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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
		2010 Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		D Employer identification number 99-0290103	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization KAHALA SENIOR LIVING COMMUNITY INC		E Telephone number (808) 218-7000
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 4389 MALIA STREET		Room/suite
	City or town, state or country, and ZIP + 4 HONOLULU, HI 96821		G Gross receipts \$ 43,855,121
	F Name and address of principal officer PATRICK DUARTE 4389 MALIA STREET HONOLULU, HI 96821		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ WWW.KAHALANUI.COM			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1989	M State of legal domicile HI

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Kahala Senior Living Community and its associates are dedicated to serving the unmet care needs of seniors in Hawaii. We are a not-for-profit organization that provides a continuum of high quality residential and health care services enabling our residents to live a gracious Hawaiian lifestyle. Kahala Senior Living Community and its associates are dedicated to serving the unmet care needs of seniors in Hawaii. We are a not-for-profit organization that provides a continuum of high quality residential and health care services enabling our residents to live a gracious Hawaiian lifestyle.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	357
	6 Total number of volunteers (estimate if necessary)	6	85
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	369,104	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-149,589	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	32,665	200,565
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,249,513	25,949,807
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	615,787	1,048,400
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332,184	369,104
		27,230,149	27,567,876
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		74,212
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,722,250	10,561,761
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	19,515,165	19,551,956
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	29,237,415	30,187,929
	19 Revenue less expenses. Subtract line 18 from line 12	-2,007,266	-2,620,053
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	184,908,856	184,270,211
	21 Total liabilities (Part X, line 26)	217,904,877	219,059,288
	22 Net assets or fund balances. Subtract line 21 from line 20	-32,996,021	-34,789,077

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	***** Signature of officer
	2011-10-20 Date
	PATRICK DUARTE CEOPRESIDENT Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name STANLEY WACHI
	Preparer's signature STANLEY WACHI
	Date 2011-10-20
	Check if self-employed ☒
	PTIN
	Firm's name WACHI WATANABE CPA INC
	Firm's EIN
	Firm's address 201 MERCHANT ST SUITE 2350 HONOLULU, HI 96813
	Phone no (808) 536-4444

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO PROVIDE A CONTINUUM OF RESIDENTIAL AND HEALTHCARE SERVICES TO SENIORS BASED ON FOUR DISTINCT LEVELS OF CARE OFFERED INDEPENDENT LIVING, ASSISTED LIVING, MEMORY SUPPORT, AND SKILLED NURSING

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

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 services?

Yes

✓

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 29,675,017 including grants of \$) (Revenue \$ 25,949,807)

Kahala Nui is a senior living community located in Honolulu, Hawaii that provides a continuum of residential and healthcare services to seniors Four distinct levels of care are offered independent living, assisted living, memory support, and skilled nursing Kahala Nui has 270 independent living units for seniors who dont require assistance with activities of daily living Hiolani is Kahala Nuis healthcare center which provides assisted living services, memory support, and skilled nursing to residents who transfer from independent living and to individuals from the community Hiolani is licensed for 63 assisted living beds including memory support and 60 skilled nursing beds In addition to healthcare services, Kahala Nui offers a variety of services which include casual and formal in-house dining, wellness programs, recreational events, housekeeping and linen services, scheduled transportation to all major shopping malls and various religious and medical facilities, building and grounds maintenance, 24-hour security, and business services

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ -29,675,017 including grants of \$) (Revenue \$ -25,949,807)

4e

Total program service expenses \$ 29,675,017

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V ☐				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	35	
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	Yes	
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	357	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		No
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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? <i>If “No,” go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization’s CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶HI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ HUILAN KAMITA 4389 MALIA STREET HONOLULU, HI 968211106 (808) 218-7000

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Charles O Swanson Director	1 00	X						0	0	0
(2) Philip H Ching Director	3 00	X						0	0	0
(3) Evelyn Char RN MS Director	1 00	X						0	0	0
(4) Charles Kelley MD Director, Vice Chairman	3 00	X						0	0	0
(5) Roy King Director, Vice President	2 00	X						0	0	0
(6) Toby Martyn Director	2 00	X						0	0	0
(7) Laura Thompson Director, Secretary	1 00	X						0	0	0
(8) Wendell Brooks Jr Director, Treasurer	3 00	X						0	0	0
(9) Patrick Duarte CEO/President	40 00			X	X	X		195,492	0	0
(10) Darlene Canto Director of Marketing	40 00					X		128,249	0	0
(11) Sheila Chong Director	2 00	X						0	0	0
(12) Wendy Wong Executive Director	40 00					X		165,257	0	0

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b	Sub-Total									
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)							488,998		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HECO PO Box 3978 Honolulu, HI 96812	Electricity	1,042,506
Marsh USA Inc PO Box 31000 Honolulu, HI 96849	Insurance	678,200
Hawaii Medical Service Association PO Box 29330 Honolulu, HI 96821	Employee Benefit	563,402
HFM Food Service PO Box 855 Honolulu, HI 96808	Food Vendor	534,620
King Food Service P O Box 971389 Honolulu, HI 96797	Food Vendor	456,561
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 15		

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	200,565			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	200,565			
	Program Service Revenue		Business Code		
2a MONTHLY SERVICE FEES			20,475,115	20,475,115	
b SKILLED NURSING ANCILLARY THERAPY REVENUE			2,071,364	2,071,364	
c ENTRANCE FEES			4,487,191	4,487,191	
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		25,949,807			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		772,455	
	4 Income from investment of tax-exempt bond proceeds . . .				
	5 Royalties				
	6a Gross Rents	(i) Real	(ii) Personal		
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less cost or other basis and sales expenses	16,563,190			
	c Gain or (loss)	16,287,245			
	d Net gain or (loss)	275,945		275,945	275,945
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b Less direct expenses b				
	c Net income or (loss) from fundraising events . . .				
	9a Gross income from gaming activities See Part IV, line 19 . a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities . . .				
	10a Gross sales of inventory, less returns and allowances	a			
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code			
11a GUEST MEALS	722100	369,104		369,104	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		369,104			
12 Total revenue. See Instructions		27,567,876	25,949,807	369,104	1,048,400

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	74,212	74,212		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	488,998	313,028	175,970	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	7,845,688	7,845,688		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	133,418	133,418		
9	Other employee benefits	1,343,407	1,343,407		
10	Payroll taxes	750,250	750,250		
a	Fees for services (non-employees) Management	411,310	411,310		
b	Legal	83,614		83,614	
c	Accounting	48,504		48,504	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	102,350	102,350		
g	Other	1,400,675	1,390,789	9,886	
12	Advertising and promotion	176,981	176,981		
13	Office expenses	1,008,011	843,950	164,061	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,192,591	3,192,591		
17	Travel	14,620		14,620	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,004		3,004	
20	Interest	5,570,529	5,570,529		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,466,323	5,466,323		
23	Insurance	474,634	474,634		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ENTERTAINMENT	17,610	17,610		
b	GENERAL EXCISE TAXES	13,105	13,105		
c	VEHICLE OPERATING LEASE	15,465	15,465		
d	RESIDENT RELATIONS	62,963	53,133	9,830	
e	FOOD COSTS	1,489,415	1,486,244	3,171	
f	All other expenses	252		252	
25	Total functional expenses. Add lines 1 through 24f	30,187,929	29,675,017	512,912	0
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,689,119	1	711,208
	2	Savings and temporary cash investments			13,225,910	2	13,552,914
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			298,829	4	461,004
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			42,312	8	42,979
	9	Prepaid expenses and deferred charges			163,373	9	260,051
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	153,672,923			
	b	Less: accumulated depreciation	10b	24,074,344	133,443,698	10c	129,598,579
	11	Investments—publicly traded securities			19,021,392	11	25,655,289
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,024,223	15	13,988,187
	16	Total assets. Add lines 1 through 15 (must equal line 34)			184,908,856	16	184,270,211
Liabilities	17	Accounts payable and accrued expenses			314,989	17	191,736
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			70,900,000	20	69,880,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			739,842	21	993,038
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			145,950,046	25	147,994,514
	26	Total liabilities. Add lines 17 through 25			217,904,877	26	219,059,288
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			-32,996,021	27	-34,846,691
	28	Temporarily restricted net assets				28	57,614
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-32,996,021	33	-34,789,077
	34	Total liabilities and net assets/fund balances			184,908,856	34	184,270,211

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,567,876
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,187,929
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,620,053
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-32,996,021
5	Other changes in net assets or fund balances (explain in Schedule O)	5	826,997
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-34,789,077

