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CI\$H\3536N

Form 990-EZ

Department of the Treasury Internal Revenue Service

process as original

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011

Open to Public Inspection

A	For the	For the 2011 calendar year, or tax year beginning , and ending											
В	Chack if	applicable	C Name of organization	-			D Employer	identification number					
	Address	change											
	Name cha	ange	POIPU BEACH FOUNDATION, IN	99-0350383									
	Initial retu	um.	Number and street (or P O box, if mail is not delivered to street eddres	E Telephone number									
	Terminati	ed	P.O. BOX 730	808-	_808-742-7444								
П	Amended	i return	City or town, state or country, and ZIP + 4	F Group Ex									
П	Application	on pending	KOLOA HI.	Number	· •								
G	Accour	nting Method:	Cash Accrual Other (specify) ► TAX	if the org	if the organization is not								
ı		te: ▶ N/				required	to attach Sche						
J			eck only one) — X 501(c)(3) 501(c)() 4 (insert n	(o) 4947(a)	(1) or 52	7 (Form 9	90, 990-EZ, or	990-PF).					
ĸ	Check		organization is not a section 509(a)(3) supporting orga										
	not mo		30. A Form 990-EZ or Form 990 return is not required to										
		· ·	ses to file a return, be sure to file a complete return.	•				•					
L	_		o, to line 9 to determine gross receipts. If gross receipts are \$.	200,000 or more	or if total as	sets (Part II,							
			w) are \$500,000 or more, file Form 990 instead of Form 990-	•			▶ s	44,280					
F	aft.L		ue, Expenses, and Changes in Net Assets		alances	see the instru	ctions for Par						
			the organization used Schedule O to respond to					X					
_	1		rifts, grants, and similar amounts received				1	44,215					
	2		rice revenue including government fees and contracts			•	2						
	3		dues and assessments				3						
	4	Investment i		• • •			4	65					
	5a	Gross amou	at from sale of assets other than inventory	· · · · 1	5a								
	ь		other basis and sales expenses										
	c		rom sale of assets other than inventory (Subtract line 5b from tir	5c									
	6	· · ·	fundraising events	3 8 5 8									
9	1	-	s from gaming (attach Schedule G if greater than										
ear	-	\$15,000)	and a series of the series of	13.9									
Revenue	ь		e from fundraising events (not including \$., .,,, ., L	of contributi	ions							
			ing events reported on line 1) (attach Schedule G if the										
			gross income and contributions exceeds \$15,000)	1	6Ь								
	C		expenses from garning and fundraising events	• •	6c								
	d		r (loss) from gaming and fundraising events (add lines										
				00 0110 05 0110			6d						
	7a		of inventory, less returns and allowances	, 1	7a		#86						
	Ь	Less. cost o	• • • • • • • • • • • • • • • • • • • •		7b								
	c		or (loss) from sales of inventory (Subtract line 7b from i	ine 7a)			7c						
	8		e (describe in Schedule (1)				8						
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶ 9	44,280					
	10		imilar amounts paid (list in Schedule O)				10						
	11		to or for members	· · · · ·			11						
/A	4.2	-	er compensation, and employee benefits	REC	CEIVE	ווי ת	12						
Se	13		fees and other payments to independent contractors		JUIVE	_ ാം	13	3,548					
Expenses	14		ent, utilities, and maintenance	11 233 10 10 10 10 10 10 10 10 10 10 10 10 10 1	.,	Q	14	_,					
Ä	15		ications, postage, and shipping	12 - JUL	2.5.201	2 0	15	10,247					
	16		es (describe in Schedule O)	m			16	48,856					
	17		ses. Add lines 10 through 16) ACT)ENI I	17	▶ 17	62,651					
	18		eficit) for the year (Subtract line 17 from line 9)	LUUL			18	-18,371					
a s	19	•	fund balances at beginning of year (from line 27, colu	mn (A)) (must :	agree with	• • • • • •	de						
Ass.			gure reported on prior year's return)	1 37 4	~		19	86,446					
Net Assets	20		es in net assets or fund balances (explain in Schedule	O)			20	198					
Z	21		fund balances at end of year. Combine lines 18 through				▶ 21	68,273					
For			Act Notice, see the separate instructions.					Form 990-EZ (2011)					

Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to an					
Uneck if the organization used Schedule O to respond to an		Ded II			\Box
	y question in this				<u> </u>
20 Cook source and to the terminal	—	(A) Beginning of year		(B)	68,273
22 Cash, savings, and investments 23 Land and buildings		86,4	$\overline{}$	 	00,213
24 Other assets (describe in Schedule O)	-		0 23	 	 -
26 Total accord		86,4		 	68,273
26 Total linklitics (dossibe a Schodule O)	· · · ·		0 26	1	0072.0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	· · · · · · · · ·	86,4			68,273
Raftille Statement of Program Service Accomplishments (s	ee the instructio			Ex	penses
Check if the organization used Schedule O to respond to an			(F	Required	for section
What is the organization's primary exempt purpose?			50	01(c)(3) a	and 501(c)(4)
ENHANCE KAUAI'S SOUTH SHORE PHYSICAL, SOCIAL & CULTURAL ENVI			- 1	•	ons and section
Describe the organization's program service accomplishments for each of its three is			- 1) trusts; optional
as measured by expenses. In a clear and concise manner, describe the services pro	ovided, the number	of	fo	r others.	.)
persons benefited, and other relevant information for each program title.				т	
28 PBF HOSTED 3 FESTIVALS THAT WERE ENJOYED BY APPROXIMATELY				1	
NA LIMA HANA FESTIVAL, THE PRINCE KUHIO FESTIVAL AND THE I		•		j	
FESTIVAL ALL CELEBRATE HAWAIIAN CULTURE AND TRADITIONS. (Grants \$) If this amount includes foreign grants, ch	eck bere		7 28a	İ	44,080
29 PBF MAINTAINS THE KOLOA HERITAGE TRAIL, A 10 MILE ROUTE CO					
MARKERS & EXTENSIVE INTERPRETIVE INFORMATION OF CULTURAL		••	•		
INTEREST	, .,,			ŀ	
(Grants \$) If this amount includes foreign grants, ch	eck here	▶	29a	<u> </u>	12,137
30 PBF PAID FOR THE WASHING & SIFTING OF 499 CUBIC YARDS OF	SAND THAT WAS				
PLACED ABOVE THE HIGH WATER MARK AT POIPU BEACH PARK. TH			.]	İ	
SIGNIFICANTLY REDUCE THE SAFETY HAZARD TO SWIMMERS.			_,		
(Grants \$) If this amount includes foreign grants, ch	eck here	<u> </u>	30a	ļ	5,586
31 Other program services (describe in Schedule O)			٦ _ , .	İ	
(Grants \$) If this amount includes foreign grants, ch	eck here	<u> </u>	31a	 	61,803
32 Total program service expenses (add lines 28a through 31a) Part (V) List of Officers, Directors, Trustees, and Key Employees. List ea	ach one even if not	compensated, (see	the instr	uctions f	
Check if the organization used Schedule O to respond to any questi	on in this Part IV				
(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC)	ontributions t benefit pla deferred corr	ins, and	(e) Estimated amount of other compensation
GREG KAMM KOLOA	PRESIDENT				l
PO BOX 730 HI 96756	0.30	ام ا			
BOB KEANE KOLOA		——— <u> </u>		0	0
DO BOY 730 0.555	VICE PRES			0	0
PO BOX 730 HI 96756	0.30			0	0
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LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756	0.30 SECRETARY 0.30	0		0	0
LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756 MARVIN OTSUJII KOLOA	0.30 SECRETARY 0.30 TREASURER	0		0	0
LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756	0.30 SECRETARY 0.30	0		0 0 0	
LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756 MARVIN OTSUJII KOLOA	0.30 SECRETARY 0.30 TREASURER	0		0 0 0	0
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LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756 MARVIN OTSUJII KOLOA	0.30 SECRETARY 0.30 TREASURER	0		0 0 0	0
LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756 MARVIN OTSUJII KOLOA	0.30 SECRETARY 0.30 TREASURER	0		0	0
LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756 MARVIN OTSUJII KOLOA	0.30 SECRETARY 0.30 TREASURER	0		0	0
LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756 MARVIN OTSUJII KOLOA	0.30 SECRETARY 0.30 TREASURER	0		0 0 0	0
LINDSAY CRAWFORD KOLOA PO BOX 730 HI 96756 MARVIN OTSUJII KOLOA	0.30 SECRETARY 0.30 TREASURER	0		0 0 0	0

