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10/25/2010 3 17 PM Form **990**

Department of the Treasury Internal Revenue Service

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 2009 Open to Public Inspection

X Yes

Form **990** (2009)

A	For the 200	9 calendar year, or tax year beginning, and ending			
В	Check if applica	Luca IDC I		D Emplo	yer identification number
	Address change	label or AHUALANI			222224
X	Name change	print or Doing Business As		1	0207234
\neg	Initial return	type. Number and street (or P O box if mail is not delivered to street address) See 75_5051 ETTAKTAIT LIBER	Room/suite	•	none number
╡		Specific 75-3631 ROAKINI RW1	l		3-326-4454
ᆜ	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross rece	eipts\$ 325,991
_	Amended return			4	
	Application pen	f Name and address of principal officer		1 ' '	a group return for
		Loren Cunningham		affiliate H(b) Are all	Laffiliates 🛏 🛏
		75-5851 Kuakini Hwy		include	ed? Yes No
		Kailua Kona HI 96740		If No,	attach a list (see instructions)
<u> </u>	Tax-exempt			┦	
<u>J</u>	Website:				exemption number
	Type of organi		Year of formation	1981	M State of legal domicile HI
	Part I	Summary			
		fly describe the organization's mission or most significant activities			
ጵ	M	ission Work Worldwide			
ä					
Ē					
Activities & Governance	2 Che	ck this box ▶ 🗍 if the organization discontinued its operations or disposed of more than 2	25% of its net as	ssets	
S.	3 Nun	iber of voting members of the governing body (Part VI, line 1a)		3	7
Sa	4 Nun	ber of independent voting members of the governing body (Part VI, line 1b)		4	7
Ž	5 Tota	il number of employees (Part V, line 2a)		5	0
Ċţ;	6 Tota	Il number of volunteers (estimate if necessary)		6	110
٩		al gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	1	unrelated business taxable income from Form 990-T, line 34		7b	0
_	1		Prior Y		Current Year
0	8 Con	tributions and grants (Part VIII, line 1h)	63	31,875	317,502
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)			
ě	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		63	97
~	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,483
	12 Tota	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63	31,938	321,082
	13 Gra	nts and similar amounts paid (Part IX column (A), (més) (3)上り			49,925
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)			
õ	15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
cpenses	16a Pro	essional fundraising fees (Part IX, column (A) line 10e5 2010			
8	b Tota	al fundraising expenses (Part IX, column (D), line 25) ▶			
û	17 Oth	er expenses (Part IX, column (A), lines 114-110; if 15-24() 1 1 T	42	22,033	113,693
		al expenses Add lines 13–17 (must equal Part IX, column (A), line-25)	42	22,033	163,618
	19 Rev	enue less expenses Subtract line 18 from line 12	20	09,905	
Por	880		Beginning of C		End of Year
Net Assets or	20 Tota	al assets (Part X, line 16)		86,623	3,215,704
et A	21 Tota	al liabilities (Part X, line 26)		59,832	1,257,250
		assets or fund balances Subtract line 21 from line 20	1,42	26,791	1,958,454
	Part II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying scheduli and belief, it is true, correct and confiplete Declaration of preparer (other than officer) is based on all ii	es and statements	, and to the be	est of my knowledge
		and belief, it is true, correct and complete because of all in	mormation of whic	ii piepaiei iias	1 10
	ign	2000 mil		107	122/2010
H	ere	Signature of officer		Date	•
		Lee Goehner Trea	surer		
_		Type or print name and title			
	-1-4	Preparer's Date	Chec		Preparer's identifying number (see instructions)
	aid	signature / San Cornella 10/	25/10 self-	loyed 🕨 🗓	P00168400
	reparer's	Wm E Cornell Jr CPA	<u>-</u>	EIN	04 0164661
U	se Only	firm's name (or yours if self-employed), 1101 College Ave # 210		Phone	
		address, and ZIP + 4 Santa Rosa, CA 95404-3952			707-544-2390

May the IRS discuss this return with the preparer shown above? (see instructions)

3989 10/27/2010 8 43 AM 99-0207234 Form 990 (2009) AHUALANI Page 2 **Statement of Program Service Accomplishments** Briefly describe the organization's mission Mission Work Worldwide Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported **317,502**) 49,925) (Revenue \$ 152,302 including grants of \$ 4a (Code) (Expenses \$ Ahualani funds are received for mission work All labor is donated. worldwide.)(Expenses \$) (Revenue \$ 4b (Code including grants of \$