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization KAHALA SENIOR LIVING COMMUNITY INC	Employer identification number 99-0290103
--	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						0

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14 0 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 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	☐
b	10%-facts-and-circumstances test—2009. 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	☐
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			1,200	32,665	200,565	234,430
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	19,042,523	23,764,722	24,202,124	26,249,513	25,949,807	119,208,689
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	19,042,523	23,764,722	24,203,324	26,282,178	26,150,372	119,443,119
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						119,443,119

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	19,042,523	23,764,722	24,203,324	26,282,178	26,150,372	119,443,119
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	707,532	1,058,301	867,638	562,364	1,048,652	4,244,487
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	707,532	1,058,301	867,638	562,364	1,048,652	4,244,487
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)						0
13 Total support (Add lines 9, 10c, 11 and 12)	19,750,055	24,823,023	25,070,962	26,844,542	27,199,024	123,687,606
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	96 570 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	96 150 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	3 430 %
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	3 850 %
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☒		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

2010

Open to Public
Inspection

Name of the organization
KAHALA SENIOR LIVING COMMUNITY INC

Employer identification number
99-0290103

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
1 Total number at end of year	1	
2 Aggregate contributions to (during year)	57,614	
3 Aggregate grants from (during year)		
4 Aggregate value at end of year	57,614	
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?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	☒ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	739,842
1d	1,467,756
1e	1,214,560
1f	993,038

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part 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				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

3b

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		150,069,633	22,284,048	127,785,585
d Equipment		1,305,072	447,376	857,696
e Other		2,298,218	1,342,920	955,298
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				129,598,579

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	176,970
(2) CONSTRUCTION IN PROGRESS	138,775
(3) DEFERRED FINANCING COSTS	5,902,901
(4) ACCUMULATED AMORT -DEFERRED FINANCING COSTS	-2,371,491
(5) DEFERRED SALES AND MARKETING COSTS	6,775,803
(6) ACCUMULATED AMORT -CAP MARKETING	-4,132,775
(7) PREPAID GROUND RENT	8,297,221
(8) ACCUMULATED AMORT -PREPAID GROUND RENT	-799,217
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	13,988,187

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	
	RESIDENT LIABILITIES	150,939
	ACCRUED PAYROLL	688,205
	ACCRUED EXPENSES	511,209
	ACCRUED BOND INTEREST EXPENSE	688,507
	ENTERANCE FEE LIABILITY	143,214,848
	DEFERRED RENT	3,638,320
	ORIGINAL DISCOUNT, NET	-897,514
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	147,994,514

Schedule D (Form 990) 2010

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,567,876
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,187,929
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,620,053
4	Net unrealized gains (losses) on investments	4	826,997
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 - 8	9	826,997
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,793,056

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	28,394,873
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	826,997
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	826,997
3	Subtract line 2e from line 1	3	27,567,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	27,567,876

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	30,187,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	30,187,929
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,187,929

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID: 10000149
Software Version: 2010.2.15
EIN: 99-0290103
Name: KAHALA SENIOR LIVING COMMUNITY INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
ACCRUED INTEREST RECEIVABLE	176,970
CONSTRUCTION IN PROGRESS	138,775
DEFERRED FINANCING COSTS	5,902,901
ACCUMULATED AMORT -DEFERRED FINANCING COSTS	-2,371,491
DEFERRED SALES AND MARKETING COSTS	6,775,803
ACCUMULATED AMORT -CAP MARKETING	-4,132,775
PREPAID GROUND RENT	8,297,221
ACCUMULATED AMORT -PREPAID GROUND RENT	-799,217

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
KAHALA SENIOR LIVING COMMUNITY INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
99-0290103

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MEALS ON WHEELSPO BOX 61194 HONOLULU, HI 96839	99-0198132	501c3	9,520				
(2) ALOHA UNITED WAY 200 N VINEYARD BLVD SUITE 700 HONOLULU, HI 96817	99-0073494	501c3	46,500				
(3) PALAMA SETTLEMENT 810 N VINEYARD BLVD HONOLULU, HI 96817	99-0074140	501c3	6,582				
(4) SOUNDING JOY MUSIC 1314 S KING ST SUITE 711 HONOLULU, HI 96814	82-0569936	501c3	110				
(5) ALZHEIMER'S ASSOCIATION1050 ALA MOANA BLVD SUITE 2610 HONOLULU, HI 96814	99-0212360	501c3	5,000				
(6) KOKUA KALIHI VALLEY COMPREHENSIVE2239 N SCHOOL ST HONOLULU, HI 96819	99-0149797	501c3	5,000				
(7) OFFICE OF AGING1055 KINOOLE ST HILO, HI 96720			1,500				

2

Enter total number of section 501(c)(3) and government organizations

7

3

Enter total number of other organizations

7

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAHALA SENIOR LIVING COMMUNITY INC

Employer identification number
99-0290103

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	Yes
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Patrick Duarte	(i) (ii)	175,492	20,000		5,865		201,357	185,479
(2) Wendy Wong	(i) (ii)	153,462	11,795		4,937		170,194	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAHALA SENIOR LIVING COMMUNITY INC

Employer identification number
99-0290103

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A State of Hawaii Department of Budget and Finance	99-0266961	419800EU7	01-23-2003	140,709,368	To fund the construction of building improvements		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired		72,120,000						
2	Amount of bonds legally defeased								
3	Total proceeds of issue		143,868,156						
4	Gross proceeds in reserve funds		6,647,561						
5	Capitalized interest from proceeds		17,258,643						
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds		2,035,015						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds		3,500,000						
10	Capital expenditures from proceeds		125,500,054						
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2005							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 200 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	0 200 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization KAHALA SENIOR LIVING COMMUNITY INC	Employer identification number 99-0290103
--	--

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JON DUARTE DESIGN GROUP	SON OF CEO	8,092	DESIGN SERVICES		

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization KAHALA SENIOR LIVING COMMUNITY INC	Employer identification number 99-0290103
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Identifier	Return Reference	Explanation
Form 990 Part VI	11a	A Form 990 draft is provided to the Board of Directors, officers, and key management for review. If the Board of Directors, officers, and key management are satisfied with the draft, the Board of Directors vote for approval of the draft. Once approved the draft is finalized and filed by the Organizations accountants.

Identifier	Return Reference	Explanation
Form 990 Part VI	12c	By signing an annual conflict of interest statement all officers, directors, or trustees and key employees are required to disclose whether they have conflicts of interest in regards to the Organization

Identifier	Return Reference	Explanation
Form 990 Part VI	15	In the Organizations determination of the current CEO/Presidents compensation, its Executive Committee received the qualifications of the existing CEO/President, Pat Duarte along with industry-related information gathered from an independent third party executive recruiter and internal salaries for managment personnel

Identifier	Return Reference	Explanation
Form 990 Part VI	19	The Organization has its governing documents and conflict of interest policy available in the Organizations library Its financial statements are available upon request from its CEO/President Pat Duarte

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return KAHALA SENIOR LIVING COMMUNITY INC	Business or activity to which this form relates 990T	Identifying number 99-0290103
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	15,618
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	15,618
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and 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.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special 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		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
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							29	

