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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2009

| | | | f the Treasury | | | | _ | | | | | is a Priva | | | | | | | | 200 | 13 |
|---------------------------|--|----------------|---|-------------|--|-----------------|--------|--------------|--------------|---------|------------|--|------------------|--------|---------------------------------------|--|----------|------------------|-------------------------------|---|--|
| _ | | | nue Service | <u> </u> | | | | oundation r | nay be abl | e to | use a | copy of this retur | | | | | | | ii | | |
| _ | | | dar year 2009. or | tax | i | | | | - | _ | | | | | and endi | ng | - | | | , 2 | <u> </u> |
| C | iC | neck | all that apply | - | ┥ | nıtıal retu | | | L | ٦, | \neg | return of a fo | • | | 1 1 | | L | ∫ Final re | eturn | | |
| _ | | | | <u></u> | - | Amended | retu | m | _ | | / | Address chan | ge | | Name | A Employer identification number | | | | | |
| | Us | e the | | | | | | | | | | | | | | i ' ' | | | mper | | |
| | Ot | label herwi | 111 1011 | | | | | | | - | | - 44 | | Б. | | 99-02 | | | | | |
| | • | prin | t Nombor and | | • | | umber | ir maii is n | lot delivere | ia to | stree | address) | | Ho | om/suite | B Telephor | 18 NU | mber (see p | age 10 of the ins | structions) | |
| | | or typ | | | | | | | | | | | | | | <u> </u> | | | | | |
| | See Specific City or town, state, and ZIP code | | | | | | | | | | C If exemp | tion a | here | · • | | | | | | | |
| - | | tructi | | | H | | | | | | | | | | | | - | anizations, o | check here neeting the 85% | | ··▶∐ |
| • | | | type of organizatio | | | _ | _ | |)1(c)(3) (| exe | n ' | orivate found | | | | | | | computation | 1621, | ▶∐ |
| - | لِــا | | on 4947(a)(1) non | | | | le tru | | | | • | er taxable pri | | | | E If private foundation status was terminated | | | | | |
| ر ا | | | rket value of all as | | | | | | counting | | | · X C | asn [| '′ | Accrual | under se | ction | 507(b)(1)(A) |), check here | | ▶∐ |
| 03 | | - | ear (from Part II, | col (| | | _ | | Other (s | - | | | | | | F If the fou | ındatı | on is in a 60 | -month terminat | ion | |
| ~ | | ne 16) | | Dai | | 23,175 | | | | | | t be on cash | basis.) | | · · · · · · · · · · · · · · · · · · · | under se | ction | 507(b)(1)(B |), check here | | 🔰 |
| | ra | rt I | Analysis of | | | | | • | | e tot | al of | | venue and | | (b) No | investment | | | | | ursements antable |
| 7 | | | amounts in columns the amounts in colum | | | | | - | • | | | | nses per ooks | | | (0) / (0) 00/0 | | sted net come | purp | oses | |
| ΜĄγ | - | | | | | | | | | ۰ . است | -\ | | • | | | | | | | (cash b | asis only) |
| \mathbf{Z} | İ | 1 | Contributions, gif | _ | | | | | | | | | | - | | | | -4 | | ************ | |
| ENVELOPE FOSTMARK DATE | | 2 | Check ► X if | | | | | | | | • • | | | | <u> </u> | | \dashv | | | | |
| 200 | ļ | 3 | Interest on saving | • | | • | • | | | | | | | | <u> </u> | | + | | | · · · · · · · · · · · · · · · · · · · | |
| | - [| 4 | Dividends and int | | | | | | | | | | - | | | | | | | | |
| A 22 | - | 5a | Gross rents | | | | • • | | | • | | | | | | | | | | | |
| F Segur | ≀ | b b | Net rental income | | • | · — | | | 10 | | | - | | | | | - | | | · | |
| ' ड ी € | ; | 6a L | Net gain or (loss) | | | | sets r | not on ill | 10 . | • | | | | | **** | | | | | ····· | |
| | , | _b | Gross sales price for a | | | | | lun = (0) | | | | - | | ······ | | ···· | - | •••••• | | | |
| | : | 7 | Capital gain net ii | | | • | | • | | | | 11 | ····· | | · · · · · · · · · · · · · · · · · · · | | | | | | **** |
| | , | 8 | Net short-term ca | • | - | | | | | | | | | | | | | | | | |
| 2 | | 9 10a | Income modificat | | | | | 1 | | • | | | ******* | , | | | | | | -1111 | ··· ·································· |
| _ | | b | Gross sales less return Less Cost of goo | | | | | | | | | | ······ | | | | - | | | · | ······ |
| * | | c | Gross profit or (lo | | | | | | | | | | | | | ·· · · · · · · · · · · · · · · · · · · | + | | | , - - 1 1 - 1 - 1 - 1 - 1 - 1 1 1 | |
| 2. | | 11 | Other income (at | • | • | | | • | | | | | 11,8 | 200 | | | | | 11,809 | | |
| | | 12 | Total. Add lines | | | , | | | | | | | 11,8 | | | | 0 | | 11,809 | : | |
| ANNED | | 13 | Compensation of | | | | | | | | | | | | | | + | | 11,009 | | |
| \$ | | 14 | Other employee | | | | | | | | | | /CD | | | | + | | | | |
| ₹ | ď | 15 | Pension plans, ei | nnlo | Vec | e benefits | | | | Ľ | | KECEN | /EU | Ü | lt | | \dashv | | | | |
| SC | m | 16a | Legal fees (attacl | | | | | | | | | | | 80 | | | \top | | | | |
| | n | b | Accounting fees | atta | ch • | schedule | 9) | | | 1: | <u>a</u>] | MAY 25 | 2010 | ۲ | H | • | \dashv | | | | |
| | Di DS | c | Other profession | | | | | | | 1 | | | | က္ခ | | | \dashv | | | | |
| ě | t | 17 | Interest | | | | | - | | 1 | _ | | LIT | | 1 | | \dashv | • | | | |
| | a | 18 | Taxes (attach sci | nedu | ıle) | (see pac | je 14 | of the ir | nstructio | ule) | | OBUEIN | | | | | \top | | | | |
| | | 19 | Depreciation (atta | | - | | - | | | | | | | | | | \top | | | | |
| | ועו | 20 | Occupancy | | | - | | - | | | | | | | | | \top | | - | | 1111 111 |
| - | - 1 | 21 | Travel, conference | es, | and | l meeting | js | | | | | | 1,2 | 261 | | | 1 | | 1,261 | | 1,261 |
| 7 | ıΧ | 22 | Printing and publ | catio | ons | | ٠. | | | _•_ | ٠ | _ | | | | | | | · | | |
| • | Pe | 23 | Other expenses | atta | ch s | schedule |) . | | | ST. | M10 | 3 | 6,5 | 537 | | | \top | | | | 6,537 |
| | 1 | 24 | Total operating | | | | • | | | | | | | | | | \dashv | - | | | |
| | е | | Add lines 13 thro | | | | | | | | | | 7,7 | 798 | | | 0 | | 1,261 | | 7,798 |
| | S | 25 | Contributions, gif | ts, g | ran | ts paid | | | | | | | | L00 | | | | 77 | | | 100 |
| | | 26 | Total expenses | <u>an</u> d | dis | <u>sburs</u> em | ents | . Add Iir | nes 24 ai | nd : | 25 . | | 7,8 | 398 | | | 0 | | 1,261 | | 7,898 |
| _ | | 27 | Subtract line 26 f | rom | line | 12 | | | | | | | | : | | | \top | | | | |
| | | а | Excess of rever | ue : | ove | er expen | ses a | and dis | bursem | en | ts | L | 3,9 | 11 | <u> </u> | | _ [| | | | |
| | | ь | Net investment | inco | ome | e (if nega | ıtıve, | enter -0 |)-) | | | | | | | | 0 | | | | |
| _ | | С | Adjusted net in | com | e (ı | f negativ | e, en | ter -0-) | <u></u> | | <u></u> | | | | | | | | 10,548 | | |
| = | | | Ast and Banes | | . 5 | | | | | | 20 | <i>,</i> , , , , , , , , , , , , , , , , , , | | | | | | | | | DE (0000) |