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 152,302

_	art IV Checklist of Required Schedules			age o
r d	at 14 August of Definier Ochennies		V T	
1	le the organization described in section 501(a)(3) or 4047(a)(1) (other than a private favindation)? If "Vec "		Yes	No
•	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	2		x
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			x
_	Schedule C, Part II	4		
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 similar funds or accounts where donors have			
	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,	_		₹.
_	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,"			737
_	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, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	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," complete	L	<u> </u>	
	Schedule D, Parts XI, XII, and XIII	12	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u>. </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
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	<u> </u>	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	<u> </u>	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	20		X

Part IV 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 12 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ļ	.	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23		<u>X</u>
24a	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			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	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	l		
	to defease any tax-exempt bonds?	24c		
d		24d		
25a				7.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			•
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			x
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			-
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	[x
b		100		
-	Schedule L, Part IV	28b		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,			
	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	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	1	
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ <u>.</u>	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	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R, Part V, line 2	35	 -	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1	1	-
	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			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ŀ	
38	Part VI	37	 	X
JÜ	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	13: Noo. All 1 Still 330 liters are required to complete ouriedule O	1 30	000	<u> </u>

Form 990 (2009) AHUALANI
Part V Statements Re 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			
	U.S. Information Returns Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
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			
	instructions)			
3a				
_	this return?	3a	 	X
b		_3b	<u> </u>	
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		x
b	and the second s	<u>4a</u>		-
Ų	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a		5a	İ	x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c				
	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	<u>7a</u>	ļ	X
b		7b	ļ	├──
C		_		
د	required to file Form 8282?	7c		X
đ	<u> </u>			
ø	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	x
f		76		X
g.		7g	 	
h		- 'B		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
a		<u>9a</u>	<u> </u>	<u> </u>
b		9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter.			
a				
. b	<u> </u>			
11	Section 501(c)(12) organizations. Enter.			
a				
b	,			
120	<u></u>	——————————————————————————————————————		
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	 	
<u></u>	120 Cities the amount of tax-exempt interest received of accided during the year		<u> </u>	<u> </u>

Form 990 (2009) , AHUALANI

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.

Sec	tion A. Governing Body and Management			
			Yes	
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	l l		
	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		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
þ	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	
þ	Each committee with authority to act on behalf of the governing body?	<u>8</u> b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ļ ,		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Ke</u>	venue Code.)			
40-	Done the assessment on house level should be store house by a setflicture?	405	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		-
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
''	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	120		-
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
Ŭ	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	x	
b	Other officers or key employees of the organization	15b	X	\vdash
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			-
16a				
	with a taxable entity during the year?	16a	Ì	x
ь		133		
	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	1	1
Sec	ction 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 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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	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			
	organization ► LEE GOEHNER 75-5851 KUAKINI HWY			
K	AILUA KONA HI 96740	808-32	6-4	454

Form 990 (2009) , AHUALANI

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"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization (A) Name and Title	(B) Average	Posi		(0	>)	that a	1	(D) Reportable	(E) Reportable	(F) Estimated
ivanie and Title	hours per week	Individual 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
Markus Steffen	2.00	x						0	0	
Deroid Materia	2.00	-	<u> </u>	_		+	-			
David Matsuura	2.00	x						0	o	
Mary Boyd		1								
Director	2.00	X						0	0	
Loren Cunningham		T				T^{T}				
President	20.00			X				0	0	
Laprelle Martin										
lice Pres	8.00		L.	X	L_			0	0	
Jim Orred										
Secretary	2.00	$ldsymbol{f eta}$	<u> </u>	X		ـــــ		0	0	
Leroy Goehner				_						
Treasurer	2.00			X				0	0	
	-	-			 	<u> </u>				
			 	<u> </u> 	-					
							<u> </u>			
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orm 990 (2009) AHUALANI	·							99-020	7234		<u>Р</u>	age l
Part VII Section A. Officer	T	stees	s, Ke			yees	s, an	d Highest Compensated	Employees (continued)			
• (A) Name and Title	(B) Average hours per week	-	_	chec	_	hat a		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	eted nt of	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compen from organiz and rei organiza	the ation ated	
		<u> </u>		ļ 		_						
		-		-		-						
		_		-		-						
	<u> </u>	_	<u></u>	<u> </u> 	 							•
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		<u> </u>	ļ	-	ļ		ļ					
		-	-	-	-	-	-					
1b Total	1		<u> </u>		<u>L</u> .	<u> </u>						
2 Total number of individuals (reportable compensation fro				tho	se lis	sted	abov	ve) who received more that	n \$100,000 in			
3 Did the organization list any	former officer, di	recto	r or	trust	ee. k	(ev e	mple	ovee, or highest compensa	ated	_	Yes	No
employee on line 1a? If "Yes For any individual listed on li the organization and related	s," complete Sche ine 1a, is the sum	edule of re	J fo epor	r suc table	ch ine	divid npen	ual satio	on and other compensation	n from	3		X
individual 5 Did any person listed on line	a 1a receive or ac	crue	com	pens	satio	n fro	m aı	ny unrelated organization f		4	<u> </u>	x
services rendered to the org Section B. Independent Contract		s, <u>co</u>	mpie		cne	uuie	J 101	r such person		5	L	<u> </u>
Complete this table for your compensation from the organical compensation from the organi	inization	pensa	ated	ınde	pen	dent ——	cont				(C)	
Name a	(A) and business address	_		-			+	Descri	(B) ption of services		(C) ompensa	ation
		_	_	_		_	-					
							-					
		_										
2 Total number of independer mere than \$100,000 in com			-			ted t	o the	ose listed above) who rece	ıved 			
DAA										For	m 99 ((200

