Form (Rev January 2020) 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 private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public
Open to Public Inspection

7	A	For the 2019 c	alendar year, or tax year beginning , and ending	(- T WISHINGTON W. X
		Clieck if applicable	C Name of organization		D Employe	er Identification number
STMARK		Address change	<u> Kapa</u> lua Resort Association			
25		Name change	Doing business as			195996
EX DATE	·—·	Ţ,	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor	
굶		Initial return Final return/	5095 Napilihau St. Ste 109B PMB 105 City or town, state or province, country, and ZIP or foreign postal code		808-	665-3747
\subseteq		terminated				. 2 100 007
Z	\prod_{i}	Amended return	Lahaina HI 96761 F Name and address of principal officer.		G Gross rec	perpls\$ 2,190,297
8	$\overline{\Box}$	Application pending	Peter Laszlo	H(a) Is this a grou	up return for s	subordinales? Yes X No
90	٠	, , , , , , , , , , , , , , , , , , ,	5095 Napilihau St. Ste 109B PMB 105	H(b) Are all subs	erdinator inc	huded? Yes No
2021			Lahaina HI 96761	1 ' '		(see instructions)
21	_	Tay ayamat status	501(c)(3) X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527	╣		,
	_	Tax-exempt status Website: ▶ k	apaluara.com	H(c) Group exen	nation aumh	or b
		Form of organization	······································	ear of formation 1		M State of legal domicile HI
	*******	22	Immary	ear or formation		m State of legal conflictie 111
	0,10	T	scribe the organization's mission or most significant activities:			
	•		rovide for the management, maintenance, protection,	. preserva	tion.	and
	Š		itectural control of the real property known as the	.		••• • • • • • •
	E .		romote the health, safety, and welfare of its member			
	& Governance		is box I if the organization discontinued its operations or disposed of more than 25	•	ets .	• • •
	<u>ග</u> නේ		of voting members of the governing body (Part VI, line 1a)		3	5
	Se		of independent voting members of the governing body (Part VI, line 1b)		4	5
	Activities		nber of individuals employed in calendar year 2019 (Part V, line 2a)		5	2
	Ç		nber of volunteers (estimate if necessary)	•••	6	5
4	•		elated business revenue from Part VIII, column (C), line 12	•	7a	0
9		b Net unrel	ated business taxable income from Form 990-T, line 39		7b	0
0				Prior Year		Current Year
96	ē		ions and grants (Part VIII, line 1h)		,800	0
7	ē	-	service revenue (Part VIII, line 2g)	2,047		2,189,563
848	ě		nt income (Part VIII, column (A), lines 3, 4, and 7d)		429	734
4	_		enue (Part VIII, column (A), lines 5, 66, 8c, 9c, 16c C TO MAED	0.406		0 100 007
10		12 Total revo	enue – add lines 8 through 11 (must equal Part VIII, solumn (A) - line (Q)	2,496	,597	2,190,297
~ -4		13 Grants ar	nd similar amounts paid (Part IX, column (A) lines 1-3) 9 2021 RECEIVE) —		0
2022			paid to or for members (Part IX, columnical) line (b)	フ <mark>ン</mark> 121	262	146 006
	ses		other compensation, employee benefits (Fartix, column (A) (Ones-5-10)		.,263	146,906
4	ĕ		nal fundraising fees (Part IX, column (A), line OCDEN (A) TJUL 1 9 2021		523622×	
0	Ехр			- 1,657	701	1,826,954
SCANNED MAY		· ·	penses (Part IX, column (A), lines 11a-11d, 11f-24e) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1 770	,044	1,973,860
$\mathbf{\Sigma}$		•	less expenses. Subtract line 18 from line 12		,553	216,437
Q	es or	15 Kevenue	iess expenses. Subtract line 10 flott line 12	Beginning of Curr		End of Year
¥	sets or	20 Total ass	ets (Part X, line 16)	1,314		1,626,945
Ę	Net Asse Fund Bat		lities (Part X, line 26)	23	,301	467,538
₹	Fue	22 Net asset	s or fund balances. Subtract line 21 from line 20	1,290	,963	1,159,407
Š		art II Sig	gnature Block	•		
13			erjury, I declare that I have examined this return, including accompanying schedules and statemen			lowledge and belief, it is
	tru	e, correct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer his	as any knowledge) 	
		 X	Dodge -			15/21
	Sig	'' I : <i>I</i> -	Spalure of officer		Date	
	Hei		Paul Subrata Treasu	ırer		
			ype or print name and title	le:		
	Dair	. "	preparer's name Preparer's signature	Date	Check	L] If PTIN
	Paid	arer Grecen	en Kremeyer Gretchen Kremeyer		21 self-em	
	•	Fillins hai		Fir	m's EIN	99-0303190
	USB	Only	1885 Main St Ste 408			000 040 5000
		Firm's add		Ph	опе по	808-242-5002
			s this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	X Yes No
	For I	raperwork Redu	ction Act Notice, see the separate instructions.			Form 990 (2019)