| Part II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End of y | ear |
|---------------|--|---------------------|----------------|-----------------------|
| | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 10,916 | 17,745 | 17,745 |
| 2 | Savings and temporary cash investments | 5,430 | 5,430 | 5,430 |
| 3 | Accounts receivable > | | | |
| | Less: allowance for doubtful accounts | | | |
| 4 | Pledges receivable | | | |
| | Less allowance for doubtful accounts ▶ | | | |
| 5 | Grants receivable | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | |
| | disqualified persons (attach schedule) (see page 16 of the | | | |
| A | instructions) | | | |
| s 7 | Other notes and loans receivable (attach schedule) | | | |
| s e | Less. allowance for doubtful accounts | Ť | | |
| t g | Inventories for sale or use | | | |
| s 9 | <u> </u> | | ··- | |
| | Prepaid expenses and deferred charges | | | |
| 1 | Investments - U S and state government obligations (attach schedule) | | | |
| - 1 | Investments - corporate stock (attach schedule) | | | |
| | Investments - corporate bonds (attach schedule) | | | |
| 11 | Investments - land, buildings, and equipment basis | - | | |
| | Less accumulated depreciation (attach schedule) | | | |
| 12 | Investments - mortgage loans | | | |
| 13 | Investments - other (attach schedule) | | | |
| 14 | Land, buildings, and equipment basis ▶ | † | | |
| | Less accumulated depreciation (attach schedule) | | | |
| 15 | Other assets (describe ▶) | | | |
| 16 | Total assets (to be completed by all filers - see the | | | |
| | instructions. Also, see page 1, item I) | 16,346 | 23,175 | 23,175 |
| L 17 | Accounts payable and accrued expenses | | | |
| i 18 | Grants payable | | | |
| 19 | Deferred revenue | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 21 | Mortgages and other notes payable (attach schedule) | | | |
| 22 | Other liabilities (describe) | | | |
| e 23 | Total liabilities (add lines 17 through 22) | | 0 | |
| 3 23 | Foundations that follow SFAS 117, check here · · ► X | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| N F 24 | Unrestricted | 16,346 | 23,175 | |
| A F 24 | 1 | 10,340 | 23,175 | |
| t u 25 | Temporarily restricted | | | |
| d 26 | Permanently restricted | | | |
| A | Foundations that do not follow SFAS 117, check here ▶ ☐ | | | |
| S B | and complete lines 27 through 31. | | | |
| s a e i | Capital stock, trust principal, or current funds | | | |
| t a 28 | Paid-ın or capıtal surplus, or land, bldg, and equipment fund | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| e 30 | Total net assets or fund balances (see page 17 of the |] | | |
| rs | instructions) | 16,346 | 23,175 | |
| 31 | Total liabilities and net assets/fund balances (see page 17 | T | | |
| | of the instructions) | 16,346 | 23,175 | |
| Part II | Analysis of Changes in Net Assets or Fund Balance | ces | | |
| 1 Total | net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 (must agree with | | |
| | of-year figure reported on prior year's return) | | | 16,346 |
| | r amount from Part I, line 27a | | <u> </u> | 3,911 |
| | r increases not included in line 2 (itemize) | | | |
| | lines 1, 2, and 3 | | | 20,257 |
| | | | | |
| b Decr | eases not included in line 2 (itemize) | | i 5 | |
| | eases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | | 20,257 |