	rt V	Ill Statement of Days					99-0207234		Page 8
	IL V	III Statement of Reve	enue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
rants		Federated campaigns Membership dues	1a 1b				revenue		512, 513, or 514
g,E		Fundraising events	1c	_					
ara		Related organizations	1d		_	`			-
S.E		Government grants (contributions)	1e						
Program Service Revenue Contributions, gifts, grants anounts		All other contributions, gifts, grants, and similar amounts not included above	1f		317,502				
d i	а				172,500				
SE	_	Total. Add lines 1a–1f	-11 4	•	1,2,300	317,502			
e		Total III da III da III			Busn. Code	327,302			
Ę.	2a				<u> </u>		<u></u>		
Re.	b					****			
Ş	C								
Ser	d						*	·	
Ę	8								
ğ	f	All other program service reve	nue						
_	g	Total. Add lines 2a-2f			•				
	3	Investment income (including	dividen	ds, intere	st, and				
		other similar amounts)			>	97	97		
	4	Income from investment of tax	k-exemp	ot bond pr	oceeds 🕨 📙				
-	5	Royalties			•	3,483	3,483		
		(i) Real		(II) P	ersonal				
	6a	Gross Rents							
		Less rental exps							
		Rental inc or (loss) Net rental income or (loss)							
	7a	Gross amount from (i) Securitie	, 7	(11)	Other				
		sales of assets other than inventory		(11)	4,909				
	b	Less cost or other			4,303				
		basis & sales exps			4,909				
	C	Gain or (loss)			, ,				
	d	Net gain or (loss)			•		ĺ		İ
	8a	Gross income from fundraising eve	ents						
Other Revenue		(not including \$			Ì				
ا فِي		of contributions reported on line 1c)			,			
9		See Part IV, line 18	a						
됩		Less direct expenses	b∟						
		Net income or (loss) from fund	_	events					
	ya	Gross income from gaming activities See Part IV, line 19	- 1						
	h	Less direct expenses	a						
		Net income or (loss) from gan	_ b						-
		Gross sales of inventory, less		ivilles					
		returns and allowances	a						
	b	Less cost of goods sold	ь						
		Net income or (loss) from sale	~ L	entory	•				
Ī		Miscellaneous Revenue			Busn. Code				
ľ	11a		-			į			
	þ			Ì					
	С								
	d	All other revenue		[
	0	Total. Add lines 11a-11d		_					
	12	Total Revenue. See instruction	ns		<u> </u>	321,082	3,580		0

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). (D) Fundraising (C) (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. Management and expenses general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the 49,925 49,925 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f 74 737 663 g 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 7,210 72,094 64,884 Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 500 500 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 2,976 3,307 331 22 Depreciation, depletion, and amortization 13,516 12,164 1,352 23 Insurance 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) 6,844 684 Miscellaneous 6,160 4,138 3,724 414 Telephone 3,146 2,831 Mission Support Exp - Oth 315 C 2,890 2,601 289 Automobile Expense 2,697 2,427 270 Missions support-Genesis 3,824 3,447 377 f All other expenses 163,618 152,302 11,316 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ▶ | If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and