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 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?		
41 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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Kahala Nui Fixed Assets Rollforward 12/31/10										Current Year			Current Year		Net	
Land/Landscape Improvements										Additions		12/31/10	Depreciation		12/31/10	
GL Account #				Days in		12/31/09	12/31/09	12/31/10	12/31/09	00-162600-00	00-162500-00		00-962100-00	00-962600-00	00-162600-00	00-162500-00
10	04/30/07	10	35,021.98	1342		35,021.98	35,021.98	35,021.98	(9,359.19)	(3,502.20)	(12,861.39)		(193.68)	(711.29)	22,160.59	
10	04/30/07	10	1,937.17	1342		1,937.17	1,937.17	1,937.17	(517.61)	(162.44)	(711.29)		(193.68)	(711.29)	1,225.88	
10	08/31/07	10	16,244.00	1219		16,244.00	16,244.00	16,244.00	(3,793.69)	(1,624.44)	(5,418.13)		(193.68)	(711.29)	10,825.87	
10	06/30/07	10	1,172.77	1281		1,172.77	1,172.77	1,172.77	(293.73)	(117.24)	(410.97)		(193.68)	(711.29)	761.80	
10	10/31/07	10	15,673.65	1158		15,673.65	15,673.65	15,673.65	(3,398.37)	(1,567.32)	(4,965.69)		(193.68)	(711.29)	10,707.96	
10	10/31/07	10	3,641.88	1158		3,641.88	3,641.88	3,641.88	(789.68)	(364.20)	(1,153.88)		(193.68)	(711.29)	2,488.00	
10	03/31/08	10	1,675.39	1006		1,675.39	1,675.39	1,675.39	(293.16)	(167.52)	(460.68)		(193.68)	(711.29)	1,214.71	
10	04/30/08	10	4,098.43	976		4,098.43	4,098.43	4,098.43	(683.00)	(409.80)	(1,092.80)		(193.68)	(711.29)	3,005.63	
10	05/31/08	10	1,848.69	945		1,848.69	1,848.69	1,848.69	(292.79)	(184.92)	(477.71)		(193.68)	(711.29)	1,370.98	
10	06/30/08	10	1,479.06	915		1,479.06	1,479.06	1,479.06	(221.94)	(147.96)	(369.90)		(193.68)	(711.29)	1,109.16	
10	01/01/08	10	24,620.00	1096		24,620.00	24,620.00	24,620.00	(5,129.21)	(2,462.04)	(7,591.25)		(193.68)	(711.29)	17,028.75	
3	12/01/09	3	2,984.29	396		2,984.29	2,984.29	2,984.29	-	(994.80)	(994.80)		(193.68)	(711.29)	1,989.49	
Total Landscape Improvements										110,397.31	(24,772.37)	110,397.31	(11,736.12)	(36,508.49)	73,888.82	
Leasehold Improvements - Buildings												00-163100-00				
GL Account #						00-163000-00	00-163000-00	00-163000-00	00-163100-00	00-963100-00	00-963100-00		00-963100-00	00-963100-00	00-163100-00	00-163100-00
40	02/15/05	40	149,061,497.30	2146		149,061,497.30	149,061,497.30	149,061,497.30	(18,167,295.49)	(3,726,537.48)	(21,893,832.97)		(3,726,537.48)	(21,893,832.97)	127,167,664.33	
40	01/01/06	40	1,599,772.85	1826		1,599,772.85	1,599,772.85	1,599,772.85	(159,913.36)	(39,994.32)	(199,907.68)		(39,994.32)	(199,907.68)	1,399,865.17	
40	01/01/07	40	27,939.93	1461		27,939.93	27,939.93	27,939.93	(2,094.42)	(698.52)	(2,792.94)		(698.52)	(2,792.94)	25,146.99	
40	02/15/05	40	(1,800,000.00)	2146		(1,800,000.00)	(1,800,000.00)	(1,800,000.00)	219,380.14	45,000.00	264,380.14		45,000.00	264,380.14	(1,535,619.86)	
40	02/15/05	40	(311,000.00)	2146		(311,000.00)	(311,000.00)	(311,000.00)	37,937.78	7,775.04	45,712.82		7,775.04	45,712.82	(265,287.18)	
40	12/31/08	40	3,507.85	731		3,507.85	3,507.85	3,507.85	(87.72)	(87.72)	(175.44)		(87.72)	(175.44)	3,332.41	
40	02/15/05	40	(86,955.00)	2146		(86,955.00)	(86,955.00)	(86,955.00)	10,607.36	2,173.92	12,781.28		2,173.92	12,781.28	(74,173.72)	
Total Leasehold Improvements - Buildings										148,494,762.93	(18,061,465.71)	148,494,762.93	(3,712,369.08)	(21,773,834.79)	126,720,928.14	
Building Improvements												00-163500-00				
GL Account #						00-163500-00	00-163500-00	00-163500-00	00-163500-00	00-961100-00	00-961100-00		00-961100-00	00-961100-00	00-163500-00	00-163500-00
40	07/11/05	40	6,218.71	2000		6,218.71	6,218.71	6,218.71	(695.84)	(155.52)	(851.36)		(155.52)	(851.36)	5,367.35	
40	08/08/05	40	2,250.00	1972		2,250.00	2,250.00	2,250.00	(247.47)	(56.28)	(303.75)		(56.28)	(303.75)	1,946.25	
40	10/19/05	40	6,058.00	1900		6,058.00	6,058.00	6,058.00	(636.24)	(151.44)	(787.68)		(151.44)	(787.68)	5,270.32	
40	10/12/05	40	60,000.00	1907		60,000.00	60,000.00	60,000.00	(6,330.48)	(1,500.00)	(7,830.48)		(1,500.00)	(7,830.48)	52,169.52	
40	12/28/05	40	3,630.00	1830		3,630.00	3,630.00	3,630.00	(363.79)	(90.72)	(454.51)		(90.72)	(454.51)	3,175.49	
40	12/28/05	40	2,683.00	1830		2,683.00	2,683.00	2,683.00	(268.94)	(67.08)	(336.02)		(67.08)	(336.02)	2,346.98	
40	01/01/06	40	1,327.00	1826		1,327.00	1,327.00	1,327.00	(132.78)	(33.24)	(166.02)		(33.24)	(166.02)	1,160.98	
40	06/01/06	40	1,258.00	1675		1,258.00	1,258.00	1,258.00	(112.72)	(31.44)	(144.16)		(31.44)	(144.16)	1,113.84	
40	07/01/06	40	35,860.58	1645		35,860.58	35,860.58	35,860.58	(3,140.06)	(896.52)	(4,036.58)		(896.52)	(4,036.58)	31,824.00	
40	05/01/06	40	(22,491.24)	1706		(22,491.24)	(22,491.24)	(22,491.24)	2,063.45	562.32	2,625.77		562.32	2,625.77	(19,865.47)	
15	08/01/06	15	940.00	1614		940.00	940.00	940.00	(132.61)	(23.52)	(156.13)		(23.52)	(156.13)	783.87	
10	08/01/06	10	1,268.64	1614		1,268.64	1,268.64	1,268.64	(235.27)	(31.68)	(266.95)		(31.68)	(266.95)	1,001.69	
40	08/01/06	40	1,562.49	1614		1,562.49	1,562.49	1,562.49	(220.48)	(39.12)	(259.60)		(39.12)	(259.60)	1,302.89	
40	09/01/06	40	950.00	1583		950.00	950.00	950.00	(79.17)	(23.76)	(102.93)		(23.76)	(102.93)	847.07	
40	09/01/06	40	4,385.03	1583		4,385.03	4,385.03	4,385.03	(365.46)	(109.68)	(475.14)		(109.68)	(475.14)	3,905.89	
40	09/01/06	40	3,208.05	1583		3,208.05	3,208.05	3,208.05	(267.20)	(80.16)	(347.36)		(80.16)	(347.36)	2,860.69	
40	09/01/06	40	2,480.45	1583		2,480.45	2,480.45	2,480.45	(206.72)	(62.04)	(268.76)		(62.04)	(268.76)	2,211.69	
40	09/01/06	40	3,307.27	1583		3,307.27	3,307.27	3,307.27	(275.55)	(82.68)	(358.23)		(82.68)	(358.23)	2,949.04	
40	09/01/06	40	4,762.47	1583		4,762.47	4,762.47	4,762.47	(396.75)	(119.04)	(515.79)		(119.04)	(515.79)	4,246.68	
40	10/01/06	40	19,780.00	1553		19,780.00	19,780.00	19,780.00	(1,607.39)	(494.52)	(2,101.91)		(494.52)	(2,101.91)	17,678.09	
40	10/01/06	40	20,250.05	1553		20,250.05	20,250.05	20,250.05	(1,645.61)	(506.28)	(2,151.89)		(506.28)	(2,151.89)	18,098.16	
40	10/01/06	40	24,364.43	1553		24,364.43	24,364.43	24,364.43	(1,979.91)	(609.12)	(2,589.03)		(609.12)	(2,589.03)	21,775.40	
40	10/01/06	40	2,877.33	1553		2,877.33	2,877.33	2,877.33	(233.70)	(71.88)	(305.58)		(71.88)	(305.58)	2,571.75	
40	10/01/06	40	22,916.52	1553		22,916.52	22,916.52	22,916.52	(1,862.16)	(572.88)	(2,435.04)		(572.88)	(2,435.04)	20,481.48	
40	11/01/06	40	411.47	1522		411.47	411.47	411.47	(32.63)	(10.32)	(42.95)		(10.32)	(42.95)	368.52	
40	11/01/06	40	2,589.00	1522		2,589.00	2,589.00	2,589.00	(204.79)	(64.68)	(269.47)		(64.68)	(269.47)	2,319.53	
40	11/01/06	40	850.00	1522		850.00	850.00	850.00	(67.25)	(21.24)	(88.49)		(21.24)	(88.49)	761.51	
40	12/01/06	40	6,833.00	1492		6,833.00	6,833.00	6,833.00	(526.83)	(170.88)	(697.71)		(170.88)	(697.71)	6,135.29	
40	12/01/06	40	4,209.00	1492		4,209.00	4,209.00	4,209.00	(324.48)	(105.24)	(429.72)		(105.24)	(429.72)	3,779.28	
40	01/31/07	40	1,486.00	1431		1,486.00	1,486.00	1,486.00	(108.44)	(37.20)	(145.64)		(37.20)	(145.64)	1,340.36	
40	01/31/07	40	1,000.00	1431		1,000.00	1,000.00	1,000.00	(72.82)	(24.96)	(97.78)		(24.96)	(97.78)	902.22	
40	01/31/07	40	3,598.00	1431		3,598.00	3,598.00	3,598.00	(262.42)	(90.00)	(352.42)		(90.00)	(352.42)	3,245.58	
40	01/31/07	40	14,267.00	1431		14,267.00	14,267.00	14,267.00	(1,040.07)	(356.64)	(1,396.71)		(356.64)	(1,396.71)	12,870.29	