| Fart IV Capital Gains | and Losses for Tax on the | esiment incom | e | | |
|---|---|---|--|---------------------------------|---|
| | e the kind(s) of property sold (e.g., real estate, nouse, or common stock, 200 shs MLC Co.) | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (yr, mo, day) | (d) Date sold (yr, mo, day) |
| 1a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or ot plus expens | | | in or (loss) f) minus (g) |
| а | | | | | |
| Ь | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets sho | owing gain in column (h) and owned by | y the foundation on 1 | 2/31/69 | | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess over col (j), | | col (k), but not l | ol (h) gain minus ess than -0-) or om col (h)) |
| а | | | | | |
| b | | | - | | |
| С | | | | | · , |
| d | | | | | |
| е | | | | | |
| 2 Capital gain net income or (ne | ot canital locel | so enter in Part I, line enter -0- in Part I, line | , | 2 | |
| 3 Net short-term capital gain or | (loss) as defined in sections 1222(5) | and (6) | | | |
| If gain, also enter in Part I, lin | e 8, column (c) (see pages 13 and 17 | of the instructions) | 1 | | |
| | e8 | | } | 3 | |
| | Inder Section 4940(e) for Re | | Net Investm | ent Income | |
| | re this part blank section 4942 tax on the distributable a qualify under section 4940(e) Do not | | n the base period' | 7 | Yes No |
| | t in each column for each year, see pa | <u></u> | ions before makır | ng any entries | · · · · · · · · · · · · · · · · · · · |
| (a) Base penod years Calendar year (or tax year beginning in | (b) | | (c) nchantable-use assets | Dist | (d) Inbution ratio divided by col (c)) |
| 2008 | | | | | · |
| 2007 | | | · | | |
| 2006 | | | | | · · · · · · · · · · · · · · · · · · · |
| 2005 | | | | | |
| 2004 | | | | | |
| 3 Average distribution ratio for t | the 5-year base period - divide the toton has been in existence if less than 5 | al on line 2 by 5, or b | y the | | |
| 4 Enter the net value of noncha | tritable-use assets for 2009 from Part | X, line 5 | | 4 | |
| 5 Multiply line 4 by line 3 | | | | 5 | 0 |
| | ncome (1% of Part I, line 27b) | | | | |
| | | | | 7 | 0 |
| 8 Enter qualifying distributions to If line 8 is equal to or greater Part VI instructions on page 1 | than line 7, check the box in Part VI, i | | | <u></u> |) |

| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins | tructions) | |
|-----|--|------------|--------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | |
| ь | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 0 |
| | here ▶ and enter 1% of Part I, line 27b | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | | |
| | Part I, line 12, col. (b) | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 2 | | 0 |
| | Add lines 1 and 2 | | |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 0 |
| | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | 0 |
| | Credits/Payments: | | |
| | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | |
| | Exempt foreign organizations - tax withheld at source | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | | |
| | Backup withholding erroneously withheld | | |
| | Total credits and payments. Add lines 6a through 6d | | |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | |
| | Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11 t VIIA Statements Regarding Activities | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | Yes | No |
| | participate or intervene in any political campaign? | 1a | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | 122 |
| | of the instructions for definition)? | 1b | X |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials | | 1 22 |
| | published or distributed by the foundation in connection with the activities. | 1 | |
| c | Did the foundation file Form 1120-POL for this year? | 1c | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | |
| | (1) On the foundation ► \$ (2) On foundation managers. ► \$ | 1 | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | 1 | |
| | on foundation managers > \$ |] | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | X |
| | If "Yes," attach a detailed description of the activities | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | <u> </u> |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | X |
| | If "Yes," attach the statement required by General Instruction T | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | 1 | |
| | By language in the governing instrument, or | 1 | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | ŧ | |
| | conflict with the state law remain in the governing instrument? | 6 X | ļ |
| | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 X | 11111 |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | Ī | |
| L | Instructions) > | Į. | |
| Ь | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | 6 | 77 |
| ۵ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | X |
| | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | 1 | |
| | 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page | | - V |
| | 27)? If "Yes," complete Part XIV | 9 | <u>X</u> |
| | · · · | 10 | x |
| | names and addresses | 10 | Ι Δ |

HI ISLANDS POST ANESTHESIA NURSES

Form 990-PF (2009)

99-0258392

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| orm | 990-PF (2009) HI ISLANDS POST ANESTHESIA NURSES 99-02583 | 192 | P | age 5 |
|-----|---|------|-----|--|
| Par | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ WENDY HUNTER Telephone no. ▶ 808-2 | 54-2 | 202 | |
| | Located at ▶ 501 Launa aloha Place Katlua, HI ZiP+4 ▶ 9673 | 34 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here | | | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | : | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 1b | | ļ |
| | Organizations relying on a current notice regarding disaster assistance check here ▶ □ | | 1 | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2009? | 1c | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | 1 | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)). | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2009? | | Ī | |
| | If "Yes," list the years | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | ŧ | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | ŧ | |
| | all years listed, answer "No" and attach statement - see page 20 of the instructions.) | 2Ь | ļ | ļ |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | ļ | |
| | <u> </u> | | l | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | I | |
| _ | at any time during the year? | | Ī | |
| b | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or | | 1 | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | 1 | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | 1 | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | - | ŧ | |
| | foundation had excess business holdings in 2009.) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | ļ | |
| Ь | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | 4. | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | | <u> </u> |