	990-EZ (2011) POIPU BEACH FOUNDATION, INC. 99-U35U383		<u>r</u>	age :
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		• • • • •	
_	The second of the Control of the Con		Yes	No
33	Did-the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1 1		١
	detailed description of each activity in Schedule O	33		<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			1
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			v
	change on Schedule O (see instructions)	34		<u> </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		Х
_	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		┌╌
b C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	335		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	100		
••	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	30	3 X , 44	1 800
b	Did the organization file Form 1120-POL for this year?	37Ь		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			\$65.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	,	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			14
39	Section 501(c)(7) organizations. Enter:			25
а	Initiation fees and capital contributions included on line 9		ĝ. (100
ь	Gross receipts, included on line 9, for public use of club facilities			<i>"</i>
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	37.7	"::: <i>"</i>	P X
	section 4911 ▶, section 4912 ▶, section 4955 ▶	85. 3	33.4	~*v
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	2 (*	[i. 3:	\ \v.
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b	l	x
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	200	341.4	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1873		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		زرمین	(in 1
A	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		[**;	154
u	reimbursed by the organization	1698 13	23,7	123
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	25 4.25	9 0 % 0 7 %	1
·	transaction? If "Yes," complete Form 8886-T	40e	*′ ~	ĺχ
41	List the states with which a copy of this return is filed. HI			
42a		3-74	2-7	44
	PO BOX 730	•		
	Located at ▶ KOLOA HI ZIP+4 ▶ 96	756		
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country.	13.3	138	
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank	13.5		1.53
	and Financial Accounts.	1 1/4	8 7 X	Х
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	
42	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ [
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1
		44a		Î
b	Completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	77.50	60.7 S. 6	
-	completed instead of Form 990-EZ	44b	L	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	4.37	1.2	
_	explanation in Schedule O	440		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$oxed{oxed}$	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	erio?	18 🛒	50
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			12
	Form 990-EZ (see instructions)	45b	1	X