fundraising solicitation

Form 990 (2009) . AHUALANI

art)	C Balance Sheet			- -	
			(A) Beginning of year		(B) End of year
T _	Cook and interest begging		190,758	1	35,669
1	Cash—non-interest bearing	 -	85,542	2	57,637
2	Savings and temporary cash investments	-	05,542	3	
3	Pledges and grants receivable, net	 -	200,000	4	150,000
4	Accounts receivable, net	A	200,000		130,000
5	Receivables from current and former officers, directors,	·			
	employees, and highest compensated employees Com	piete Part II of		ا ۔	
	Schedule L	ļ-		5	
6	Receivables from other disqualified persons (as defined	li li			
1	4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			
۱_	Part II of Schedule L	<u> </u>		6	
7 8	Notes and loans receivable, net	<u> </u>		7	
8	Inventories for sale or use	-		8	
9	Prepaid expenses and deferred charges	1 1		9	·
108	Land, buildings, and equipment cost or	10a 2,008,710			
١.	other basis Complete Part VI of Schedule D		960,323	40-	1,722,398
1 .	Less accumulated depreciation	10b 286,312	960,323	-	1,122,390
11	Investments—publicly traded securities	<u>-</u>		11	
12	Investments—other securities See Part IV, line 11	Į-		12	
13	Investments—program-related See Part IV, line 11	-		13	
14	Intangible assets	<u> </u>	1 250 000	14	1 250 000
15	Other assets See Part IV, line 11	}	1,250,000	15	1,250,000
16	Total assets. Add lines 1 through 15 (must equal line 3	4)	2,686,623	16	3,215,704
17	Accounts payable and accrued expenses	}-		17	
18	Grants payable	-		18	
19	Deferred revenue	ት		19	
20	Tax-exempt bond liabilities	of Calcadula D		20	
21 22	Escrow or custodial account liability. Complete Part IV of	F		21	
22	•	· ·			
	employees, highest compensated employees, and disq	dailled		22	
	persons Complete Part II of Schedule L	d nadice		23	
23		To the second second second second second second second second second second second second second second second		24	
24 25	Unsecured notes and loans payable to unrelated third p Other liabilities Complete Part X of Schedule D	parties	1,259,832	25	1,257,250
26	·	·	1,259,832	26	1,257,250
_	Total Ilabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 3	K and	1,233,032	20	2,231,23
3	complete lines 27 through 29, and lines 33 and 34.	allu			
27	Unrestricted net assets	Ī	1,426,791	27	1,958,454
28		ţ		28	= 7555755
29	•	ļ-		29	
	Organizations that do not follow SFAS 117, check he	era > 🗀			
:	and complete lines 30 through 34.				
30	_			30	
31		nt fund		31	·
32				32	
27 28 29 30 31 32 33 34			1,426,791		1,958,454
34		ľ	2,686,623	34	3,215,704

Form **990** (2009)

Form 990 (2009) . AHUALANI	99-0207234		Pa	ge 12
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990 Cash	X Accrual Other			
If the organization changed its method of accounting from a prior year	r 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	ent accountant?	2b		X
c 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 selec	tion of an independent accountant?	2c		
If the organization changed either its oversight process or selection p	rocess during the tax year, explain in			
Schedule O				
d If "Yes" to line 2a or 2b, check a box below to indicate whether the fin	ancial statements for the year were			
issued on a consolidated basis, separate basis, or both				
Separate basis Consolidated basis Both consolidate	ed and separate basis			
3a As a result of a federal award, was the organization required to under	go an audit or audits as set forth in	[]	[Į
the Single Audit Act and OMB Circular A-133?		_3a		<u>.</u>
b If "Yes," did the organization undergo the required audit or audits? If t	he organization did not undergo the			
		1 /	ı	1

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

AHUALANI

99-0207234 Reason for Public Charity Status (All organizations must complete this part) See instructions.

1 2 3 4 5		A church, cor A school desc A hospital or A medical res city, and state An organizati section 170(I A federal, sta	nvention of churches, or associated in section 170(b)(1)(A) a cooperative hospital service search organization operated on operated for the benefit of b)(1)(A)(iv). (Complete Part late, or local government or gotte.	the organization described in section of in conjunction with a hospital defeat of a college or university owned (iii) by overnmental unit described in sections.	n section tion 170(lescribed or operate	170(b)(1 b)(1)(A)(i in section ed by a go 0(b)(1)(A))(A)(i). ii). n 170(b) overnme)(v).	ntal unit	descrit	ped in	•	name,		
7 8 9		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) 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).												
11 e	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 a													
g		Since August following per (i) A persor and (iii) A (iii) A family (iii) A 35% c	rsons? In who directly or indirectly co below, the governing body of member of a person describ controlled entity of a person of			-		II)				11g(i) 11g(ii) 11g(iii)	Yes	No
(i)		of supported anization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li governing	organization sted in your document?	the organ col (i) supp	ort?	organizati (i) organii U S	zed in the	(1	vII) Amo		
				<u> </u>	Yes	No	Yes	No	Yes	No				
														_
													·-	
Tota														