	<u>Kapalua Resort <i>P</i></u>		0195996	Page 2
	tatement of Program Sei	•	. 5	
		<u>ns a response or note to any line in t</u>	nis Part III	
o prov		gement, maintenance, p		
		of the real property kn		Resort, a
o promo	ote the health,	safety, and welfare of	its members.	
-	· · · · · · · · · · · · · · · · · · ·	nt program services during the year which we	e not listed on the	
•	90 or 990-EZ? .cribe these new services on Scl	nedule O	Ĺ	Yes X No
-	nization cease conducting, or m	ake significant changes in how it conducts, an	y program	
services? If "Yes." des	cribe these changes on Schedu	le O	Į	Yes X No
		accomplishments for each of its three largest	program services, as measured by	
	Section 501(c)(3) and 501(c)(4) or services, and revenue, if any, for ϵ	organizations are required to report the amoun	of grants and allocations to others,	
the total exp				
(Code		25,131 including grants of\$ zion maintains and prot		189,563)
		shuttle services for th		
		ouild and maintain a co		
-				
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(Code) (Expenses \$	including grants of\$) (Revenue \$)
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*.) (Expenses \$	including grants of\$) (Revenue \$	
` .) (Expenses \$	including grants of\$		
*.) (Expenses \$	including grants of\$		
*.) (Expenses \$	including grants of\$		
A Other progra	am services (Describe on Sched	ule O)		,
(Expenses \$	am services (Describe on Sched	ule O)		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	_	х	
		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		х
-	"Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,	x	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Λ	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ا		х
^	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		Λ
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		· (1)-'E	
• • •	VII, VIII, IX, or X as applicable		11. 1	del s
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	i. ≡ ₹	4 .8 .	_ =
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	""		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	- 1	x
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ŀ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	I	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