Did the organization engage, directly or indirectly. In political campaign activities on behalf of or in opposition Learndware for rouble office? If very a complete Schedule C, Part II Learn VIII; Section 637(c)(3) organizations and section 4347(a)(1) nonexempt charitable trusts only. All section 4347(a)(1) All section 457(a)(3) organizations and section 4347(a)(1) nonexempt charitable trusts must answer questions 47-49bu and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule (D to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(b) election in effect during the tax year? If Yes, complete Schedule C, Part II If I is the organization eached as described in section 170(b)(1)(A)(q)? If Yes, complete Schedule E If I is the organization active as described in section 170(b)(1)(A)(q)? If Yes, complete Schedule E If I is the organization active as described in section 170(b)(1)(A)(q)? If Yes, complete Schedule E If I is the organization active as described in section 170(b)(1)(A)(q)? If Yes, complete Schedule E If I is the organization active as described in section 170(b)(1)(A)(q)? If Yes, complete Schedule E If I is the organization active as described in section 170(b)(1)(A)(q)? If Yes, complete Schedule C, Part II If I is the organization active as described on section 200 compensation from the organization. If there is none, enter None. If I is not active to organization is the highest compensated independent contractors who each received more than 1500,000 compensation from the organization. If there is none, enter None. If I is not active to organization is the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the programation of the p	46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 10 candidates for paths utilized "Twee, complete Schedus C. Part II 1978/1978/1978/1978/1978/1978/1978/1978/	<u>om 990-E</u>	Z (2011)	POIPU	BEACH	FOUND	ATION,	INC.	9	<u>9-0350383</u>			P	age
to candidate for public office? If Yes, "complete Schedule C, Part I 28 PX I) Section 501((3) organizations and section 4947(a)(1) nonexempt charinfable trusts only. All section 501((3)) organizations and section 4947(a)(1) nonexempt charinfable trusts must answer questions 47-490 and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part V . Check if the organization segole in bothyling activities or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule C, Part II is the organization aspecie to bothyling activities or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule C, Part II is the organization aspecie to during the fact of the organization aspecie to during the fact of the organization aspecie to during the fact of the organization in the organization of the organization aspecies of the organization is the highest compensated amployees (other than officers, directors, mustess and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter? None. If Nene and obtages of each mispandere contractors for highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter? None. If Nene and obtages of each mispandere contractors each received more tens \$100,000 of compensation from the organization. If there is none, enter? None. In Nene and obtages of each mispandere contractors each received process of each mispandere contractors each received process of the organization of the organization. If there is none, enter? None. In Nene and obtages of each mispandere contractors each received good of compensation of the organization of the organization. If there is none, enter? None. In Nene and obtages of each mispandere contractors each received process of the organization organization organization organization. If there is none, enter	to candidates for cubic office? If "Yes, complete Schedule C. Part I						. 1/41 - 4			in name-itie-		[-2500)	Yes	No Reco
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Cheek if the organization send section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Cheek if the organization sended section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II is the organization as school as described in section 170(b)(1)(A)(a)? If Yes, complete Schedule E 48 and bid the organization are not sent to the organization of the organization are considered as a section 527 organization? Complete this table for the organization's five highest compensation from the organization. If there is none, either 'None.' If Nene and address of each received must be no 100,000 of compensation from the organization. If there is none, either 'None.' If Nene and address of each received must be not 100,000 of compensation from the organization of the part	Section 501(c)) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)) stage and 50 complete the tables for lines 50 and 51. Check (if the organization sand section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check (if the organization used Schedule OI or sepand to any question in this Part VI Did the organization engage in tobbying activities or have a section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II If Yes, complete Schedule C, Part II If Yes, was related organization a section 37 against site organization? Complete this table for the organizations for highest compensated employees (other than officers, directors, trustees and key employees) who each received more than 5100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each amployees paid over \$100,000 of compensation from the organization. If there is none, enter None. (b) Tips and energy of the part of the amployees paid over \$100,000 of compensation from the organization. If there is none, enter None. (c) Name and address of each amployees paid over \$100,000 of compensation from the organization in the organization amployees paid over \$100,000 of compensation from the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization								es on benait of of	in opposition			202027	×
SO1(c)(3) organizations as dection 4947(e)(1) nonexempt charitable trusts must aniswer questions 47-490 and 52, and complete the tables for times 30 and 51. Check if the organization engage in lobying activities or have a section 50(h) election in effect during the tax Yes I. Did the organization engage in lobying activities or have a section 50(h) election in effect during the tax Yes I. Y	SOT(C)(X) organizations and section 4947(a)(1) nonexempt charitable frusts must answer questions 47-90 and 32, and complete the tables for inten 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in bothyping activities or have a section 50(th) election in effect during the tax 47. If Yes, complete Schedule C, Part II Is the organization school as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule E 48. Did the organization appeal in blothyping activities or paginization. Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter Yones. Is Neme and described the paginization of the paginization of the paginization. If there is none, enter Yones of the paginization of the paginization of the paginization of the paginization of the paginization. If there is none, enter Yones of the paginization of the p		ndidates to	r public office	7 If "Yes," co	mplete Scho	edule C, Pai	n 4947/a	(1) nonexem	ot charitable tr	usts only. All se	ection		_^
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year if "Yes, complete Schedule C, Part II	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax Yes Yes Complete Schedule C, Part II	(ate Ais	501(d	c)(3) organiz 52. and com	ations and : olete the tal	section 494 bles for line	47(a)(1) no es 50 and :	onexempt o 51.	hantable trusts	must answer que	Stions 47-490			_
Did the organization angage in lobbying activities or have a section 50(th) election in effect during the tax year? If Yes, complete Section C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 2 3 49 1 1/45, was the related organization a section 527 organization? 49 1 1/45, was the related organization a Section 527 organization? 49 1 1/45, was the related organization a Section 527 organization? 49 1 1/45, was the related organization as five highest compensated employees (other than officers, directors, inustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter Years (a) when and address of each employee paid more than \$100,000 of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization of compensation from the organization organi	Did the organization against on by the properties of have a section 501(th) election in effect during the tax 47 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "es", complete Schedule E 48 Build the organization asked any transfers to an exempt non-charatable related organization? Complete this table for the organization is section 527 organization? Complete this table for the organization as section 527 organization? (a) Name and address of section public properties of the properties of the organization in the organization in the organization in the organization in the organization asked and the properties of the organization in the organization in the organization of the organization asked and the properties of the organization of the organization asked and the properties of the organization asked and the properties of the organization asked and the organization asked and the organization asked and the organization asked and the organization asked and the organization organization asked and the o	-	Chec	k if the orga	nization use	ed Schedul	le O to res	pond to an	y question in thi	s Part VI	<u> </u>	• • • • •	·····	<u> </u>
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2011 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