Schedule A (Form 990 or 990-EZ) 2009 AHUALANI

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sect	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's	728,457	726,775	3,175,777	631,875	317,502	5,580,386
2	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	728,457	726,775	3,175,777	631,875	317,502	5,580,386
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,				
6	Public support. Subtract line 5 from line 4			<u></u>			5,580,386
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		—————			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	728,457	726,775	3,175,777	631,875	317,502	5,580,386
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,274	3,104	524	63	97	16,062
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						F 505 440
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(annument of the second	<u>_</u>			12	5,596,448 17,598
13	First five years. If the Form 990 is for the	•	second third four	th or fifth tay year	r as a section 501		17,598
13	organization, check this box and stop her	-	, second, tilita, loui	itii, or ilitii tax yeal	as a section son	(0)(3)	▶ □
Sec	tion C. Computation of Public Su		age	<u> </u>			
14	Public support percentage for 2009 (line 6			າ (f))		14	99.71%
15	Public support percentage from 2008 Sch		•			15	100.00%
16a b	33 1/3 % support test—2009. If the organ and stop here. The organization qualifies 33 1/3 % support test—2008. If the organ	as a publicly suppo	orted organization	·	·		► X
17a b	box and stop here. The organization qual 10%-facts-and-circumstances test—200 more, and if the organization meets the "forganization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the organization meets t	99. If the organization acts-and-circumstates and circumstates and circumstates. The constant of the organization of the organ	on did not check a nces" test, check to organization qualifie on did not check a	box on line 13, 16a his box and stop h es as a publicly su box on line 13, 16a	nere. Explain in Pa pported organizati a, 16b, or 17a, and	ort IV how the on d line 15 is 10% or	> [
18	organization meets the "facts-and-circums Private foundation. If the organization did		•	•	• • •		>

Page 3

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

Sect	tion A. Public Support	cked the box	on line 9 of Pa	art I.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 2000	(2, 2000	(0, 200)	(2, 2000	(5, 2000	(1)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received			1		1	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			1			
	amount on line 13 for the year			<u> </u>		 -	
C	Add lines 7a and 7b			 	-		
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	•	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
800	organization, check this box and stop her		ntago				
	ction C. Computation of Public St	·· 				145	
15	Public support percentage for 2009 (line 8	• •	-	nn (t))		15	<u>%</u>
16 Sec	Public support percentage from 2008 Schettion D. Computation of Investme					16	<u> </u>
17	Investment income percentage for 2009 (I			3 column (ft)		17	%
18	Investment income percentage from 2008		· ·	o, solulli (1//		18	%
19a	· · · · · · · · · · · · · · · · · · ·			ne 14, and line 15	is more than 33 1/		
	17 is not more than 33 1/3 %, check this t						▶ [
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check t						▶ [
20	Private foundation. If the organization did		-		•	-	▶

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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
2009
Open to Rubile

Open to Public Inspection

Employer identification number Name of the organization **AHUALANI** 99-0207234 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Sched	dule D (Form 990) 2009 AHUALANI		_	99-02	07234	Page 2			
	rt III Organizations Maintaining	Collections of Art,	Historical Treasu	res, or Other	Similar Assets	(continued)			
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	eck any of the following	that are a significa	int use of its				
а	Public exhibition	d Loan	or exchange programs						
b	Scholarly research	e Other	· · ·						
c	Preservation for future generations	- L							
	<u> </u>		they first or the evenes	ration's avenut bu	rnose in				
4	Provide a description of the organization's colle Part XIV				ipose iii				
	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of	f the organization's coll	ection?	"Voo" to Form	Yes No			
	rt IV Escrow and Custodial Arra IV, line 9, or reported an am	ount on Form 990,	Part X, line 21.			990, Fait 			
1a	Is the organization an agent, trustee, custodian	n or other intermediary f	or contributions or othe	r assets not					
	included on Form 990, Part X?					Yes No			
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	ng table						
						Amount			
C	Beginning balance				1c				
d Additions during the year									
e	e Distributions during the year								
f	Ending balance								
2a	2a Did the organization include an amount on Form 990, Part X, line 21?								
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comple	ete if organization a	answered "Yes" to	Form 990, Pa	rt IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1							
f	Administrative expenses			***************************************					
g	End of year balance			······································					
2	Provide the estimated percentage of the year	end balance held as		- 1 <u>-</u> 1- 1	.				
а	Board designated or quasi-endowment ▶	%							
b									
	Term endowment ▶ %								
	Are there endowment funds not in the posses	sion of the organization	that are held and admi	nistered for the					
	organization by	order of the organization				Yes No			
	(i) unrelated organizations					3a(i)			
	(ii) related organizations					3a(ii)			
h	If "Yes" to 3a(ii), are the related organizations	listed as required on So	chedule R?			3b			
4	Describe in Part XIV the intended uses of the	•							
P	art VI Investments—Land, Buildi			Part X. line 1	0.				
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value			
		(investment)	basis (other)	dep	reciation	• •			
12	Land	 	330,	000		330,000			
	Buildings		105,		56,883	49,108			
	Leasehold improvements		_ 						
	Equipment		204,	244	204,244				
	Other		1,368,		25,185	1,343,290			
	al. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, o			▶	1,722,398			