| | 990-PF (2009) HI ISLANDS POST ANE | | | | | | 99-0258 | 392 | Page 6 |
|------|---|--|-------------------------------|-----------|---------------------------|-----------|--|----------|--------------|
| Pa | t VII-B Statements Regarding Activities | es for \ | Which Forr | n 4720 | May Be | Requi | red (continued) | | |
| 5a | During the year did the foundation pay or incur any ar | mount to: | | | | _ | _ | | |
| | (1) Carry on propaganda, or otherwise attempt to infl | luence le | gislation (section | n 4945(| e))? | [| Yes No | | |
| | (2) Influence the outcome of any specific public elect | tion (see | section 4955); | or to car | ry on, | _ | | | |
| | directly or indirectly, any voter registration drive? | | | | | į | Yes No | 1 1 | |
| | (3) Provide a grant to an individual for travel, study, of | or other s | ımılar purposes | ۶٬ | | [| Yes No | | |
| | (4) Provide a grant to an organization other than a ch | narıtable, | etc , organizat | on desc | ribed in | _ | _ | | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(2 | ጀ)? (see բ | aye 22 of the i | nstructio | กร) | [| Yes No | | |
| | (5) Provide for any purpose other than religious, cha | rıtable, so | cientific, literary | , or edu | cational | | | | |
| | purposes, or for the prevention of cruelty to child | ren or ani | mals? | | | [| Yes No | | |
| Ь | If any answer is "Yes" to 5a(1)-(5), did any of the trans | nsactions | fail to qualify u | nder the | exceptions | describe | d in | | |
| | Regulations section 53 4945 or in a current notice reg | garding di | saster assistar | nce (see | page 22 of t | he instru | ctions)? | 5b | |
| | Organizations relying on a current notice regarding di | saster as | sistance checl | k here | | | ▶ 🔲 | | |
| С | If the answer is "Yes" to question 5a(4), does the four | ndation c | laım exemption | from the | e tax | _ | _ | | |
| | because it maintained expenditure responsibility for the | ne grant? | | | | [| Yes No | 1 | |
| | If "Yes," attach the statement required by Regulations | s section | 53 4945-5(d) | | | _ | | | |
| 6a | Did the foundation, during the year, receive any funds | s, directly | or indirectly, to | pay pre | emiums | | | | |
| | on a personal benefit contract? | | | | | [| Yes No | | |
| b | Did the foundation, during the year, pay premiums, di | rectly or i | indırectly, on a | persona | I benefit con | ract? | | 6b | |
| | If "Yes" to 6b, file Form 8870 | | | | | _ | | | |
| 7a | At any time during the tax year, was the foundation a | party to a | a prohibited tax | shelter | transaction? | . [| Yes No | | |
| Ь | If yes, did the foundation receive any proceeds or have | ve any ne | et income attrib | utable to | the transact | ion? | | 7b | |
| Pa | t VIII Information About Officers, Dire | ectors, | Trustees, | Found | lation Ma | nagers | s, Highly Paid | Emplo | yees, |
| | and Contractors | | | | | | | | |
| 1 L | ist all officers, directors, trustees, foundation mar | nagers a | nd their comp | ensatio | n (see page | 22 of th | e instructions). | | |
| | (a) Name and address | | e, and average rs per week | | mpensation paid, enter | | Contributions to yee benefit plans | | nse account, |
| | | | d to position | (| - 0 -) | | rred compensation | other a | llowances |
| WEN. | OY HUNTER | TREAS | URER | STMA | 01 | | | | |
| 125 | HONOKHUA ST HONOLULU, HI 96825 | | 2 | | 0 | | 0 | | 0 |
| HAN | G SAITO | PRESI | DENT | İ | | | | | |
| 125 | 4 HONOKHUA ST HONOLULU, HI 96825 | | 3 | | 0 | | 0 | | 0 |
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| | | <u> </u> | | | | | | | |
| | | | | | | | | | |
| | | <u>i </u> | | | | | | | |
| | ompensation of five highest-paid employees (oth | er than | those include | d on lin | e 1 - see pa | ge 23 o | f the instructions |). | |
| | none, enter "NONE." | | | | T | | | | |
| | | | (b) Title, and a | verage | | | (d) Contributions to employee benefit | (a) Evas | nse account, |
| | (a) Name and address of each employee paid more than \$50,000 | | hours per we | ek | (c) Comper | sation | plans and deferred | | lowances |
| | | | devoted to pos | | | | compensation | | |
| иои | 3 | | | | | | | | |
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| | | | | | l <u></u> | | L | - | |
| Tota | number of other employees paid over \$50,000 | • • • • | . <u></u> | <u></u> | | | ▶ | | |

| and Contractors (continued) 3 Five highest-paid independent contractors for professional serv | ices (see page 23 of the instructions). If none | enter "NONE " |
|---|--|-----------------------|
| | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | } | |
| | ···· | |
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| | | • |
| I number of others receiving over \$50,000 for professional services | | > |
| | | <u> </u> |
| ert IX-A Summary of Direct Charitable Activities | | |
| st the foundation's four largest direct chantable activities during the tax year. Include relevan | nt statistical information such as the number of | T |
| ganizations and other beneficianes served, conferences convened, research papers produc | | Expenses |
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| art IX-B Summary of Program-Related Investment | S (see page 24 of the instructions) | |
| escribe the two largest program-related investments made by the foundation during the tax | year on lines 1 and 2 | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| other program-related investments. See page 24 of the instructions | | |
| | | |
| | | |
| | | |
| tal. Add lines 1 through 3 | | <u> </u> |
| | ĒĒA | Form 990-PF (2 |