POIPU BEACH FOUNDATION, INC.

Employer identification number 99-0350383

P	art l	Reas	on for Pu	blic Charity	Status	(All organi	zations	must co	mplete	this pa	art.) Se	e inst	ruction	S.			
The	orga	nization is not	a private fo	Indation becau	se it is: (F	For lines 1 thro	ough 11, c	heck only	one box.	.)							
1	\Box	A church, cor	ention of c	hurches, or as	sociation	of churches d	escribed i	n section	170(b)(1)(A)(i).							
2	П			ction 170(b)(1)													
3	П			e hospital serv			•	tion 170	(b)(1)(A)(i	ii).							
4	П			nization operati	_)(1)(A)(i	il). Ente	er the ho	spital	s name	,	
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		or section 50		•		•			•								
f		If the organiz	ation receive	ed a written det	terminatio	on from the IRS	S that it is	a Type I,	Type II, o	or Type	III suppo	orting					
		organization,	check this t	юх													
9		Since August	17, 2006, h	as the organiz	ation acc	epted any gift	or contrib	ution from	any of th	ne			·	-			
		following per	sons?														
		(i) A person	n who directi	y or indirectly o	controls, e	either alone or	together	with perso	ons descr	ibed in ((ii) and					Yes	No
		(in) below	w, the gover	ning body of th	e support	ted organizatio	on?								11g(I)		L
				a person desci											11g(ii)		ļ
		(ili) A 35% c	ontrolled en	tity of a person	describe	d in (i) or (ii) a	bove?								11g(iii)		<u> </u>
<u>h</u>		Provide the	following info	mation about	the supp	orted organiza	tion(s).			•							
$\overline{}$	i) Nam	e of supported	(II) EIN	(1	ii) Type of organiza	ation	(iv) is the o	organization		you notify		is the		(vii) Amo	unt of	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

instructions

99-0350383

Support 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 (a) 2007 Calendar year (or fiscal year beginning in) (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual 43,483 102,688 44,215 333,597 61,582 81.629 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose ... Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 333,597 102,688 81,629 43.483 61,582 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from 333,597 Section B. Total Support (e) 2011 (d) 2010 (f) Total Calendar year (or fiscal year beginning in) (c) 2009 (a) 2007 (b) 2008 44.219 102,688 333,597 9 Amounts from line 6 61,582 81,629 43.483 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 706 187 207 130 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 207 130 117 65 706 187 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 334,303 and 12.) 44,280 81,836 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 99.79% Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 99.82% Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment Income percentage for 2011 (line 10c, column (f) divided by line 13, column (f) 17 % 17 Investment income percentage from 2010 Schedule A, Part III, line 17 % 18 18 33 1/3% support tests—2011. 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 33 1/3% support tests—2010. 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

3MB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

Name of the organization Employer identification number 99-0350383 POIPU BEACH FOUNDATION, INC. Form 990-EZ, Part I, Line 16 - Other Expenses Description Amount Expenses TRAVEL 85 ... CONFERENCES/MEETINGS 36 41,259 FESTIVAL VENUE EXPENSES 1,890 MAINTENANCE SAND 5,586 Total \$ 48,856 Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances Description Amount ... UNREALIZED GAIN ON FMV OF STOCK