Schedule D (Form 990) 2009

Part VII	orm 990) 2009 AHUALANI		99-0207234	Page 3
	Investments—Other Securities. Se	e Form 990, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market va	lue
Financial deriv				
Other	equity interests	 		
			 	
	·			
	·			
				· ·
Total (Calum	2 (h)			
Part VIII	n (b) must equal Form 990, Part X, col (B) line 1 Investments—Program Related. Se			•••••
1. CHE A101	(a) Description of investment type	(b) Book value	(a) Method of valuation	
	(a) bescription of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
				•
				
				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 1	3)		
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col. (B) line 1 Other Assets. See Form 990, Part X	3) ▶ K, line 15.		
	Other Assets. See Form 990, Part 2	K, line 15. Description		300k value
	Other Assets. See Form 990, Part >	K, line 15. Description		
	Other Assets. See Form 990, Part 2	K, line 15. Description		
	Other Assets. See Form 990, Part 2	K, line 15. Description		
	Other Assets. See Form 990, Part 2	K, line 15. Description		
	Other Assets. See Form 990, Part 2	K, line 15. Description		
	Other Assets. See Form 990, Part 2	K, line 15. Description		
	Other Assets. See Form 990, Part 2	K, line 15. Description		
	Other Assets. See Form 990, Part 2	K, line 15. Description		
Part IX	Other Assets. See Form 990, Part > (a) Lausanne Propert	(, line 15. Description Y Note	1,	,250,000
Part IX	Other Assets. See Form 990, Part X (a) Lausanne Propert n (b) must equal Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5)	1,	,250,000
Part IX	Other Assets. See Form 990, Part X (a) Lausanne Propert n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part	A, line 15. Description Y Note 5) art X, line 25.	1,	,250,000
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X (a) Lausanne Propert n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5)	1,	,250,000
Total. (Colum Part X 1 Federal incom	Other Assets. See Form 990, Part X (a) Lausanne Propert n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount	1,	,250,000
Total. (Colum Part X 1 Federal incom	Other Assets. See Form 990, Part X (a) Lausanne Propert n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	A, line 15. Description Y Note 5) Int X, line 25. (b) Amount	1,	,250,000
Total. (Colum Part X 1 Federal incom	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount te 1,250,000	1,	,250,000
Total. (Colum Part X 1 Federal incom	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount te 1,250,000	1,	,250,000
Total. (Colum Part X 1 Federal incom	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount te 1,250,000	1,	,250,000
Total. (Colum Part X 1 Federal incom	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount te 1,250,000	1,	,250,000
Total. (Colum Part X 1 Federal incom	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount te 1,250,000	1,	,250,000
Total. (Colum Part X 1 Federal incom	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount te 1,250,000	1,	,250,000
Total. (Colum Part X 1 Federal incom	n (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1 Other Liabilities. See Form 990, Part X, col (B) line 1	(, line 15. Description Y Note 5) Int X, line 25. (b) Amount te 1,250,000	1,	300k value , 250 , 000

<u>Sche</u>	dule D (Form 990) 2009 AHUALANI	99-0	0207234	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Financi	al Statements	
1	I otal 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 period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine line	es 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial S	Statements With Revenu	ie per Return	
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			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5				
P	rt XIII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return	
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	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
θ	Add lines 2a through 2d		_ <u>2e</u>	
3	Subtract line 2e from line 1	ſ	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
_	Add lines 4a and 4b	10.)	4c	
5 D	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIV Supplemental Information	18)		
	art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9,	Port III, lines 4s and 4. Dort IV	lune de	
	piete this part to provide the descriptions required for Part II, lines 3, 5, and 9, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and F			
		Part XIII, lines 2d and 4b Also d	complete	
tilis i	part to provide any additional information			

Schedule F (Form 990)

Part I

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

General Information on Activities Outside the United States. Complete if the organization answered

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service_

Name of the organization

AHUALANI

► Attach to Form 990. ► See separate instructions.