Kahala Nui

Fixed Assets Rollforward

12/31/10

			Days in	Current Year Additions	12/31/10	12/31/09	Current Year Depreciation	12/31/10	Net
Install emergency lighting in Hiolani	40	01/31/07	1431	3,274 00	3,274 00	3,274 00	(81 84)	(320 51)	2,953 49
Hiolani renovation - phase II	40	02/28/07	1403	2,338 71	2,338 71	2,338 71	(58 44)	(224 40)	2,114 31
Sound systems in dining rooms	40	02/28/07	1403	3,664 92	3,664 92	3,664 92	(91 68)	(351 96)	3,312 96
Final payment for acoustic ceiling panels in dining r	40	03/31/07	1372	24,364 42	24,364 42	24,364 42	(609 12)	(2,286 97)	22,077 45
Electrical work to hook up washers/dryers	40	03/31/07	1372	2,771 88	2,771 88	2,771 88	(69 36)	(260 37)	2,511 51
Drauns for washers/dryers	40	03/31/07	1372	963 87	963 87	963 87	(24 12)	(90 54)	873 33
Light fixtures for driveway	40	03/31/07	1372	2,905 29	2,905 29	2,905 29	(72 60)	(272 60)	2,632 69
Wooden ramp for Unit #400	40	03/31/07	1372	1,396 00	1,396 00	1,396 00	(34 92)	(131 10)	1,264 90
Trench for new driveway lights & electrical work	40	04/30/07	1342	7,500 00	7,500 00	7,500 00	(187 56)	(688 76)	6,811 24
Programming and CAD drawing fees for Hiolani re	40	06/30/07	1281	10,471 20	10,471 20	10,471 20	(261 84)	(917 79)	9,553 41
Deposit for Hallway carpet renovation	40	06/30/07	1281	40,000 00	40,000 00	40,000 00	(999 96)	(3,505 13)	36,494 87
Install outlets	40	06/30/07	1281	3,373 00	3,373 00	3,373 00	(84 36)	(295 69)	3,077 31
Install dutch doors on 4th and 5th floor	40	07/31/07	1250	4,847 00	4,847 00	4,847 00	(121 20)	(414 53)	4,432 47
Billed resident for repair to hole in wall	40	07/31/07	1250	(1,159 00)	(1,159 00)	(1,159 00)	29 04	99 30	(1,059 70)
Hiolani Renovation - floors 1 & 6 consulting fee	40	11/30/07	1128	18,340 31	18,340 31	18,340 31	(458 52)	(1,415 03)	16,925 28
Consulting fee for new storage area	40	11/30/07	1128	931 94	931 94	931 94	(23 28)	(71 84)	860 10
Final payment for carpet renovation in Hiolani	40	12/31/07	1097	68,685 02	68,685 02	68,685 02	(1,717 08)	(5,151 24)	63,533 78
Automatic Door	40	10/31/07	1158	7,953 81	7,953 81	7,953 81	(198 84)	(629 98)	7,323 83
Roll-down gate in garage	40	01/31/08	1066	188 48	188 48	188 48	(4 68)	(13 65)	174 83
Motor for roll-down gate in garage	40	01/31/08	1066	2,825 00	2,825 00	2,825 00	(70 68)	(206 15)	2,618 85
Fence enclosure for storage in P3	40	01/31/08	1066	7,962 82	7,962 82	7,962 82	(199 08)	(580 65)	7,382 17
Light fixtures - storage area in parking garage	40	02/29/08	1037	2,915 00	2,915 00	2,915 00	(72 84)	(206 38)	2,708 62
Hiolani renovations - The Floor Store	40	03/31/08	1006	35,554 34	35,554 34	35,554 34	(888 84)	(2,444 31)	33,110 03
Blinds/shades - 4th and 5th Floor Hiolani (Desing ;	40	04/30/08	976	2,132 21	2,132 21	2,132 21	(53 28)	(142 08)	1,990 13
Carpet - AJE 2	40	04/01/06	1736	(8,785 54)	(8,785 54)	(8,785 54)	219 60	1,044 56	(7,740 98)
Install carpet tiles - AL Fitness area	10	04/30/09	611	911 27	911 27	911 27	(91 08)	(151 80)	759 47
Electrical work - AL Fitness area	40	04/30/09	611	2,777 00	2,777 00	2,777 00	(69 48)	(115 80)	2,661 20
Install electrical lines - AL Fitness area	40	04/30/09	611	1,080 00	1,080 00	1,080 00	(27 00)	(45 00)	1,035 00
Install doors by Casual Dining & Hiolani	15	05/31/09	580	3,843 74	3,843 74	3,843 74	(256 20)	(405 65)	3,438 09
Electrical work - Concierge Renovation	40	09/30/09	458	5,875 00	5,875 00	5,875 00	(146 88)	(183 60)	5,691 40
AL Dining Room & Concierge Desk Area	40	09/30/09	458	51,300 00	51,300 00	51,300 00	(1,282 56)	(1,603 20)	49,696 80
Automatic door	15	12/15/09	382	2,260 00	2,260 00	2,260 00	(150 72)	(2,109 28)	2,109 28
Installed automatic door	3	12/03/09	394	3,800 00	3,800 00	3,800 00	(1,266 72)	(2,533 28)	2,533 28
Power for new automatic door	3	12/03/09	394	475 00	475 00	475 00	(158 28)	316 72	16,650 68
Automatic door - reclass from CIP	15	12/15/09	382	17,840 00	17,840 00	17,840 00	(1,189 32)	(1,189 32)	10,121 50
Energy mgmt project	15	12/31/09	366	10,844 50	10,844 50	10,844 50	(723 00)	(723 00)	128,159 76
Electrical work for HR office	40	06/01/10	214	-	129,782 04	129,782 04	(1,622 28)	(1,622 28)	15,201 00
Install door between 672 and 674	5	08/25/10	129	-	16,286 80	16,286 80	(1,085 80)	(1,085 80)	683,911.92
Total Building Improvements				594,541.44	740,610.28	740,610.28	(20,407.96)	(56,698.36)	