99-0258392

Page 7

HI ISLANDS POST ANESTHESIA NURSES

Form 990-PF (2009)

| • | Arrounts paid (including administrative expenses) to accomplish character, etc., perposes | | |
|---|---|----|-------|
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 7,898 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the. | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 . | 4 | 7,898 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 7,898 |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

| | 990-PF (2009) HI ISLANDS POST ANE | | | 99-0258392 | Page 9 |
|--------|---|----------------------|--|---|--|
| Pai | t XIII Undistributed Income (see page 26 | of the instructions) | | | |
| 1 | Distributable amount for 2009 from Part XI, | (a) Corpus | (b) Years pnor to 2008 | (c) 2008 | (d) 2009 |
| | ling 7 | | ~~~ | | 0 |
| 2 | Undistributed income, if any, as of the end of 2009: | | | | |
| а | Enter amount for 2008 only | | | | ····· |
| b | Total for prior years,, | | | | |
| 3 | Excess distributions carryover, if any, to 2009 | Ĺ | | 1 | |
| а | From 2004 | 1 | | | |
| Ь | From 2005 | -[| | | |
| C | From 2006 | 4 | | | |
| d | From 2007 | 4 | | | |
| e | From 2008 | -} | | | |
| Ţ | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2009 from Part XII, | | | | |
| | line 4: ▶\$ 7,898 | | | ! | |
| a | Applied to 2008, but not more than line 2a | ···· ····· | | <u> </u> | |
| b | Applied to undistributed income of prior years | | | | |
| _ | (Election required - see page 26 of the instructions) | | | | ' |
| С | Treated as distributions out of corpus (Election | | | ! | |
| _ | required - see page 26 of the instructions) | | | ‡ | |
| d | Applied to 2009 distributable amount | 7,898 | | | |
| е 5 | Excess distributions carryover applied to 2009 | 7,838 | | | |
| • | (If an amount appears in column (d), the same | | | | |
| | amount must be shown in column (a)) | | | 1 | |
| 6 | Enter the net total of each column as | | | ļ | |
| • | indicated below: | | | } | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 . | 7,898 | |] | |
| ь | Prior years' undistributed income Subtract | | | } | |
| | line 4b from line 2b | ŀ | | | |
| С | Enter the amount of prior years' undistributed | | | | d'i milaa alalaa |
| | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | <u> </u> | |
| | tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see page 27 of the instructions | | | | |
| е | Undistributed income for 2008 Subtract line | | | | |
| | 4a from line 2a. Taxable amount - see page | ļ | |] | |
| | 27 of the instructions | | | | |
| f | Undistributed income for 2009. Subtract lines | 1 | | | |
| | 4d and 5 from line 1 This amount must be | | | | |
| _ | distributed in 2010 | | ····· | | 0 |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | | | <u> </u> | |
| 8 | instructions) | | ************************************** | <u> </u> | ···· |
| 0 | • | | | | |
| | applied on line 5 or line 7 (see page 27 of the instructions) | | | 1 | |
| 9 | Excess distributions carryover to 2010. | | | | |
| , | Subtract lines 7 and 8 from line 6a | 7,898 | | ! | |
| 10 | Analysis of line 9. | 7,698 | | | ····· |
| a | Excess from 2005 | | | 1 | |
| ь | Excess from 2006 | - | | ! | |
| c | Excess from 2007 | -[| | 1 | |
| d | Excess from 2008 | 1 | | ! | |
| е | Excess from 2009 | <u>s</u> | | ‡ ‡ | |

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| ΗI | ISLANDS | POST | ANESTHESIA | NURSES |
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| Page | 1 |
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| raue | |

| Part | XIV Private Operating Four | idations (see page | 27 of the instructions | and Part VII-A, question | 1 9) | |
|--------|--|---------------------------|---------------------------|-----------------------------|-----------------|--------------|
| 1a | If the foundation has received a ruling or | r determination letter th | at it is a private operat | ting | | |
| | foundation, and the ruling is effective for | 2009, enter the date of | f the ruling | | • | |
| ь | Check box to indicate whether the found | tation is a private opera | atına foundation descri | bed in section | 4942(j)(3) or 4 | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | 9100110011011 | Prior 3 years | | 10.12()(0) |
| | income from Part I or the minimum | (a) 2009 | (b) 2008 | ' | 48.000 | (e) Total |
| | investment return from Part X for | (a) 2009 | (0) 2006 | (c) 2007 | (d) 2006 | |
| | each year listed | | | | | |
| ь | 85% of line 2a | | | <u> </u> | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | ··· | | | |
| ď | Amounts included in line 2c not used directly for active conduct of exempt activities • | | | | | |
| e | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 a | Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter | | | | | |
| | (1) Value of all assets(2) Value of assets qualifying under | | | | | |
| ь | section 4942(j)(3)(B)(i) "Endowment" alternative test - enter 2/3 | | | | | |
| | of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test - enter: (1) Total support other than gross investment income (interest, | | | | | |
| | dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | ļ | | <u> </u> | | |
| | (2) Support from general public and 5 or more exempt | | | | | |
| | organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Part | XV Supplementary Informa | tion (Complete th | nis part only if th | ne foundation had | \$5,000 or more | in assets at |
| | any time during the yea | ır - see page 28 | of the instruction | ns.) | | |
| 1 | Information Regarding Foundation N | | | | | |
| а | List any managers of the foundation who | | | | | |
| | before the close of any tax year (but onl | y if they have contribute | ed more than \$5,000). | . (See section 507(d)(2) |) | |
| | | | | | | |
| | | | | | | |
| b | List any managers of the foundation who | o own 10% or more of t | the stock of a corporat | tion (or an equally large | portion of the | |
| | ownership of a partnership or other entit | y) of which the foundat | ion has a 10% or grea | iter interest. | • | |
| | | | | | | |
| | | | | | | |
| 2 | Information Regarding Contribution, | Grant, Gift, Loan, Sc | holarship, etc., Prog | rams: | | |
| | Check here ▶ ☐ if the foundation only | v makes contributions t | o preselected charitab | ole organizations and do | nes not accept | |
| | unsolicited requests for funds. If the four organizations under other conditions, co | ndation makes gifts, gra | ants, etc. (see page 28 | _ | • | |
| a | The name, address, and telephone num | | | ld be addressed | | |
| _ | | 227 27 273 porson to 111 | | 30 | | |
| | | | | | | |
| b | The form in which applications should b | e submitted and inform | ation and materials the | ev should include | | |
| - | The second of th | | | -, | | |
| | | | | | | |
| c | Any submission deadlines | | | | | |
| | | | | | | |
| ď | Any restrictions or limitations on awards factors | , such as by geographi | ical areas, charitable fi | ields, kinds of institution | ns, or other | |
| | | | | | | |