	in the state in the state of th					,	,
•						Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		١		D D		L E
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2				= =
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax		s7		2b	X	
0 -	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)			==	꾜	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche				3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of		•		4.		٠.
L.	a financial account in a foreign country (such as a bank account, securities account, or other fina	nciai a	iccount)	,	4a	j 🗆	X
D	If "Yes," enter the name of the foreign country	nal Aa	aaunta /	EDAD)	口口		
E a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		counts (FDAR)	5a	بالمتابعات	X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		on2		5a		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	IISacti	OH,		5c		122
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	lid the			130		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	iid tiic			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contri	hutions	s or		<u> </u>		
~	qifts were not tax deductible?	JU., J., .	· ·		6b		
7	Organizations that may receive deductible contributions under section 170(c).					îË	ΠÉ
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ao	ods		显	這	
_	and services provided to the payor?	34			7a	-	
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	ıt was					
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			ن ا	7-17	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit con	tract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization fil	e Forn	n 8899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	anızatı	on file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	tained	by the		_	تحت أ	<u> </u>
	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.					17 7	
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•			9b		
10	Section 501(c)(7) organizations. Enter		Ī			1	III E
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			- 	ı in	l-: -
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1 E	
11	Section 501(c)(12) organizations. Enter	1 1	I			ם נ	13 E
а	Gross income from members or shareholders	11a				ī	ď,
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them)	[11b]				تتا	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		10417		12a	J	1.4 E
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[12b]			ΪÀ	i'n	ا ا
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				⊢ `	<u>, , , , , , , , , , , , , , , , , , , </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?				<u>الا</u>	قبو يد	بو د.
h	Note: See the instructions for additional information the organization must report on Schedule O				ם מינ	ם נ	lo h
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	13ь			П	1 1	ם מ
С	Enter the amount of reserves on hand	13c			_ b_	3 0	er ja
14a	Did the organization receive any payments for indoor tanning services during the tax year?	1301			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch	edule	0		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem						
	excess parachute payment(s) during the year?				15		х
	If "Yes," see instructions and file Form 4720, Schedule N				<u></u>	30	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investr	nent in	come?		16	شند	X
	If "Yes," complete Form 4720, Schedule O		· · · •		, II	יִם ב	п и
							(2010

orm	, 990 (201	9) Kapalua Resort Association 99-0195996		P	age (
	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and f		_
	<u> </u>	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C			
•		Check if Schedule O contains a response or note to any line in this Part VI			X
ec	tion A.	Governing Body and Management			
				Yes	No
а	Enter the	number of voting members of the governing body at the end of the tax year			
	If there a	re material differences in voting rights among members of the governing body, or			
		verning body delegated broad authority to an executive committee or similar			
	committe	ee, explain on Schedule O	}		
b	Enter the	number of voting members included on line 1a, above, who are independent 1b 5			
		officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	-	r officer, director, trustee, or key employee?	2	-	X
;	-	organization delegate control over management duties customarily performed by or under the direct			
		on of officers, directors, trustees, or key employees to a management company or other person?	3		X
		irganization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
;	Did the o	irganization become aware during the year of a significant diversion of the organization's assets?	5		X
;	Did the o	irganization have members or stockholders?	6	X	
а		organization have members, stockholders, or other persons who had the power to elect or appoint			
		ore members of the governing body?	7a	X	
b	Are any	governance decisions of the organization reserved to (or subject to approval by) members,			
	•	ders, or persons other than the governing body?	7b	X	
		rganization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		
а		erning body?	8a	X	
b	Each cor	nmittee with authority to act on behalf of the governing body?	8b	X	
		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		nization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec		Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode)	
				Yes	No
а	Did the o	rganization have local chapters, branches, or affiliates?	10a		X
b	If "Yes,"	did the organization have written policies and procedures governing the activities of such chapters,			
		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
а	Has the	organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe	in Schedule O the process, if any, used by the organization to review this Form 990			
		rganization have a written conflict of interest policy? If "No," go to line 13	12a		X
		icers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the o	rganization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		in Schedule O how this was done	12c		
	Did the o	rganization have a written whistleblower policy?	13		X
ļ	Did the o	rganization have a written document retention and destruction policy?	14		X
;	Did the p	rocess for determining compensation of the following persons include a review and approval by			
	ındepend	lent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 1		
а		nization's CEO, Executive Director, or top management official	15a	X	
b	Other off	icers or key employees of the organization	15b	Х	
	If "Yes" to	b line 15a or 15b, describe the process in Schedule O (see instructions)			
a		rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a tax	cable entity during the year?	16a		X
b	If "Yes,"	did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participat	tion in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organizat	tion's exempt status with respect to such arrangements?	16b	,	
ec		Disclosure			
		tates with which a copy of this Form 990 is required to be filed ▶ None			
}		5104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
) available for public inspection. Indicate how you made these available. Check all that apply.			
	<u> </u>	website Another's website X Upon request Other (explain on Schedule O)			
)	_	on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
		statements available to the public during the tax year			