Equipment- Fixed

GL Account #				00-164000-00	00-164100-00	00-964100-00	00-164100-00	00-164100-00	Net
CIP Allocation	15	02/15/05	2146	281,320 05	281,320 05	281,320 05	(91,431 18)	(110,185 86)	171,134 19
Heat plate dispenser	15	04/06/05	2096	2,227 07	2,227 07	2,227 07	(703 41)	(851 85)	1,375 22
Proof/Hot cabinet	15	06/30/05	2011	2,120 61	2,120 61	2,120 61	(636 90)	(778 26)	1,342 35
Cook and hold cabinet	15	04/13/05	2089	7,359 07	7,359 07	7,359 07	(2,315 05)	(4,553 46)	4,553 46
Crescent table	15	04/21/05	2081	3,073 31	3,073 31	3,073 31	(962 26)	(1,167 10)	1,906 21
Reser - channel alum	15	04/21/05	2081	1,333 32	1,333 32	1,333 32	(587 95)	(713 11)	1,164 67
Plywood table aluminum edge	15	04/21/05	2081	815 29	815 29	815 29	(417 58)	(506 50)	826 82
Pool and spa heater	15	01/01/06	1826	2,995 00	2,995 00	2,995 00	(255 31)	(309 67)	505 62
Alarm system installation	15	01/01/06	1826	854 16	854 16	854 16	(798 38)	(998 06)	1,996 94
Elevator upgrade	15	01/01/06	1826	25,072 35	25,072 35	25,072 35	(227 80)	(284 80)	569 36
Pool and spa heater electrical	15	02/01/06	1795	710 00	710 00	710 00	(6,683 27)	(8,354 75)	16,717 60
Installation of Code Alert system	15	02/01/06	1795	8,829 24	8,829 24	8,829 24	(185 13)	(232 41)	477 59
Code Alert system	15	02/01/06	1795	16,400 00	16,400 00	16,400 00	(2,303 50)	(2,892 10)	5,937 14
Pool and spa heater plumbing	15	02/01/06	1795	5,139 00	5,139 00	5,139 00	(4,278 70)	(5,372 02)	11,027 98
Alarm system - Nursing	15	02/01/06	1795	1,406 36	1,406 36	1,406 36	(1,340 75)	(1,683 35)	3,455 65
Elevator upgrade (TYCO)	15	03/01/06	1767	5,182 26	5,182 26	5,182 26	(93 72)	(460 56)	945 80
Analog line cards	15	05/01/06	1706	2,896 58	2,896 58	2,896 58	(1,325 53)	(1,671 01)	3,511 25
Tyco/Simplex	15	07/01/06	1645	5,691 88	5,691 88	5,691 88	(345 48)	(901 65)	1,994 93
Door contacts - Code Alert Alarm System	15	03/01/06	1767	828 12	828 12	828 12	(193 08)	(1,708 46)	3,983 42
Emergency exit	15	08/01/06	1614	2,313 00	2,313 00	2,313 00	(1,329 02)	(267 00)	561 12
COGEN Panel install	15	08/01/06	1614	12,912 50	12,912 50	12,912 50	(211 80)	(1,54 20)	1,631 81
							(860 88)	(3,802 94)	9,109 56

Kahala Nui

Fixed Assets Rollforward

12/31/10	Days in	12/31/09	Current Year Additions	12/31/10	12/31/09	Current Year Depreciation	12/31/10	Net
Refrigerator - 217	15	825 00	825 00	825 00	(183 21)	(54 96)	(238 17)	586 83
Fire sensor NAC card in electric rm for Hiolani	15	552 79	552 79	552 79	(107 44)	(36 84)	(144 28)	408 51
Washing machines/dryers for AL	15	2,951 69	2,951 69	2,951 69	(542 08)	(196 80)	(738 88)	2,212 81
New washer/dryer installation	15	1,245 00	1,245 00	1,245 00	(221 89)	(83 04)	(304 93)	940 07
Wander-guard equip/installation for 3rd floor	15	3,367 54	3,367 54	3,367 54	(599 99)	(224 52)	(824 51)	2,543 03
Speakers and sound systems for Dining Rooms	15	13,528 14	13,528 14	13,528 14	(2,333 64)	(901 92)	(3,235 56)	10,292 58
Backflow prevention repair	15	6,352 62	6,352 62	6,352 62	(1,099 74)	(423 48)	(1,519 22)	4,833 40
Co-gen panel - reimbursement from development	15	(12,912 50)	(12,912 50)	(12,912 50)	1,939 72	860 88	2,800 60	(10,111 90)
Pull station - reimbursement from development	15	(5,691 88)	(5,691 88)	(5,691 88)	854 96	379 44	1,234 40	(4,457 48)
Replace motor for pool pump	15	3,500 00	3,500 00	3,500 00	(505 82)	(233 28)	(739 10)	2,760 90
Heater for pool	15	2,926 70	2,926 70	2,926 70	(390 24)	(195 12)	(585 36)	2,341 34
Wiring for alarm system	15	11,600 00	11,600 00	11,600 00	(1,805 92)	(773 28)	(2,579 20)	9,020 80
Install hose bibb on roof	15	1,259 78	1,259 78	1,259 78	(232 08)	(84 00)	(336 08)	923 70
Generators (2)	15	2,825 70	2,825 70	2,825 70	(361 10)	(188 40)	(549 50)	2,276 20
Final payment - co-gen	15	24,753 92	24,753 92	24,753 92	(2,337 84)	(1,650 24)	(3,988 08)	20,765 84
Installation of new water valve	15	1,044 50	1,044 50	1,044 50	(110 20)	(69 60)	(179 80)	864 70
Install burner for water heater	15	3,403 14	3,403 14	3,403 14	(340 38)	(226 92)	(567 30)	2,835 84
Tint fitness center windows	15	2,196 62	2,196 62	2,196 62	(219 60)	(146 40)	(366 00)	1,830 62
Steamer for kitchen	15	14,278 53	14,278 53	14,278 53	(1,189 95)	(951 96)	(2,141 91)	12,136 62
Sensors - Lighting in common areas & stairs	15	4,477 22	4,477 22	4,477 22	(273 57)	(298 44)	(572 01)	3,905 21
Timers - energy mgmt	15	2,191 00	2,191 00	2,191 00	(109 53)	(146 04)	(255 57)	1,935 43
Water heater	15	3,941 83	3,941 83	3,941 83	(197 10)	(262 80)	(459 90)	3,481 93
Sensors - energy mgmt	15	612 77	612 77	612 77	(30 60)	(40 80)	(71 40)	541 37
Sensors for lighting	15	1,225 55	1,225 55	1,225 55	(34 48)	(81 72)	(136 20)	1,089 35
Light fixtures - energy mgmt	15	5,617 22	5,617 22	5,617 22	(218 47)	(374 52)	(592 99)	5,024 23
Sensors for lighting	15	1,339 61	1,339 61	1,339 61	(37 20)	(89 28)	(126 48)	1,213 13
Install sensors for energy mgmt	10	850 00	850 00	850 00	(21 24)	(84 96)	(106 20)	743 80
TV for fitness center	5	2,385 41	2,385 41	2,385 41	-	(198 80)	(198 80)	2,186 61
Washer/dryer	5	5,432 46	5,432 46	5,432 46	-	(362 16)	(362 16)	5,070 30
Total Equipment- Fixed		489,619.44	7,817.87	497,437.31	(131,282.61)	(33,230.24)	(164,512.85)	332,924.46
Equipment- Movable		00-165000-00		00-165000-00	00-165100-00		00-165100-00	
CIP Allocation	15	461,714 44	461,714 44	461,714 44	(150,060 70)	(30,780 96)	(180,841 66)	280,872 78
Base speakers for dining room	15	1,249 92	1,249 92	1,249 92	(344 04)	(83 28)	(427 32)	822 60
CD player for dining room	15	161 45	161 45	161 45	(44 53)	(10 80)	(55 33)	106 12
Sara 3000	15	16,376 40	16,376 40	16,376 40	(5,157 94)	(1,091 76)	(6,249 70)	10,126 70
Rob Brow	15	4,035 55	4,035 55	4,035 55	(1,243 78)	(269 04)	(1,512 82)	2,522 73
Software license installation	15	10,750 00	10,750 00	10,750 00	(3,207 11)	(716 64)	(3,923 75)	6,826 25
LCD monitors	15	5,204 89	5,204 89	5,204 89	(1,506 35)	(347 04)	(1,853 39)	3,351 50
Cardwatch	15	7,550 00	7,550 00	7,550 00	(2,150 32)	(503 28)	(2,653 60)	4,896 40
46" piano	15	4,427 06	4,427 06	4,427 06	(1,216 60)	(295 20)	(1,511 80)	2,915 26
Healthcare products	15	2,501 83	2,501 83	2,501 83	(710 32)	(166 80)	(877 12)	1,624 71
Printers - Laserjet	15	1,790 73	1,790 73	1,790 73	(484 90)	(119 40)	(604 30)	1,186 43
5 Liter concentrator w/o OSD	15	1,168 84	1,168 84	1,168 84	(316 39)	(77 88)	(394 27)	774 57
CIP Allocation	15	7,827 13	7,827 13	7,827 13	(2,086 30)	(521 76)	(2,608 06)	5,219 07
Defibrillator machine	15	2,910 82	2,910 82	2,910 82	(759 40)	(194 04)	(953 44)	1,957 38
Therapy equipment	15	2,669 28	2,669 28	2,669 28	(682 78)	(177 96)	(860 74)	1,808 54
Pressure Washer	15	1,295 37	1,295 37	1,295 37	(324 09)	(86 40)	(410 49)	884 88
Floor scrubber	15	2,566 65	2,566 65	2,566 65	(627 93)	(171 12)	(799 05)	1,767 60
Piano - Hiolani	15	4,800 00	4,800 00	4,800 00	(1,147 19)	(320 04)	(1,467 23)	3,332 77
2 Trash compactor bins	15	2,703 11	2,703 11	2,703 11	(646 06)	(180 24)	(826 30)	1,876 81
Delta - Upgrade for two-way radio system	15	2,615 86	2,615 86	2,615 86	(610 74)	(174 36)	(785 10)	1,830 76
Alarm system CCTV	15	2,291 65	2,291 65	2,291 65	(496 56)	(152 76)	(649 32)	1,642 33
Carpet steamer	15	1,510 41	1,510 41	1,510 41	(327 27)	(100 68)	(427 95)	1,082 46
Floor cleaner/scrubber	15	1,093 74	1,093 74	1,093 74	(224 92)	(72 96)	(297 88)	795 86
Gene Ariel work platform	15	7,468 70	7,468 70	7,468 70	(1,535 16)	(497 88)	(2,033 04)	5,435 66
Freezer/ice maker	15	2,171 00	2,171 00	2,171 00	(446 23)	(144 72)	(590 95)	1,580 05
Welding and fabrication for dishwasher	10	1,375 25	1,375 25	1,375 25	(549 87)	(137 52)	(687 39)	687 86
Pasta maker	10	2,354 19	2,354 19	2,354 19	(921 35)	(235 44)	(1,156 79)	1,197 40
Gas grill - dining	10	4,398 93	4,398 93	4,398 93	(1,576 94)	(439 92)	(2,016 86)	2,382 07
AJE 16	10	(4,582 80)	(4,582 80)	(4,582 80)	1,375 36	458 28	1,833 64	(2,749 16)
Draun cleaning machine	10	780 68	780 68	780 68	(227 77)	(78 12)	(305 89)	474 79
Tenor ukulele	10	499 00	499 00	499 00	(145 56)	(49 92)	(195 48)	303 52