Total

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Recipient Purpose of grant or status of recipient Amount contribution Name and address (home or business) or substantial contributor a Paid during the year AMERICAN SOCIETY OF PERIANESTH MAINTAIN ORGANIZA 10 MELROSE AVE SUITE 110 CHERRY HILL 501 C 3 08003 PARENT ORG 100 3a 100 **b** Approved for future payment

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| | A Analysis of mounts i roughly | | | | | |
|-------------|---|---------------------------------------|-----------------------|--|---------------------------------------|---|
| · | s amounts unless otherwise indicated. | (a) Business | (b) Amount | (c) Exclusion | (d) Amount | Related or exempt function income (See page 28 of |
| | am service revenue; | code | | code | | the instructions) |
| h | | | | | | |
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| , — | | | | | | |
| g Fee | es and contracts from government agencies | | | | | |
| - | ership dues and assessments | | | + | | |
| | st on savings and temporary cash investments | · · · · · · · · · · · · · · · · · · · | | | | |
| | nds and interest from securities | | | | | |
| | ntal income or (loss) from real estate | | | | | |
| | bt-financed property | | | 1 | | |
| | t debt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | 1 | | |
| | investment income | | | | ··· | |
| | or (loss) from sales of assets other than inventory. | | | | | |
| | come or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | , | | 1 | | |
| | revenue a | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | |
| 12 Subtot | tal. Add columns (b), (d), and (e) | | | | | |
| 13 Total. | Add line 12, columns (b), (d), and (e) | | | | 13 | |
| (See work | sheet in line 13 instructions on page 28 to verify calc | culations) | | | | |
| Part X\ | /I-B Relationship of Activities to the | Accomp | lishment of Ex | empt Purpos | ses | |
| Line No | Explain below how each activity for which inc | ome is repoi | rted in column (e) of | Part XVI-A contr | buted importantly to | the |
| ■ | accomplishment of the foundation's exempt p | urposes (oth | ner than by providing | funds for such p | ourposes). (See page | 29 of the |
| | instructions) | | | | | |
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 | Did t | he organization direc | ctly or indirectly enga | age in any of the following with any | other organiz | zation desci | ribed | | | Yes | No |
|-------|---------------|--|-----------------------------------|--|-------------------------|-------------------|----------------|-------------------------------|---------|------|----|
| | ın se | ction 501(c) of the C | ode (other than sect | tion 501(c)(3) organizations) or in | section 527, re | elating to po | olitical | | | | |
| | orga | nizations? | | | | | | | | | |
| а | Trans | sfers from the report | ting foundation to a n | oncharitable exempt organization | of. | | | | | | |
| | (1) (| Cash | | | | | | | 1a(1) | | X |
| | (2) (| Other assets | | | | | | | 1a(2) | | X |
| Ь | Othe | r transactions | | | | | | | | | |
| | (1) 5 | Sales of assets to a r | noncharitable exemp | ot organization | | | | | 1b(1) | | X |
| | (2) F | Purchases of assets | from a noncharitable | exempt organization | | | | | 1b(2) | | X |
| | (3) F | Rental of facilities, ed | quipment, or other as | ssets | | | | | 1b(3) | | X |
| | (4) F | Reimbursement arrai | ngements | | | | | | 1b(4) | | X |
| | (5) L | oans or loan guaran | ntees | | | | | | 1b(5) | | X |
| | (6) F | Performance of servi | ces or membership o | or fundraising solicitations | | | | | 1b(6) | | X |
| c | Shar | ing of facilities, equip | oment, mailing lists, o | other assets, or paid employees | | | | | 1c | | X |
| d | If the | answer to any of the | e above is "Yes," cor | mplete the following schedule Co | lumn (b) shoul | ld always s | how the fail | r market | | | |
| | value | of the goods, other | assets, or services | given by the reporting foundation | If the foundate | on received | less than | faır market | | | |
| | value | e in any transaction o | or sharing arrangeme | ent, show in column (d) the value | of the goods, o | other assets | s, or service | es received | | | |
| (a) L | ine no | (b) Amount involved | (c) Name of non- | chantable exempt organization | (d) Descripti | tion of transfers | , transactions | , and shanng ar | rangeme | ents | |
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| 2a | Is the | e foundation directly | or indirectly affiliated | d with, or related to, one or more to | ax-exempt org | anizations | | _ | | | |
| | desc | ribed in section 501(| (c) of the Code (other | r than section 501(c)(3)) or in sec | tion 527? . | | | [| Ye | s X | No |
| b | If "Ye | es," complete the foll | lowing schedule | | | | | | | | |
| | | (a) Name of organiz | zation | (b) Type of organization | | | (c) Descripti | on of relationsh | ıp | | |
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| | | | | this return, including accompanying schedu | | | | | | , | |
| , | Jellef, | La A C | number Declaration of preparation | arer (other than taxpayer or fiduciary) is bas | ou on all information | ion or which ph | sparer nas any | ruomea 3 e | | | |
| 5 | 1 | Newall SI | Hurtu | • | 12/19/ | (O) | TREAST | JRER | | | |
| 9 | Sign | nature of officer or trustee | | | Date | | Title | | | | |
| י | | | | Date | | | | Preparer's ide | | | |
| н | Paid | | ^ | | ۱, | Check if | | number (see page 30 of the | _ | | |
| • | Prepa er's | Preparer's | tz X | | 1 | self-employed | ▶ 🔲 | page or or th | | | |
| • | Use | signature | Krohou | U 6 05-19 | -2010 | | | = | | | |
| | Only | Firm's name (or yo self-employed), ad | | I SERVICES | | | EIN ► | | | | |
| | | and ZIP code | Waima | nalo, HI 96795 | | | Phone no | 808-259 | -858 | 30 | |