20 State the name, address, and telephone number of the person who possesses the organization's books and records >

5095 Napilihau St Ste 109B PMB 105

HI 96791

808-665-3747

Lahaina

Kapalua Resort Association

Form 990 /	2019)	Kanalua	Regort	Association
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99-0195996

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

Check if Schedule O contains a response or note to any line 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. 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. See instructions for the order in which to list the persons above

(A) Name and title	and title Average hours per week					than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director		of Officer		Highest compensated employee		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1)Peter Laszlo											
President	1.00	x		x				ا		4	
(2) Mike Kass	0.00	^	-	^	_			0	0	(
(2)MIRE RABB	1.00										
Vice President	0.00	x		x				0	o	(
(3) Paul Subrata									_		
	1.00										
Treasurer	0.00	X		X				0	0	(
(4) Alex Nakajima					l						
	1.00								_ [
Secretary	0.00	X		X		Н		0	0	(
(5) Patrick Nan Shi											
Director	1.00 0.00	X						o	o	(
(6) Lynda Lyons	0.00	^		\vdash		Н		0	- 0		
(0) Lynda Lyons	40.00			l							
Association Manager	0.00			x				98,786	o	13,369	
(7) Paul Brown											
	40.00										
Former Assn Mgr	0.00			X				32,220	0	2,12	
(8)											
(9)	<u>-</u> .					-					
10)											
(11)	-	\vdash	\vdash				_				

(A) Name and title	(B) Average hours per week (list any	(do box	not c	Posi heck r	tion more	than c s both r/truste	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
								121 006		45.404
1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c)							> >	131,006		15,494
Total number of individuals (reportable compensation from				o the	ose	listed	ab	ove) who received more t	han \$100,000 of	Yes No
 Did the organization list any employee on line 1a? If "Yes For any individual listed on line organization and related organization." 	; <i>" complete Sch</i> ne 1a, is the sur	e <i>dule</i> n of i	e <i>J fe</i> repo	or su rtabl	ich i e co	<i>ndıvı</i> mpe	<i>dua</i> nsa	nt ation and other compensa	tion from the	3 X 4 X
5 Did any person listed on line for services rendered to the c	organization? If								on or individual	5 X
Complete this table for your compensation from the organ	five highest com							endar year ending with or	within the organization's	
Name and SpeediShuttle	(A) I business address			1	50	D	ah	Descrip	(B) tion of services	(C) Compensation
Kahului Haiku Landscape Cor		9	<u>67</u> :	32	95		S	huttle Servi ai Waa St. #W20		569,700
Kihei	-	96	75	<u> 3 -</u>	57	<u> od</u>	L	andscaping	· -	499,183
Allied Universal Pasadena	CA	9:	21		·o —	Воз		ecurity		302,867
							_			
2 Total number of independent received more than \$100,000									3	D D D D B Form 990 (2019)