Kahala Nui
Fixed Assets Rollforward

12/31/10

[illegible]

Total Equipment- Movable

793,729 16

13,905.95

(220,242,64)

(62,620.30)

(282.862.94)

524.772.17

Kahala Nui									
Fixed Assets Rollforward									
12/31/10									
Furniture & Fixtures									
GL Account #				Days in	12/31/09	Current Year Additions	12/31/10	12/31/09	Current Year Depreciation
					00-166000-00		00-166000-00	00-166100-00	Net
Food processor	2	09/28/10	95		1,625 98	-	1,625 98	-	(203 25)
Warming cabinets	5	12/01/10	31		6,582 59	-	6,582 59	-	-
Booster heater	3	12/01/10	31		2,722 51	-	2,722 51	-	-
Installation of booster heater	5	12/01/10	31		1,036 69	-	1,036 69	-	-
Total Equipment- Movable					-	11,967.77	11,967.77	-	(203.25)
									11,764.52
Furniture & Fixtures									
GL Account #					00-167000-00		00-167000-00	00-167100-00	
CIP Allocation	10	02/15/05	2146		1,760,453 73	-	1,760,453 73	(858,241 35)	(176,045 40)
Hanging traffic signs for parking garage	10	06/06/05	2035		4,034 52	-	4,034 52	(1,844 16)	(403 44)
50% deposit for partitions for admin office	10	05/17/05	2055		411 73	-	411 73	(190 43)	(41 16)
3 computers for nursing	10	06/23/05	2018		4,084 12	-	4,084 12	(1,847 72)	(408 36)
3 signs - pool rules and fitness room	10	05/16/05	2056		1,770 82	-	1,770 82	(819 71)	(177 12)
50% deposit for POS hardware	10	07/21/05	1990		8,489 00	-	8,489 00	(3,775 63)	(848 88)
Final payment for partitions for admin office	10	07/29/05	1982		411 73	-	411 73	(182 20)	(223 36)
Furniture for nursing	10	07/12/05	1999		2,374 36	-	2,374 36	(1,061 99)	(237 48)
5 lighting fixtures for garage	10	10/03/05	1916		1,500 00	-	1,500 00	(636 75)	(150 00)
Mixer/Amp	10	10/13/05	1906		298 95	-	298 95	(126 05)	(29 88)
Final payment for hardware for POS system	10	09/23/05	1926		13,965 45	-	13,965 45	(5,966 59)	(1,396 56)
2 Aquariums for nursing	10	10/20/05	1899		5,824 00	-	5,824 00	(2,445 07)	(582 36)
Gravel path & landscape lighting	10	12/20/05	1838		5,404 00	-	5,404 00	(2,178 42)	(540 36)
File cabinet for Nursing	10	01/01/06	1826		733 71	-	733 71	(293 26)	(73 32)
Carpet installation	10	02/01/06	1795		3,156 23	-	3,156 23	(1,235 13)	(315 60)
File cabinet for Business Office	10	02/01/06	1795		1,116 22	-	1,116 22	(436 78)	(111 60)
Dining room chairs	10	03/01/06	1767		20,405 75	-	20,405 75	(7,829 24)	(2,040 60)
Pool area umbrellas	10	03/01/06	1767		3,539 98	-	3,539 98	(1,358 21)	(354 00)
Furniture dining tables and bases	10	07/01/06	1645		7,452 82	-	7,452 82	(2,610 44)	(745 32)
Range	10	10/01/06	1553		185 00	-	185 00	(60 09)	(18 48)
Servo Pacifico	10	10/01/06	1553		(9 05)	-	(9 05)	3 06	0 96
4 flat screen TVs	10	12/01/06	1492		4,166 62	-	4,166 62	(1,284 66)	(416 64)
Cash Advance - Turner model	10	12/01/06	1492		5,000 00	-	5,000 00	(1,541 75)	(500 04)
AJE 16	10	12/01/06	1492		544 34	-	544 34	(167 93)	(54 48)
CIP Allocation	10	01/01/07	1461		20,405 75	-	20,405 75	(6,118 52)	(2,040 60)
Watering pots and circulating system	10	01/31/07	1431		1,937 17	-	1,937 17	(504 84)	(193 68)
Silk plants (50% down payment)	10	07/31/07	1250		5,729 32	-	5,729 32	(1,386 57)	(572 88)
Filing Cabinet for Marketing	10	03/31/07	1372		508 55	-	508 55	(140 14)	(50 88)
File Cabinet for Business Office	10	05/31/07	1311		640 14	-	640 14	(165 52)	(63 96)
Glass Table Top	10	05/31/07	1311		956 69	-	956 69	(247 48)	(95 64)
Furniture for Casual Dining	10	05/31/07	1311		11,844 83	-	11,844 83	(3,064 86)	(1,184 52)
Vertical File/Hanging clamps	10	05/31/07	1311		1,385 66	-	1,385 66	(358 60)	(138 60)
Reimbursement	10	06/30/07	1281		(692 83)	-	(692 83)	173 48	69 24
Final payment for silk flowers	10	07/31/07	1250		5,729 31	-	5,729 31	(1,386 57)	(572 88)
Employee lockers	10	08/31/07	1219		1,375 00	-	1,375 00	(321 16)	(137 52)
Hanging files for blueprints	10	08/31/07	1219		692 83	-	692 83	(161 71)	(69 24)
File Cabinet for AL	10	08/31/07	1219		613 77	-	613 77	(143 47)	(61 44)
68" HD TV for Holani	10	11/30/07	1128		2,517 78	-	2,517 78	(525 19)	(251 76)
Install outlets in Holani	10	12/31/07	1097		445 00	-	445 00	(89 04)	(44 52)
Console for Holani entertainment system	10	12/31/07	1097		2,166 23	-	2,166 23	(433 20)	(216 60)
File cabinet & bulletin board for Lifestyles	10	10/31/07	1158		1,124 88	-	1,124 88	(243 80)	(112 44)
Refinish teak furniture	10	02/29/08	1037		2,690 79	-	2,690 79	(493 24)	(269 04)
Standup gardens - Holani	10	04/30/08	976		2,160 00	-	2,160 00	(360 00)	(216 00)
Silk flowers	10	10/31/08	792		4,755 04	-	4,755 04	(554 82)	(554 56)
Fabric - Kahala Terrace chairs	10	10/31/08	792		6,111 34	-	6,111 34	(713 02)	(611 16)
Reupholster Dining Room chairs	10	12/31/08	731		5,513 08	-	5,513 08	(551 28)	(551 28)
Tea Set	10	11/30/08	762		1,390 13	-	1,390 13	(162 12)	(138 96)
Round table	10	01/31/09	700		1,305 34	-	1,305 34	(119 68)	(130 56)
Reupholster Dining Room chairs	10	01/31/09	700		2,382 20	-	2,382 20	(218 35)	(238 20)
Reupholster Dining Room chairs	10	02/28/09	672		4,083 77	-	4,083 77	(340 30)	(408 36)
Reupholster Dining Room chairs	10	03/31/09	641		3,198 95	-	3,198 95	(239 94)	(319 92)
Valet stand	10	05/31/09	580		4,156 88	-	4,156 88	(242 48)	(415 68)
Reupholster pool furniture	10	05/31/09	580		4,960 52	-	4,960 52	(289 38)	(496 08)
Tablewares - Holani	5	09/30/09	458		6,343 66	-	6,343 66	(317 19)	(1,268 76)
									(1,585 95)
									4,757 71

