of the following transactions with one or more related organizations listed in Parts II-IV?	<u> </u>		1000
			1a	×
2			1b	_
י נ			10	Χ,
ν τ			10	×
3 0	Loans or loan granantees to or lor order organization(s)		1e	Ľ
			<i>A</i> 33 ≒	×
- 0			1g	×
ם מ			1 h	×
:			Ę	×
-	I ease of facilities equinment or other assets from other organization(s)		₩ 	N N
. .=	Performance of services or membership or fundralisms solicitations for other organization(s)		4 4	×
: _	Performance of services or membership or fundralisms solicitations by other organization(s).		=	×
. E	Sharing of facilities, equipment, mailing lists, or other assets.		1m	×
C			1n	$\stackrel{\times}{}$
				黎
0	Reimbursement paid to other organization for expenses	•	10	×
٩		•	1р	\simeq
		* ****	~ P	×
<i>-</i>	_		1	×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	transaction threst	splo	
	(q) - (e)	(a)		
	Name of other organization type (a-r)	Amount	volved	
Ξ				
1				
2				
9				
(4)				
(5)				
(9)				
		Schedule R (Form 990) 200	-om 990) 200

20-1434103

Page 4

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes	(Form 1065)	Yes
							,
							-
				-			
						Schedule R (Form 990) 2009	990) 2009

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attachment

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Identifying number Name(s) shown on return 20-1434103 WEST MAUI PRESERVATION ASSOCIATION Business or activity to which this form relates GENERAL DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 1 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 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 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ 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) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions.) Section A 1,309 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only - see instructions) service 3-year property SEE DETAIL 3,150. 5.000 HY 200DB 5-year property 630. 7-year property d 10-year property e 15-year property f 20-year property g 25-year property S/L 25 yrs. 27 5 yrs. ММ S/L h Residential rental property 27.5 yrs ММ S/I ММ S/L 39 yrs i Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. мм S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 1,939. 22 23 For assets shown above and placed in service during the current year, enter the

		-				_									
									, · ,						
•	- 4562 (2000)								, ,	Ü		20-	-1434		Dags 2
_	n 4562 (2009) Irt V Listed P	roperty (Include	automobil	98 0	ertain o	other	vehicl	<u> </u>	cellular	telenh	nnes	certair	COM		Page 2
Гα		used for entertain						C3,	Condian	toropin	J.100,	oci ta		patoro	, and
	Note: For	any vehicle for wi	hich you are	using	the star	ndard	mileag				ease ex	kpense,	compl	ete only	24a,
		nns (a) through (c) (-							
_		Depreciation and						$\overline{}$							1
24a	Do you have evidenc	1		nt use o	ciaimed?	Ye	s N	10	24b f "Y	I				Yes	No
	(a)	(b)	(c) Business/		(d)	Basi	s for depred	atton	(f)	(g		(h Depred	-	(i) Elected	
	Type of property (list vehicles first)	Date placed in service	investment use percentage	Cost o	r other basis	(bus	ness/inves use only)	tment	Recovery period	Meth Conve		deduc		179	
_	Caracal decreaseding	allawanaa faa awal	· · · · · · · · · · · · · · · · · · ·		placed in					l	T				
(5	Special depreciation year and used more ti										25				
26	Property used more to					, · · ·	• • • •	<u> </u>	• • • • •		2.5				
_	Troporty does more t	1	%												
_			%			+									
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	%			+-									
27	Property used 50% o	r less in a qualified bu	isiness use:	٠					·						
			%						<u> </u>	S/L -					
			%							S/L -		-			
			%							S/L -					
	Add amounts in colu													l 	
29	Add amounts in colu	mn (ı), line 26. Enter	here and on lir	ne 7, pa	ige 1			•. •	<u></u>		<u> </u>	<u>.</u> .	. 29		
			Section	n B -	Informat	ion o	n Use of	f Veh	icles						
	nplete this section for												rovided	vehicles	to your
emp	ployees, first answer the	e questions in Sectio	n C to see if yo	u meet	an excep	tion to	complet	ing th	ns section	for those	vehicle	s 			
30	Total business/inv	estment miles of	driven	(a		(l			(c)	(d	-	(e	•	, ,)
	during the year (do	not include comm	nuting	Vehic	CIE 1	Vehi	cle 2	V	ehicle 3	Vehic	de 4	Vehic	cle 5 	Vehi	cle 6
	miles)													 -	
	Total commuting mil		F				_					<u> </u>		 -	
32	•	rsonal (noncomm	٠,											İ	
22	miles driven Total miles driven											<u> </u>			
33	lines 30 through 32	• ,	I .									ĺ		1	
31	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
J 4	use during off-duty ho	•							+:						
35	Was the vehicle													 	
	more than 5% ow	•	, I												
36	ls another vehicle	·													
	use?	<u> </u>	<u> </u>												
		Section C - Que		mploy	ers Who	Prov	ide Veh	icles	for Use b	y Their I	Employ	/ees			
An	swer these question												ployees	s who a	are not
mo	re than 5% owners o	or related persons	(see instruction	ons)											
37	Do you maintain	a written policy s	statement tha	t prof	nibits all	perso	nai use	of	vehicles,	including	g comi	muting,	by	Yes	No
	your employees?													L	ļ
38	Do you maintain a	written policy state	ment that pro	hibits	personal i	use of	vehicles	s, exc	cept comn	nuting, b	y your				
• •	See the instructions t	for vehicles used by o	corporate office	rs, dire	ctors, or 1	% or n	nore own	ers .							ļ
39	Do you treat all use of	or venicles by employe	ees as personal	use?											ļ
40	Do you provide n	nore than five ve	enicles to you	ur em	ployees,	obtair	inform	ation	from y	our emp	loyees	about	the		1
44	use of the vehicles, a				obilo dese		tion := '							<u> </u>	
41	Do you meet the re	equirements concerr	ing qualified	automo	obile dem	onstra	ition use	r (Se	e instruct	ions.)				L	

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (e) (b) (a) Description of costs (c) (f) Amortization Date amortization Amortizable amount Code section period or Amortization for this year begins percentage Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44 JSA 9X2310 1 000

Form 4562 (2009)

2009

WEST MAUI PRESERVATION ASSOCIATION	CIATION				į	2009								20-1434103
Description of Property				ı										
DEPRECIATION														
Asset description	Date placed in	Unadjusted Cost or basis	Bus.	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Beginning Ending Accumulated depreciation depreciation	Me- thod Conv	V. Life	ACRS class	S CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER	06/30/2008	上	100 000			4,092	818.		200DB HY	>-		5		1,309
COMPUTER 2009	06/12/2009		100 000			3,150		630.	200DB HY	>-	+	2		, 630.
										1	+	1		
									-	-	+	_		
										+	-	-		
									-	-	<u> </u>			
										ļ	L			
			_						-					
												_		
										_		_		
		_							-	\downarrow	+	_		
									-	\downarrow	+	1		
										+	-			
									-	+	+			
									1	+	-	_		
											-			
Less Retired Assets														
Subtotals		7,242				7,242	818.	2,757.						1,939
operty		 ! !							-	-				
										4	+	-		
									+	+	+	1		
										+	1	1		
									-		-	-		
Less Ketired Assets			,											
TOTALS		7,242.	_			7,242.	818	2,757.						1,939.
AMORTIZATION									}	-				
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Accumulated Accumulated amortization	Code	Lıfe				Current-year amortization
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TOTALS			—]				
*Assets Retired														
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