

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	2009 calend	dar year,	or tax year beginning, and ending			
В	Check if	applicable	Please	C Name of organization	D	Emp	loyer identification number
ن ا	Address	-	use IRS label or	POIPU BEACH FOUNDATION, INC.		aa	-0350383
ř	Name ch Initial ret		print or type	Number and street (or P O box, if mail is not delivered to street address)  Room/suite			phone number
ļ	Termina		See	P.O. BOX 730			8-742-7444
<u>-</u>	Amende		Specific	City or town, state or country, and ZIP + 4			up Exemption
		ion pending	Instruc-	KOLOA HI 96756		Num	
۔۔ ا				ations and 4947(a)(1) nonexempt charitable trusts must attach G Accountin			X Cash Accrual
	• • • • •			pleted Schedule A (Form 990 or 990-EZ).  Other (specify)	٠.		
	Websit	te: ▶ N/		H Check ▶	TI	if the	e organization is not
J	Tax-exe	empt status (cl		) — X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 required to	ว ลีเเลีย r 990-	ch Sch	e organization is <b>not</b> hedule B (Form 990,
K	Check	<b>&gt;</b>	if the or	anization is not a section 509(a)(3) supporting organization and its gross receipts are no	rmally	y not	more than \$25,000 A
	Form 9			urn is not required, but if the organization chooses to file a return, be sure to file a compl			
L	Add line	s 5b, 6b, and 7	b, to line 9	to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		<u></u> \$	43,613
Р	art I	Rever	nue, Ex	penses, and Changes in Net Assets or Fund Balances (See the Inst	ructi	ions	for Part I)
	1	Contributions,	, gıfts, grar	s, and similar amounts received	L	1	43,483
	2	Program se	rvice revi	nue including government fees and contracts	L	2	
	3	Membership	L	3			
	4	Investment	ıncome		L	4	130
	<b>5</b> a	Gross amou	unt from s	ale of assets other than inventory 5a		]	
4	b	Less cost of	or other b	esis and sales expenses 5b		- 1	
دَ	С	Gain or (loss)	) from sale	of assets other than inventory (Subtract line 5b from line 5a)	L	5c	
SCANNED SET	6	Special event	ts and activ	ities (complete applicable parts of Schedule G). If any amount is from <code>gaming</code> , check here.	,	į	
감	a	Gross rever	nue (not i	ocluding \$ of contributions		1	
28		reported on	line 1)	6a	_	1	
Z	b			s other than fundraising expenses 6b	_	1	
Ö	С	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)	L	6c	
(J)	7a			ory, less returns and allowances 7a	_	1	
	b	Less cost of			_	1	
	С			from sales of inventory (Subtract line 7b from line 7a)	L	7c	
	8	Other reven	•		)  -	8	
	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	43,613
	10			nounts paid (attach schedule)	-	<u>10</u>	
	11	Benefits par		L 95(E1AP-	-	11	
es	12				76	)12 ///	11 056
penses	13			d other payments to independent contractors	1/2	79/3 1/14	11,056
Exp	14			ties, and maintenance  AUG 1 9 2010	H.		<del> </del>
	15			, postage, and shipping cribe ► See Statement 1		4	24 155
	16			Ulines 10 through 16	20 F	16	34,155
_	17			the year (Subtract line 17 from line 9)	-	17	45,211 -1,598
ţ	19	•		alances at beginning of year (from line 27, column (A)) (must agree with	-	18	-1,598
SSe	19			ported on prior year's return)		19	31,192
Net Assets	20			assets or fund balances (attach explanation)  See Statement 2	-	20	J1, 132 _11
ž	21		_	alances at end of year Combine lines 18 through 20		21	29,583
F	art II			ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	l of F		
<u> </u>	91.6.11	Dalaii	100 0110	(See the instructions for Part II )  (A) Beginning of year		T	(B) End of year
22	Cash	savings, and	investme			22	29,583
	•	and buildings				23	23,303
		assets (desci		,	$\dashv$	24	<del> </del>
	Total			31,1	921	25	29,583
		liabiliti <b>e</b> s (de	scribe •		0	26	0
				s (line 27 of column (B) must agree with line 21)	92	27	29,583
				Reduction Act Notice, see the separate instructions			Form <b>990-EZ</b> (2009)
DA		-		,			48
							$\mathcal{U}$