Pa	ırt V			of Revenue nedule O cor	ntains	a resp	onse or n	ote to any line ir	n this Part VIII		
	-		 			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gits, Grants and Other Similar Amounts	1a b c	Federated camp Membership du Fundraising eve	es ents		1a 1b 1c			J			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
utions, Gir ner Sim⊪ar	d e f	Related organiz Government grants (c All other contributions and similar amounts n	ontributi , gifts, g	ions) rants	1d 1e			•	, ,	ı	
Sontrib and Oth	q	Noncash contributions Total. Add lines	includo	ed in linos 1a 1f	1f 1g	\$,		
<u> </u>		i Otal. Add lines	1a-	[1			Business Code				
a ∪	2a	Vaintonana		.aaaamanta			531310	1,889,106	1,889,106		
Program Service Revenue	Za h	Maintenanc					531310				<u> </u>
Se S	b	Enhancemen					531310				
E S	C	Reserve As	sess	ments			331310	36,634	30,034		
<u></u>	d										
P	е										
	1	All other progra					L				
	g	Total. Add lines					<u> </u>	2,189,563			
	3	Investment inco	me (ı	ncluding divide	nds, ıni	terest, an	d				
		other similar an	nounts	s)			>	734			734
	4	Income from inv	/estm	ent of tax-exem	pt bon	d proceed	ds 🕨				
	5	Royalties					>				
				(I) Real		(ii) P	ers) แเคโ				
	6.3	Gross rents	ųа				1-2 / 1 2 9				
		Less rental expenses								'	
		Rental inc or (loss)	6 _L					i			,
				(1)							
		Net rental incon	ile oi	 		1	Othi				
		Sales of reads.	_	(i) Secundia		(11)	Other		·		'
4		Other than inventory	7a				rear a tri	i			
ğ	Ь	Lenal cost or other				ļ					
-a		basis and sales exps	7ს						. 1		
æ	ί	Cain or (loss)	7с								
ē	d	Net gain or (los:	s)				•				
Other Revenue	8a	Gross income from	n <mark>fund</mark> r	aising events				,			
_		(not including \$								1	<u>}</u>
		of contributions re	ported	on line 1c)							
		See Part IV, line 1			8a			,			
	h	Less. direct exp		e	8b					*	-
		Net income or (e					
		Gross income from			l eveni	.3					
	34		-	ng activities	ا ما						į į
		See Part IV, line 1			9a						į į
		Less: direct exp			9b					<u> </u>	
		Net income or (tivities		<u> </u>				1
	10a	Gross sales of i		•					-		} .
		returns and allo			10a			1	, - j, - j		
	b	Less cost of go	ods s	old	10b						
	С	Net income or (loss) 1	from sales of in	ventory		>				
S							Busmoss Code	4	1	, .	
6 e	11a										
au	ь										
Miscellaneous Revenue	c									-	· -
<u>`</u> <u>S</u> S	4	All other revenu	e								
2		Total. Add lines		-11d							1
		Total revenue.					<u> </u>	2,190,297	2,189,563	0	734
	14	Jan ievenue.	JUC I					_,,	_,,		

Form 990 (2019) Kapalua Resort Association Part IX Statement of Functional Expenses

<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations mus			st complete column (A)	
	Check if Schedule O contains a re			(0)	1 (0)
	ot include amounts reported on lines 6b, Bb, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				多型混塑物的
2	Grants and other assistance to domestic				具具具短短 型。
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	146,906	132,215	14,691	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				ļ
_	section 401(k) and 403(b) employer contributions)				· · · -
9	Other employee benefits			, <u> </u>	
10	Payroll taxes Fees for services (nonemployees)	-			
11	Management				
	Legal	1,746	1,309	437	
	Accounting	3,801	2,851	950	
	Lobbying	3,002		750	
	Professional fundraising services See Part IV, line	7		State to the term of the state of	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ţ	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	702	702		
13	Office expenses	58,773	49,910	8,863	
14	Information technology	2,830	2,122	708	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expense				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-		
20	Interest				
21	Payments to affiliates	14,960	14,960		
22 23	Depreciation, depletion, and amortization Insurance	42,701	38,431	4,270	
24	Other expenses Itemize expenses not covered	12//U	* * * * * * * * * * * * * * * * * * *		العامين والعامة والمراسي المالي
	above (List miscellaneous expenses on line 24e If	: 財産審別實際機	HERBERSHI	深 學 聚 版 机 雅 雅	
	line 24e amount exceeds 10% of line 25, column			医复数医医肾 医	日 医 军 触 取 明 识 好
	(A) amount, list line 24e expenses on Schedulc O)	異 重 東 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳 耳	黑	智慧克麗問題。	医具质阻断对风
а	Shuttle Service	620,223	620,223		
b	Landscaping	586,632	586,632		
С	Security	281,898			
d	Repairs and Maintenance	79,490	79,490		
е	All other expenses	133,198			
25	Total functional expenses. Add lines 1 through 24e	1,973,860	1,925,131	48,729	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X	В	alance	е	Shee	t