Kahala Nui
Fixed Assets Rollforward
12/31/10

		Days in	12/31/09	Current Year	12/31/10	12/31/09	Current Year	12/31/10	Net
				Additions			Depreciation		
Unit Renovations - March	5	03/31/08	7,715 31	-	7,715 31	(2,700 39)	(1,543 08)	(4,243 47)	3,471 84
Unit Renovations - April	5	04/30/08	11,985 92	-	11,985 92	(3,995 40)	(2,397 24)	(6,392 64)	5,593 28
Unit Renovations - May	5	05/31/08	14,373 75	-	14,373 75	(4,531 64)	(2,874 72)	(7,426 36)	6,947 39
Unit Renovations - June	5	06/30/08	6,639 78	-	6,639 78	(1,991 88)	(1,327 92)	(3,319 80)	3,319 98
Unit Renovations - July	5	07/31/08	27,566 32	-	27,566 32	(7,810 48)	(5,513 28)	(13,323 76)	14,242 56
Unit Renovations - August	5	08/31/08	16,240 80	-	16,240 80	(4,330 88)	(3,240 84)	(7,579 04)	8,661 76
Unit Renovations - September	5	09/30/08	4,402 09	-	4,402 09	(1,100 55)	(880 44)	(1,980 99)	2,421 10
Unit Renovations - October	5	10/31/08	8,390 00	-	8,390 00	(1,957 62)	(1,677 96)	(3,635 58)	4,754 42
Unit Renovations - November	5	11/30/08	4,807 54	-	4,807 54	(1,041 69)	(961 56)	(2,003 25)	2,804 29
Unit Renovations - December	5	12/31/08	3,756 03	-	3,756 03	(751 20)	(731 20)	(1,502 40)	2,253 63
Unit Renovations - February	5	02/28/09	9,928 72	-	9,928 72	(1,654 80)	(1,985 76)	(3,640 56)	6,288 16
Unit Renovations - March	5	03/31/09	14,419 87	-	14,419 87	(2,162 97)	(2,883 96)	(5,046 93)	9,372 94
Unit Renovations - April	5	04/30/09	6,814 15	-	6,814 15	(908 56)	(1,362 84)	(2,271 40)	4,542 75
Unit Renovations - May - AL	5	05/31/09	4,611 70	-	4,611 70	(538 02)	(922 32)	(1,460 34)	3,151 36
Unit Renovations - May - IL	5	05/31/09	2,653 78	-	2,653 78	(309 61)	(530 76)	(840 37)	1,813 41
Unit Renovations - June - IL	5	06/30/09	3,485 38	-	3,485 38	(348 54)	(697 08)	(1,045 62)	2,439 76
Unit Renovations - July	5	07/31/09	6,760 33	-	6,760 33	(563 35)	(1,352 04)	(1,915 39)	4,844 94
Unit Renovations - September - IL	5	09/30/09	7,762 81	-	7,762 81	(388 14)	(1,552 56)	(1,940 70)	5,822 11
Unit Renovations - September - AL	5	09/30/09	3,566 39	-	3,566 39	(237 76)	(713 28)	(951 04)	2,615 35
Unit Renovations - August	5	08/31/09	1,501 53	-	1,501 53	(300 36)	(375 45)	(1,126 08)	1,126 08
Unit Renovations - September - AL	5	09/30/09	3,893 24	-	3,893 24	(129 78)	(778 68)	(908 46)	2,984 78
Unit Renovations - IL	5	10/31/09	1,454 97	-	1,454 97	(48 50)	(291 00)	(339 50)	1,115 47
Unit Renovations - AL	5	12/23/09	1,360 21	-	1,360 21	-	(453 36)	(513 36)	906 85
Range	3	12/02/09	1,539 93	-	1,539 93	-	(513 36)	(513 36)	1,026 57
Replace carpet	3	12/18/09	2,930 91	-	2,930 91	-	(976 92)	(976 92)	1,953 99
Replace carpet	3	09/21/09	2,706 73	-	2,706 73	(225 57)	(902 28)	(1,127 85)	1,578 88
January 2010 AL renovation - replace carpet	3	01/01/10	1,609 20	1,609 20	1,609 20	-	(491 70)	(491 70)	1,117 50
January 2010 IL renovation - carpet	5	01/05/10	3,474 26	3,474 26	3,474 26	-	(636 90)	(636 90)	2,837 36
January 2010 IL renovation - stove	5	01/07/10	1,360 21	1,360 21	1,360 21	-	(249 37)	(249 37)	1,110 84
January 2010 IL renovation - stove	5	01/14/10	1,360 21	1,360 21	1,360 21	-	(249 37)	(249 37)	1,110 84
January 2010 AL renovation - replace carpet	3	01/15/10	1,454 97	1,454 97	1,454 97	-	(444 62)	(444 62)	1,010 35
Replace carpet	3	02/02/10	3,904 38	3,904 38	3,904 38	-	(1,084 60)	(1,084 60)	2,819 78
Replace carpet	3	02/12/10	1,658 67	1,658 67	1,658 67	-	(460 70)	(460 70)	1,197 97
Replace carpet	3	02/12/10	1,600 47	1,600 47	1,600 47	-	(444 60)	(444 60)	1,155 87
Replace carpet	3	02/12/10	1,484 07	1,484 07	1,484 07	-	(412 20)	(412 20)	1,071 87
replace range	5	02/17/10	1,360 21	1,360 21	1,360 21	-	(226 70)	(226 70)	1,133 51
Replace carpet	3	04/01/10	1,454 97	1,454 97	1,454 97	-	(323 36)	(323 36)	1,131 61
replace carpet	5	06/02/10	1,484 07	1,484 07	1,484 07	-	(148 38)	(148 38)	1,335 69
Replace carpet	5	06/01/10	3,385 28	3,385 28	3,385 28	-	(338 52)	(338 52)	3,046 76
range	5	05/19/10	1,360 21	1,360 21	1,360 21	-	(158 69)	(158 69)	1,201 52
replace appliances	5	05/19/10	1,360 21	1,360 21	1,360 21	-	(158 69)	(158 69)	1,201 52
Replace carpet	5	05/28/10	3,668 07	3,668 07	3,668 07	-	(427 91)	(427 91)	3,240 16
Replace carpet	5	05/19/10	2,157 97	2,157 97	2,157 97	-	(251 79)	(251 79)	1,906 18
Replace carpet	5	05/18/10	2,283 45	2,283 45	2,283 45	-	(266 42)	(266 42)	2,017 03
Replace carpet	5	05/12/10	2,469 43	2,469 43	2,469 43	-	(288 12)	(288 12)	2,181 31
Appliance services	5	05/08/10	3,668 07	3,668 07	3,668 07	-	(427 94)	(427 94)	3,240 13
Replace carpet	5	05/03/10	4,916 62	4,916 62	4,916 62	-	(573 58)	(573 58)	2,469 43
replace carpet	5	04/28/10	3,485 38	3,485 38	3,485 38	-	(464 72)	(464 72)	3,020 66
Replace carpet	5	04/28/10	2,040 14	2,040 14	2,040 14	-	(272 00)	(272 00)	1,768 14
Replace carpet	5	06/09/10	2,743 81	2,743 81	2,743 81	-	(274 38)	(274 38)	2,469 43
Replace carpet	5	07/01/10	2,598 40	2,598 40	2,598 40	-	(216 55)	(216 55)	2,381 85
Replace carpet	5	07/01/10	3,485 38	3,485 38	3,485 38	-	(290 45)	(290 45)	3,194 93
Replace carpet	5	04/20/10	1,360 20	1,360 20	1,360 20	-	(181 36)	(181 36)	1,178 84
range	5	06/28/10	1,360 21	1,360 21	1,360 21	-	(136 02)	(136 02)	1,224 19
replace range	5	06/12/10	1,360 21	1,360 21	1,360 21	-	(136 02)	(136 02)	1,224 19
Replace carpet	3	08/16/10	1,484 07	1,484 07	1,484 07	-	(164 88)	(164 88)	1,319 19
Replace carpet	3	08/16/10	1,160 80	1,160 80	1,160 80	-	(128 96)	(128 96)	1,031 84
replace bamboo floor	5	08/13/10	884 82	884 82	884 82	-	(59 00)	(59 00)	825 82
replace carpet	5	08/16/10	926 64	926 64	926 64	-	(61 76)	(61 76)	864 88
Replace carpet	5	08/23/10	3,288 87	3,288 87	3,288 87	-	(219 24)	(219 24)	3,069 63
Replace carpet	5	08/16/10	2,124 61	2,124 61	2,124 61	-	(141 64)	(141 64)	1,982 97
Replace carpet	5	09/02/10	3,337 07	3,337 07	3,337 07	-	(166 86)	(166 86)	3,170 21
Remodel shower stall	3	09/01/10	1,436 65	1,436 65	1,436 65	-	(119 73)	(119 73)	1,316 92
Range	5	09/01/10	1,265 97	1,265 97	1,265 97	-	(63 30)	(63 30)	1,202 67
Range	5	09/01/10	1,265 97	1,265 97	1,265 97	-	(63 30)	(63 30)	1,202 67