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| arne(s) as shown on return | Federal Supporting Statements | 2009 FEIN |
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|-----------------------------------|--------------------|------------|------------------------------------|------------|-----------------------------|---|
| Name(s) as shown on return | | | | | Your Social Security Number | |
| HI ISLANDS POST ANESTHESIA NURSES | | | | | 99-0258392 | |
| | FORM 990PF, PART I | , LINE 23 | - OTHER EXPENSES SCHEDULE | JLE | STATEMENT #103 | |
| | REVENUE | NET TENT | ADJUSTED | CHARITABLE | | |
| COMMUNITY FOLICATION | AND EAPENSES | INVESTMENT | O O | 533 | | 1 |
| OPERATIONAL COSTS | 186 | 0 | 0 | 186 | | |
| EDUCATIONAL FEES PAID | 2,438 | 0 | 0 | 2,438 | | |
| CONFERENCE CATERING | 1,937 | 0 | 0 | 1,937 | | |
| SPEAKER FEE AND LODGING | 711 | 0 | 0 | 711 | | |
| ASPAN DINNER COST | 343 | 0 | 0 | 343 | | |
| PRINTING COSTS | 389 | 0 | 0 | 389 | | |
| | , | c | c | 723 7 | | |
| IOIALS | 6,55/ | | | 0,237 | | |
| | | | | | | |
| | | | | | PG 01 | |
| | FORM 990PF, PART | | I, LINE 11 - OTHER INCOME SCHEDULE | JLE | STATEMENT #106 | |
| | REVENUE | NET | ADJUSTED | | | |
| DESCRIPTION | AND EXPENSES | INVESTMENT | NET INCOME | | | |
| COMPONENT DUES | 1,725 | 0 | 1,725 | | | |
| HIPAN CONFERENCE REGISTRATION | 7,375 | 0 0 | 7,375 | | | |
| STIENT AUCTION SALES | 503 | | 203 | | | |
| FUNDRAISING SALES | 1,006 | 0 | 1,006 | | | |
| | | | | | | |
| TOTALS | 11,809 | 0 | 11,809 | | | |
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