Part	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			1.1
•	Check it Schedule O contains a response of note to any line in this Y art X	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	549,822	1	535,077
2	Savings and temporary cash investments	242,972	2	463,150
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	71,856	4	46,983
5	Loans and other receivables from any current or former officer, director,		Ţ	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	147,081
10	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 448,800			
t	Less accumulated depreciation 10b 14,960	448,800	10c	433,840
11	Investments—publicly traded securities		11	
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	814	15	814
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,314,264	16	1,626,945
17	Accounts payable and accrued expenses	16,347	17	28,211
18	Grants payable		18	
19	Deferred revenue	6,954	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to any current or former officer, director,			
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	trustee, key employee, creator or founder, substantial contributor, or 35%			
iab 	controlled entity or family member of any of these persons		22	
그 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 (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	439,327
26	Total liabilities. Add lines 17 through 25	23,301	26	467,538
တ္က	Organizations that follow FASB ASC 958, check here			
2	and complete lines 27, 28, 32, and 33.			
등 27	Net assets without donor restrictions		27	
<u>m</u> 28			28	
Š	Organizations that do not follow FASB ASC 958, check here ▶X		Ī	
ř	and complete lines 29 through 33.		ŀ	
ပ္က 29	Capital stock or trust principal, or current funds		29	_ ·
8 30	· · · · · · · · · · · · · · · · · · ·		30	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	1,290,963	31	1,159,407
萝 32	Total net assets or fund balances	1,290,963	32	1,159,407
33	Total liabilities and net assets/fund balances	1,314,264	33	1,626,945 Form 990 (2019)

Form **990** (2019)

orn	1990 (2019) Kapalua Resort Association 99-0195996				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					_X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,19	90,	297
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 9'	73,	860
3	Revenue less expenses Subtract line 2 from line 1	3	_	2:	Ĺ6,	<u>437</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,29	90,	963
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-34	17,	993
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	,15	59,	<u>407</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				· -	7" -
	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?		Ļ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		į		-	
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		.			
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			- :	1	-
	separate basis, consolidated basis, or both		ŀ			
	X Separate basis		-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on		-	٠ .	-	-
	Schedule O					اتــــا
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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ł			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		I

Form **990** (2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www irs gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations. Complete Part	. 111			
	e of organization			Employer ider	ntification number
	Kapalua Resort Asso	ociation		99-01959	96
Pai	t I-A Complete if the organization is exe	empt under section 50°	1(c) or is a sec	ction 527 organi	zation.
1	Provide a description of the organization's direct and inc	firect political campaign activi	ties in Part IV (se	e instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions	s)		▶ \$	
3	Volunteer hours for political campaign activities (see ins				
Pa	rt I-B Complete if the organization is exe		1(c)(3).		
1	Enter the amount of any excise tax incurred by the orga	nization under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organiza	ition managers under section	4955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
-	Was a correction made?				Yes No
	If "Yes," describe in Part IV	4 1 4	44.		
Pa	rt I-C Complete if the organization is exe			ection 501(c)(3).	
1	Enter the amount directly expended by the filing organiz	ation for section 527 exempt	function		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contri	buted to other organizations f	or section		
_	527 exempt function activities		501	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 I	enter here and on Form 1120	-POL,	. .	
	line 17b	•		▶ \$	П у П и.
4	Did the filing organization file Form 1120-POL for this year.		27 14 1		Yes No
5	Enter the names, addresses and employer identification	, ,	, -		-
	organization made payments. For each organization list				
	the amount of political contributions received that were p	· •		•	
_	as a separate segregated fund or a political action commence of the segregated fund or a political action commence of the segregated fund or a political action commence of the segregated fund or a political action comme		1		T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)					
''					!
(2)					
-,					
(3)					
-,					
4)		-			
5)					
,					
(6)					
,					