Employer Identification number 99-0207234

	"Yes" to Form 990	0, Part IV, line 14	b		
1 For grant	tmakers. Does the orga	anization maintain reco	ords to substantiate the amount of th	e grants or	
assistand	e, the grantees' eligibili	ty for the grants or ass	sistance, and the selection criteria us	sed to award	
the grants	s or assistance?				X Yes No
		art IV the organization	's procedures for monitoring the use	of grant funds outside the	
United St	ates				
2 Antoution	nos Borron / Hoo Cobo	dula E 1 (Earm 000) if	additional anges is needed \		
3 Activities	per Region (Use Sche	idule F-1 (FOIM 990) II	additional space is needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	offices in the region	employees or agents in	region (by type) (i e , fundraising, program services,	a program service, describe specific type of	expenditures for region
	region	region	grants to recipients located in	service(s) in region	Togion
			the region)		
South As	sia				
	1		Christian Mission	Missionary Training	49,925
					<u> </u>
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Totals ▶	1				49,925
	1		E		

8089 10/25/2010 3 17 PM								,• v1
Schedule F (Form 990) 2009	AHUALANI		J.	99-0207234				Page 🕦
Part II Grants and Part IV, line Use Sched	d Other Assista e 15, for any re- lule F-1 (Form	ance to Organic cipient who rec 390) if addition	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Forrn 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed.	e United States. (Complete if the	organization ans ceived more than	swered "Yes" to 1 \$5,000	Form 990, ▶ □
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal other)
		South Asia	Program Service Supp	49,925	Check			
				i				

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

7

Schedule F (Form 990) 2009

Page 3	(h) Method of valuation (took, FMV, appraisal, other)									
Yes" to Form 990, P	(g) Description of non-cash assistance									
anization answered	(f) Amount of non-cash assistance									
99-0207234 s. Complete if the orga	(e) Manner of cash disbursement									
the United States.	(d) Amount of cash grant									
ividuals Outside	(c) Number of recipients									
Sistance to Ind	(b) Region									
Schedule F (Form 990) 2009 AHUALANI Page Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Itse Schedule F-1 (Form 990) if additional space is needed	(a) Type of grant or assistance									

Part ₩ Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part IV - Additional Information

Youth With a Mission (YWAM) - India, has a similar purpose and program services as Ahualani, to train Christian missionaries.

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AHUALANI

Employer identification number

Pa	rt I Types of Property			·	99-02072			
_ r u	it Types of Freperty	(-)	(h)	(a)	(4)			
		(a) Check if	(b) Number of Contributions	(c) Revenues reported on	(d) Method of determin	no.		
		applicable	Number of Contributions	Form 990, Part VIII, line 1g	revenues	''9		
4	Art—Works of art		-					
1	Art—Historical treasures		——·					—–
2 3	Art—Fractional interests							
3 4							—	
5	Books and publications Clothing and household							
,	goods							
6	Cars and other vehicles				<u></u>			
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							
	contributionOther							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other			<u> </u>				
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		v.					
22	Historical artifacts							
23	Scientific specimens	 		 				
24	Archeological artifacts		ļ. <u></u>	1-0				
25	Other > (Constr Labor	<u> </u>	30	172,500	Vol Constr Hrs 1	Avg	_Wa	ige
26	Other ► (<u> </u>						
27	Other ► (`	 					
28	Other ►(Ц	<u> </u>	L				
29	Number of Forms 8283 received by	-	•					
	which the organization completed F	·orm 8283,	Part IV, Donee Acknow	leagement		——	V1	No
30a	During the year, did the organization	n rocenia h	w contribution one name	intu roperted in Dest Lines	1 20 that		Yes	No
Jua	it must hold for at least three years							
	•			tion, and which is not requir	ed to be	200	ŀ	X
b	used for exempt purposes for the e If "Yes," describe the arrangement		ig periou?			30a		A
31	Does the organization have a gift a		noticy that requires the	eview of any non-standard				
31	contributions?	cceptance	policy that requires the i	eview of any non-standard		31	Ī	X
32a		hird nadies	or related organizations	to solicit process or sell s	oncash	3,	\rightarrow	
724	contributions?	a parties	or related organizations	to solicit, process, or sell ti	01104311	32a		x
ь	If "Yes," describe in Part II					Jea	-+	-
33	If the organization did not report rev	venues in c	column (c) for a type of n	roperty for which column (a	ı) is checked.			
	describe in Part II	- 51,405 HI C	.c.a (c) for a type of p	. sporty for winori column (a	y is silvenide,		-	
	accombe in f are it							

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

AHUALANI

Employer identification number 99-0207234

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Governing Board Members review Form 990 and Schedules before it is filed with the IRS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official All workers are volunteers or self-employed. No wages or other compensation is currently authorized to board members, management, or other volunteers.