Form 990-EZ (2009) POIPU I	BEACH FOUNDATION, INC	C99	-035 <u>038</u> 3			Page 2
Part III Statement of Pro	ogram Service Accomplishment	ts (See the instruct	ions for Part II	Ī.)	Exp	penses
What is the organization's primary exe	empt purpose?			(F	tequired f	for section
ENHANCE KAUAI'S SOUTH SHOR	E PHYSICAL, SOCIAL & CULTURAL E	ENVIRONMENTS		50	)1(c)(3) a	ind 501(c)(4)
Describe what was achieved in carrying	ng out the organization's exempt purposes	s In a clear and concise		or	ganızatıo	ns and section
manner, describe the services provide	ed, the number of persons benefited, or ot	her relevant information	for	49	347(a)(1)	trusts, optional
each program title				fo	r others)	
28 PBF HOSTED 3 FESTIVALS	THAT WERE ENJOYED BY APPROXIMAT	ELY 5,950 PEOPLE.				
THE HAWAIIANA FESTIVAL,	THE MALAMA OLA FESTIVAL & THE	PRINCE KUHIO				
FESTIVAL ALL CELEBRATE	HAWAIIAN CULTURE.					
(Grants \$	) If this amount includes foreign grant	s, check here		28a		40,150
29 PBF MAINTAINS THE KOLOA	HERITAGE TRAIL, A 10 MILE ROUT	E CONTAINING		l l		
MARKERS & EXTENSIVE INT	ERPRETIVE INFORMATION OF CULTUR	RAL & HISTORICAL		- }		
INTEREST PBF ALSO SUP	PORTS A NEW PROJECT TO RESTORE	THE HAPA TRAIL.				
(Grants S	) If this amount includes foreign grant	s, check here	<b>&gt;</b>	29a	<u> </u>	<u>3,806</u>
30						
				]		
(Grants \$	) If this amount includes foreign grant	s, check here		30a	<u> </u>	<del></del>
31 Other program services (attach se	•					
(Grants \$	) If this amount includes foreign grant	ts, check here		31a	<del> </del>	
32 Total program service expenses				▶ 32	<u></u>	43,956
Part IV List of Officers, Dire	ctors, Trustees, and Key Employees. Li	st each one even if not one ev	compensated (See	the instru (d) Contri		r Part IV) (e) Expense
(a) 1	Name and address	hours per week	(If not paid,	employee ber	nefit plans &	account and
		devoted to position	enter -0- )	deferred con	pensation	other allowances
GREG KAMM	KOLOA	PRESIDENT	_			_
PO BOX 1200	ні 96756	1 00		<u></u>	0	0
BOB KEANE	KOLOA	VICE PRES				
1941 POIPU RD	ні 96756	1.00	0	<del> </del>	0	0
ANGELA VENTO	KOLOA	TREASURER				•
2440 HOONANI RD	HI 96756	1 00	0	<del> </del>	0	0
LINDSAY CRAWFORD	KOLOA	SECRETARY	_			0
PO BOX 280	ні 96756	1 00	0		0	0
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						]
			1			1

	Other information (Note the Statement requirements in the instructions for Pa	art v )			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			Yes	No
-	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		33		
•	the changes		34	Ì	Χ
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> re	enorted	37		
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	ported		1	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			Ī	
ű	6033(e) notice, reporting, and proxy tax requirements?		35a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	-	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		335		
	during the year? If "Yes," complete applicable parts of Schedule N		36		Χ
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		"		
b	Did the organization file Form 1120-POL for this year?		37b		Χ
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		3,0		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	•	38a	1	Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b		300		
39	Section 501(c)(7) organizations Enter		•	1	į
a	initiation fees and capital contributions included on line 9			Ì	-
b	Gross receipts, included on line 9, for public use of club facilities  39b			,	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		1		
	section 4911 ▶, section 4912 ▶ , section 4955 ▶			1	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	t	ŀ		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	•		1	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		l .		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		Χ
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,			1	
	4955, and 4958			-	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization			-	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			1	
	transaction? If "Yes," complete Form 8886-T		40e		Χ
41	List the states with which a copy of this return is filed ▶				
42a		phone no ► 808	-74	2-7	444
	PO BOX 730				
	Located at ► KOLOA, HI	ZIP+4 ▶ 96°	756		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
	over a financial account in a foreign country (such as a bank account securities account, or other financial			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country		-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		[		
	and Financial Accounts		ŀ		
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?		42c		_X_
	If "Yes," enter the name of the foreign country				<u></u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	. 1 1			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
14	Did the ergonization mointain any dense at the district State of S			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				
45			44	ļ	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes." Form 990 must be completed instead of Form 990 EZ.		-	•	,,
	"Yes," Form 990 must be completed instead of Form 990-EZ		45	L	X
		F	orm 99	7U-EZ	(2009)