Schedule C (Form 990 or 990-EZ) 2019 Kapa	alua Resort	Associati	.on	9	9-0195996	Page 2
Part II-A Complete if the orga	nization is exem	pt under section	on 501(c)(3)			
<u>section 501(h)).</u>						
A` Check ► ☐ if the filing organization				each a	ffiliated group me	mber's name,
address, EIN, expen						
B Check ▶ ☐ If the filing organization			of provisions	apply.		
Limits on Lo	bbying Expendi	tures			(a) Filing nization's totals	(b) Affiliated
(The term "expenditures"				- Organ	iization's totals	group totals
1a Total lobbying expenditures to influence	•					
b Total lobbying expenditures to influence	-	ilrect lobbying)				
c Total lobbying expenditures (add lines	ra and rb)					
 d Other exempt purpose expenditures e Total exempt purpose expenditures (a) 	dd lines 1e and 1d)					
f Lobbying nontaxable amount Enter th		owing table in both				
columns	e amount nom me ion	owing table in both				
If the amount on line 1e, column (a) or (b	N is The Johnving no	ntaxable amount is:	1			
Not over \$500,000	20% of the amou					
Over \$500,000 but not over \$1,000,000		% of the excess over \$	500.000		}	
Over \$1,000,000 but not over \$1,500,000	 	% of the excess over \$			ì	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1	,500,000			
Over \$17,000,000	\$1,000,000					
g Grassroots nontaxable amount (enter	25% of line 1f)					
h Subtract line 1g from line 1a If zero or	less, enter -0-					
i Subtract line 1f from line 1c. If zero or	less, enter -0-					
j If there is an amount other than zero o	n either line 1h or line	1i, did the organizat	tion file Form 4	720		
reporting section 4911 tax for this year	?					Yes No
	4-Year Averagi	ng Period Under	Section 501(h)		
(Some organizations that made			-		of the five colur	nns below.
:	See the separate ir	nstructions for lir	nes 2a throug	jh 2f.)		
L	obbying Expenditu	res During 4-Yea	r Averaging	Period		1
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 201	8	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column (e))			-	+		
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))			 			
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

4

5

Schedule C (Form 990 or 990-EZ) 2019 Kapalua Resort Association

Part IV Supplemental Information (continued)