Form 990, Part VI, Line 15b - Compensation Process for Officers All workers are volunteers or self-employed. No wages or other compensation is currently authorized for officers and there are no employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Copies of Governing Documents are available to the public upon request to the main office in Kona during normal business hours.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

lame	(s) shown on return AHUALAN	NI				_		Identify 99-		umber 7234
	ess or activity to which this form relates	ion								
	ndirect Depreciat: at l Election To Expen		erty Under Se	otion	170					
Fd	Note: If you have a	-	•			com	nlete Pa	art I		
1	Maximum amount See the instruc				belore you	COII	ipiete i e	1	1	250,000
2	Total cost of section 179 property			C3362				ŀ	2	230,000
3	Threshold cost of section 179 projectly	ł	3	800,000						
4	Reduction in limitation Subtract lii				10115)			ŀ	4	000,000
5	Dollar limitation for tax year Subtract lin		·		n constatoly c	oo inetr	rictions	}	5	
6	(a) Description		1 1635, 611(61 -0+ 11 1116		t (business use			ected cost	-	
<u> </u>	(2) 2000, p.10	. or property		(2) 000	. (546,11000,400	J,	(-, -			
			-							
7	Listed property Enter the amount	from line 29			· -	7				
8	Total elected cost of section 179 p		ts in column (c) lir	nes 6 ar	nd 7				8	
9	Tentative deduction Enter the sm	• •	• • •	103 0 41	i u 1				9	
10	Carryover of disallowed deduction								10	
11	Business income limitation Enter	•		ss than	zero) or line 5	i (see	instruction	s)	11	
12	Section 179 expense deduction A		· ·		•	, (555		, 	12	
13	Carryover of disallowed deduction	·			▶	13				
	: Do not use Part II or Part III below						····			
Pa	ırt II Special Depreciat	ion Allowance a	nd Other Dep	reciat	ion (Do no	t inc	lude liste	ed prope	ertv.)	(See instr.)
14	Special depreciation allowance fo									
	during the tax year (see instruction		,	., , ,	, , , , , , , , , , , , , , , , , , , ,				14	
15										
									16	
Pa	art III MACRS Depreciat	tion (Do not incl	ude listed prop	erty.)	(See instr	uctio	ns.)			
				ion A						
17	MACRS deductions for assets pla	ced in service in tax	years beginning be	efore 20	09				17	0
18	If you are electing to group any assets									
	Section B—	Assets Placed in Se	rvice During 2009	Tax Ye	ar Using the	Gene	ral Depre	iation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depri (business/investmonly-see instruc	ent use	(d) Recovery period	(e) C	onvention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property									
_ <u>b</u>	5-year property	1			<u> </u>					
C	7-year property	_								
<u>d</u>	10-year property	_								
. 0	15-year property	1								
f_		_[<u> </u>					
_9	25-year property	<u> </u>			25 yrs			S/L		
h	Residential rental		ļ		27 5 yrs		MM	S/L		
	property	ļ			27 5 yrs	<u> </u>	MM	S/L		<u> </u>
i					39 yrs	ļ.,	MM	S/ <u>L</u>		
	property	1 21 11 2			<u> </u>	<u> </u>	MM	S/L		<u></u>
		ssets Placed in Sen	vice During 2009	lax Yea	r Using the A	Altern	ative Depr			<u>n</u>
	Class life	-			1-1-	<u> </u>		S/L		
	12-year	 			12 yrs	<u> </u>		S/L		
	40-year	otructions \			40 yrs	l	MM	S/L		l
_	Listed property. Enter amount fro								64	2 207
21 22	Listed property Enter amount from Total. Add amounts from line 12,		lines 10 and 20	oolum-	(a) and he-	24 6-	stor have		21_	3,307
~~	and on the appropriate lines of yo						iter nere		22	3,307
23	For assets shown above and place		· · · · · · · · · · · · · · · · · · ·			<u> </u>	Ţ		22	3,307
	portion of the basis attributable to	-	and duriont year, e			23				
										L

99-0207234 AHUALANI Form 4562 (2009) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? (c) (9) (b) (f) (a) (d) (e) Business/ Method/ Depreciation Elected section Cost or other Type of property Date placed in Basis for depreciation Recovery investment use percentage 179 cost (business/investment (list vehicles service basis period Convention deduction first) use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use Chevrolet | Flatbed | Truck 050 ,050 3,307 10/08/04 100.00% 22 5.0 S/L-Toyota Previa White 1995 5.0 01/01/96 100.00% 19,000 S/L-19,000 27 Property used 50% or less in a qualified business use S/L-S/L-307 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles Total business/investment miles driven (d) **(f)** (a) (b) (c) (e) during the year (do not include Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Yes No Yes Yes Yes No Yes Was the vehicle available for personal Yes No No No No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) 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) (c) (d) Amortization (a) Date amortization Amortizable Code Amortization for this year period or Description of costs amount section percentage Amortization of costs that begins during your 2009 tax year (see instructions)

43

44

Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f) See the instructions for where to report

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