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

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part ) See instructions

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

POIPU BEACH FOUNDATION, INC.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 99-0350383

1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	)(A)(i)							
2		A school des	cribed in section 170(b)(1)(	A)(ıi) (Attach Schedule E)										
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	iii).							
4	1	A medical res	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's name			
		city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5		An organizati	on operated for the benefit	of a college or university owned	or operate	ed by a g	overnme	ental unit	t descri	bed in				
			b)(1)(A)(iv). (Complete Part			, -,								
6	-	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
7	; =							rom the	genera	Loublic				
•	-		section 170(b)(1)(A)(vi). (Co		om a gove	minema	unit or i	TOTAL GIE	genera	i public				
0				170(b)(1)(A)(vi) (Complete Part	шх									
8	ıŽ.	-		, ,, ,, , , , ,	•									
9	[X]			1) more than 33 1/3 % of its sup					•	•	oss			
	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													
					-			) from b	usiness	ses				
				0, 1975 See section 509(a)(2)			-							
10	- 1			exclusively to test for public saf										
11				exclusively for the benefit of, to										
			- · · · · · · · · · · · · · · · · · · ·	ed organizations described in s				, , ,	•	section	ı			
		509(a)(3). Ch	- 1	the type of supporting organization		•	nes 11e	through	11h					
		a :_ Type	· <del></del> • ·	c Type III-Function	-		d i		e III-Ot					
е				ganization is not controlled direc										
		persons othe	r than foundation managers	and other than one or more put	blicly supp	orted org	anızatıo	ns desc	ribed in	section	1			
		509(a)(1) or s	section 509(a)(2)											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne							
		following per	sons?											
		(ı) A persor	who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (	II)				Yes	No	
				of the supported organization?	•		,	•			11g(ı)			
			member of a person describ	· · · · · · ·							11g(n)			
		•	•	described in (i) or (ii) above?							11g(iii)	-		
h			·	the supported organization(s)							[. ia/]			
	Name	of supported	(II) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did v	ou notify	(vi)	s the	(VII) Am	ount of		
١٠,		anization	(11, 2.11)	(described on lines 1–9	1	sted in your		ization in	organizat		supr			
				above or IRC section	1 ''	document?	col (ı)		(I) organi					
				(see instructions))	Yes	l No		oort?	Yes					
		·	<del> </del>		163	No	Yes	No	162	No				
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more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the

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

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

Schedule.	A 4	Earm	990 0	900 EZ	2000
Schedule .	~ 1	COLINI	33U UI	33U-EZ	2009

18

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

Sec	tion A. Public Support	JONES WIE BOX C	on inc o or r a	17	·		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	31,843	67,296	61,582	81,629	43,483	285,833
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	31,843	67,296	61,582	81,629	43,483	285,833
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		i	1			
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	1					285,833
Sec	tion B. Total Support	<u> </u>					2007033
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	31,843	67,296	61,582	81,629	43,483	285,833
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			187	207	130	524
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			187	207	130	524
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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 )	31,843	67,296	61,769	81,836	43,613	286,357
14	First five years. If the Form 990 is for the		second, third, fou	rth, or fifth tax year	as a section 501(	c)(3)	
	organization, check this box and stop her						▶
	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8		•	n (f))		15	99 82 %
16	Public support percentage from 2008 Sch					16	99.86 <b>%</b>
17	ction D. Computation of Investme			(D)		4-1	
	Investment income percentage for 2009 (I			column (f))		17	%
18 19a	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga			.14 and line 45 (= )	more than 22 4/2 (	18 L	<u></u> %%
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	oox and stop here.	The organization o	qualifies as a public	ly supported orga	nization	► X
	line 18 is not more than 33 1/3 %, check t						▶ [
20	Private foundation. If the organization did					-	

8/8/2010 10:56 AM

FYE 12/31/2009

# Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount			
Expenses	\$ 0.4.5.0			
FESTIVAL EXPENSES	34,150			
LICENSES & PERMITS	 5			
Total	\$ 34,155			

## Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

	Description REALIZED LOSS ON FAIR MKT VALUE OF STOCK							 Amou	nt
UNREALIZED	LOSS	ON	FAIR	MKT	VALUE	OF	STOCK	\$ 	-11
Total								\$	-11