99-0195996

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection #

OMB No 1545-0047

Employer identification number Name of the organization 99-0195996 Kapalua Resort Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II i Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 1.20 b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 1 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶1 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes X No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 12 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) X Yes No and section 170(h)(4)(B)(ii)? In Part XIII, 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items \$ Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2019 Kapalua					195996	Page 2
Part III Organizations Maintain						
 Using the organization's acquisition, accerding collection items (check all that apply) 	ession, and other rec	ords, check any of th	e following ti	nat make s	significant use of its	5
a Public exhibition	d 🗍	Loan or exchange pr	rogram			
b Scholarly research	е 🗍	Other				
c Preservation for future generations						
4 Provide a description of the organization'	s collections and exp	lain how they further	the organiza	ation's exe	mpt purpose in Pa	rt
XIII		,	ŭ			
5 During the year, did the organization soli					ar	
assets to be sold to raise funds rather the		as part of the organiza	ation's collec	tion?		Yes No
Escrow and Custodial A Complete if the organization		es" on Form 990	Dart IV I	ine Q or	r reported an ai	mount on Form
990, Part X, line 21.	ion answered i	es on Form 990	, Fail IV, I	iiie 9, Oi	reported an ai	nount on Form
1a Is the organization an agent, trustee, cus	todian or other intern	nediary for contribution	ons or other	assets not		
included on Form 990, Part X?						☐ Yes ☐ No
b If "Yes," explain the arrangement in Part	XIII and complete the	e following table				
in the contract of the contrac		,				Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount of	n Form 990. Part X.	line 21, for escrow or	custodial ac	count liab		Yes No
b If "Yes," explain the arrangement in Part						
Part V Endowment Funds.		-				
Complete if the organizat	ion answered "Y	es" on Form 990	, Part IV, I	ıne 10.		
	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four years back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and						
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	current vear end bala	ance (line 1g. column	(a)) held as			
a Board designated or quasi-endowment		, 5.	, ,,			
b Permanent endowment ▶ %	ı					
c Term endowment ▶ %						
The percentages on lines 2a, 2b, and 2c	should equal 100%					
3a Are there endowment funds not in the po		nization that are held	and adminis	tered for t	he	
organization by						Yes No
(i) Unrelated organizations						3a(i)
(ii) Related organizations						3a(ii)
b If "Yes" on line 3a(ii), are the related orga	nizations listed as re	quired on Schedule F	२७			3b
4 Describe in Part XIII the intended uses of						
Part VI Land, Buildings, and Ed						
Complete if the organizat	ion answered "Y	es" on Form <u>990</u>	, Part IV, I	<u>ıne 11a.</u>	See Form 990	, Part X, line 10.
Description of property	(a) Cost or other				ccumulated	(d) Book value
	(investment) (oth	ner)		preciation	
1a Land				្នា ជ.្	្នា និង ន	
b Buildings		4	48,800		14,960	433,840
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e (Column (d) me	ust equal Form 990,	Part X, column (B), lii	ne 10c)		▶	433,840

DAA

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Contract Liability - Reserve Fund	439,327
(3)	
(4)	·
(5)	
(6)	
(7)	 ·
(8)	
(9)	 <u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	 439,327

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

X

Sche	edule D (Form 990) 2019 Kapalua Resort Association	99-019599	96	Page 4
Pa	irt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Reti	ırn.
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,190,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a] , [
b	Donated services and use of facilities	2b] -,	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,190,297
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,190,297
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		er R	eturn.
	Complete if the organization answered "Yes" on Form 99), Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,973,860
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	-	
þ	Prior year adjustments	2b	-	
C	Other losses	2c	.	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	1,973,860
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,973,860

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, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information
Part II, Line 9 - Accounting for Conservation Easements

In December 2018, the Association received a parcel of land from a donor for conservation easement purposes. Since the land is designated for public use, it falls under the common area designation and is not recorded by the Association.

Part X - FIN 48 Footnote

Part XIII | Supplemental Information.

The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties if any, are included in expenses in the statements of activities. As of December 31, 2017, the

Part XIII. | Supplemental Information (continued)

Association has analyzed its tax positions and believes that all are more likely than not to be sustained upon examination. The Association is generally no longer subject to examination by the Internal Revenue Service for years before 2016.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Kapalua Resort Association

Employer identification number 99-0195996

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

Kapalua Resort Association is made up of 12 separate developments, with separate boards. Each landowner has the ability to vote in their respective boards, and each board is then given a vote in Kapalua Resort Association as a whole. There are no separate classes of members, however larger developments provide for addition dues, and a larger portion of the vote.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Each landowner has voting rights based on the size of the property and type

of use of the member's property, and the rights of membership are subject

to the payment of assessments levied by the Association.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
Members elect Directors for their respective Association Boards, and adopt
amendments to the governing documents for the entire Association.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy of the Form 990 is provided to the Board for approval prior to filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of the appointed Association Manager is determined based on a review of compensation of similar positions in comparable entities on Maui, and related experience.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

Kapalua Resort Association

99-0195996

Form 990, Part VI, Line 15b - Compensation Process for Officers

No Director shall receive compensation for any services rendered to the Association.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents, including the Form 990, are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Section 481(a) adjustment \$ -347,993