**Kahala Nui
Fixed Assets Rollforward
12/31/10**

12/31/10			Days in	Current Year Additions	12/31/10	Current Year Depreciation	12/31/10	Net
	5	08/01/10	153	1,432.46	1,432.46	(95.48)	(95.48)	1,336.98
Range	5	08/01/10	153	1,432.46	1,432.46	-	(71.51)	1,360.95
Replace carpet	3	09/01/10	122	3,485.38	3,485.38	-	(174.27)	3,311.11
Replace carpet	3	09/01/10	122	1,434.61	1,434.61	-	(119.55)	1,315.06
GE range Unit 321	5	10/26/10	67	1,473.30	1,473.30	-	(49.12)	1,424.18
Replace carpet Unit 321	5	10/18/10	75	2,795.72	2,795.72	-	(93.20)	2,702.52
Replace carpet	5	12/01/10	31	2,138.14	2,138.14	-	-	2,138.14
Replace carpet	5	12/01/10	31	2,534.86	2,534.86	-	-	2,534.86
Replace sheet vinyl	3	12/01/10	31	2,417.62	2,417.62	-	-	2,417.62
Replace carpet	3	12/01/10	31	1,454.97	1,454.97	-	-	1,454.97
Replace sheet vinyl	3	12/01/10	31	2,339.55	2,339.55	-	-	2,339.55
Replace carpet	3	12/01/10	31	4,115.72	4,115.72	-	-	4,115.72
Replace carpet	3	12/01/10	31	1,124.43	1,124.43	-	-	1,124.43
Replace carpet	3	12/01/10	31	2,747.12	2,747.12	-	-	2,747.12
Total Unit Renovations				609,852.60	114,010.54	(282,069.81)	(134,937.14)	306,856.19
Computer								
GL Account #				00-168000-00	00-168000-00	00-168100-00	00-168100-00	
CIP Allocation	3	02/15/05	2146	144,846.49	-	(144,846.49)	-	-
2 Analog cards	3	05/16/05	2056	8,648.90	-	(8,648.90)	-	-
AVWARI Software	3	12/19/05	1839	848.07	-	(848.07)	-	-
Some WALL Software	3	12/22/05	1836	342.00	-	(342.00)	-	-
Computer software	3	01/01/06	1826	672.77	-	(672.77)	-	-
Manager Plus Software (Quest)	3	03/01/06	1767	720.00	-	(720.00)	-	-
Software for Medicare billing (VisionShare)	3	03/01/06	1767	747.76	-	(747.76)	-	-
Computer - Business office	3	06/01/06	1675	1,254.51	-	(1,254.51)	-	-
Computer software upgrade - Somcwall	3	08/01/06	1614	1,692.60	-	(1,692.60)	-	-
CIP Allocation	3	01/01/07	1461	(39,786.22)	-	39,786.22	-	-
Amortization software	3	09/30/07	1189	2,000.00	-	(1,502.24)	(497.76)	-
Fox systems set up fee	3	12/31/07	1097	2,500.00	-	(1,666.56)	(833.44)	-
Fox systems user fee	3	12/31/07	1097	1,425.00	-	(949.92)	(475.08)	-
Purchased 2 computers	3	07/31/07	1250	4,190.04	-	(3,380.41)	(809.63)	-
3 computers	3	12/31/07	1097	2,340.31	-	(2,340.31)	(780.07)	-
Computers (2)	3	01/31/08	1066	5,072.91	-	(3,240.93)	(1,690.92)	-
PM Work program	3	02/29/08	1037	14,397.20	-	(8,799.04)	(13,597.28)	141.06
PM Work program expenses	3	05/31/08	945	1,752.59	-	(924.92)	(584.16)	799.92
5 Dell minitowers	3	07/31/08	884	5,424.37	-	(2,561.56)	(4,369.72)	1,054.65
Printer	3	10/31/09	427	1,156.71	-	(64.26)	(449.82)	706.89
Computer-DON office	3	06/30/10	185	1,258.11	-	-	(209.70)	1,048.41
POC setup fee	3	11/01/10	61	2,442.17	-	-	(67.84)	2,374.33
POC software	5	10/01/10	92	1,073.00	-	-	(35.76)	1,037.24
POC system	5	10/01/10	92	7,139.94	-	-	(238.00)	6,901.94
New computer	5	10/01/10	92	1,275.04	-	-	(42.50)	1,232.54
New server	5	10/01/10	92	9,024.48	-	-	(300.82)	8,723.66
POC Software	5	10/01/10	92	240.50	-	-	(8.02)	232.48
POC Software	3	09/01/10	122	19,000.00	-	-	(1,583.34)	17,416.66
Project work for EMR	5	11/01/10	61	1,662.83	-	-	(27.71)	1,635.12
POC training	1	12/01/10	31	333.00	-	-	-	333.00
Additional users for POC	1	12/01/10	31	2,745.00	-	-	-	2,745.00
POC	3	12/01/10	31	2,585.50	-	-	-	2,585.50
POC installation	5	12/01/10	31	1,276.33	-	-	-	1,276.33
Total Computer				160,246.01	50,055.90	(144,636.16)	(15,177.51)	50,488.24
Vehicles								
GL Account #				00-169000-00	00-169000-00	00-169100-00	00-169100-00	
CIP Allocation	5	02/15/05	2146	28,437.97	-	(27,727.77)	(710.20)	-
2006 Nissan King Cab Truck for Maintenance	5	01/31/07	1431	20,400.00	-	(11,978.14)	(4,080.00)	4,421.86
Logo on new truck	5	02/28/07	1403	329.84	-	(187.38)	(66.00)	76.46
2008 Van w/lift	5	07/31/08	884	48,617.78	-	(13,775.10)	(9,723.60)	25,119.08
2005 Passenger Odyssey Van	5	07/01/10	184	6,714.86	-	-	(559.55)	6,155.31
Ford 15-passenger Van	5	07/01/10	184	5,182.32	-	-	(431.85)	4,750.47
Total Vehicles				97,785.59	11,897.18	(53,588.39)	(15,571.20)	40,523.18
Total Fixed Assets				153,313,977.05	358,946.61	(19,870,279.20)	(4,204,065.10)	129,598,579.33

Kahala Nui
Fixed Assets Rollforward
12/31/10

Current Year
Depreciation

Net

12/31/10

12/31/09

Current Year
Additions

12/31/09

Days in

CIP - Energy Management

Placed in service

00-150010-00

-

-

00-150010-00

-

11/30/08

CIP

1st Floor renovation

2009

2009

AMSCO freezer (30% downpmt)

08/19/10

00-150000-00

-

-

00-150000-00

-

06/01/10

06/01/10

18,539 00

18,539 00

CIP

Landscaping

2009

2009

Landscaping

2009

Landscaping

2009

Water feature

2009

Melcher

Landscaping deposit (John Daley Landscapes)

Landscaping deposit (John Daley Landscapes)

Melcher

02/28/10

08/19/10

12/02/10

12/31/10

00-150020-00

-

-

00-150020-00

-

942 41

5,099 48

579 50

2,259 06

1,314 08

-

412 30

45,916 11

59,860 19

3,852 88

942 41

5,099 48

579 50

2,259 06

1,314 08

412 30

45,916 11

59,860 19

3,852 88

10,194 53

110,041 48

120,236 01

Total CIP

-

29,327 56

128,580.48

138,775.01