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## **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)

OMB No 1545-0047

Department of the Treasury

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

A F	or the	e 2009	cale	ndar year, or tax	year beg	ginning		<u>-</u>	,	2009, ar	nd ending			, 20	<u>.                                    </u>
B cr	eck if app	plicable	Please	C Name of organiza	tion LAHA	INALUN	A HI	GH S	CHOOI	FOUN	DATION	D Employ	yer identificat	ion numb	er
	Addres		use IRS label or	Doing Business As	3			•				99-0	348748		
	7		print or	Number and stree	et (or PO bo	ox if mail is r	not delive	red to str	eet addr	ess)	Room/suite	E Teleph	one number		
	Initial	return	type See	P.O. BOX 1	1617							( )	_		
-	Termin		Specific	City or town, state	or country,	and ZIP + 4						1			
$\vdash$	Amend		instruc- tions.	LAHAINA, H	•							G Gross	receipts \$		380,219.
$\vdash$	return Applica			me and address of								<del></del>	a group return f		Yes X No
	pendin				·· piirioipai c	,,,,,,,,,						affiliat	es?		Yes No
_				V		r i			T 1-			<b>⊣</b> ''	Il affiliates includ		
		empt sta		X 501(c)(3)			4947(a			27	<del></del>	-{	o," attach a list (s		.ons)
				LAHAINALUNA	HIGHSC	HOOLFC	JUNDA	1					exemption num		
	_	of organi		Corporation	Trust	Associat	ion	Other	<u> </u>		L Year of forma	ition	M State of	legal don	nicile
Pa			nmary									•			
	1	Briefly	descri	be the organizatio	n's missior	or most s	ignificar	nt activit	ies:	======					
ģ				RATE SUPPOR								RPORATI	LONS TO		
auc		BENE	FIT	THE LAHAIN	ALUNA I	HIGH S	CHOO	L AND	ITS	STUDE	ENTS.				
Ē					<b></b> .			<b></b>		<b></b>					
Governance	2	Check	this bo	ox 🕨 🔙 if the o	rganizatior	discontin	ued its	operati	ons or o	disposed o	f more than 259	% of its net	assets		
ಶ	3	Numbe	er of vo	oting members of t	he governi	ng body (P	art VI, li	ine 1a)					3		13
				dependent voting											13
Activities				of employees (Par										· · · · · · · · · · · · · · · · · · ·	0
ć				of volunteers (esti										<del></del>	200
•				nrelated business		•			17				7.		
		_		business taxable								· · · · ·			
		ING! UII	CIBICI	T DUSINESS TAXABLE	monie no	1111 01111 33	70-1, IIII		<u> </u>	<del></del>	1	Prior Y		Curre	ent Year
		8 Contributions and grants (Part VIII, line 1h)											7,543.		372,947.
<u>n</u> e	0	Contri	outions	and grants (Part )	/III, line III)	'					⊢		5,125.		0.
Revenue	9	0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									· · · · · ⊢		0,206.		7,272.
æ													0.		0.
												4.5.0			
	-			e - add lines 8 thro					ı (A), lın	e 12)			2,874.		380,219.
				ımılar amounts pai								218	3,416.		213,832. 0.
				to or for members									0.		
ŝ	15												0.		
SUS	16a	Profes	sional	fundraising fees (F	art IX, colu	mn (A), lin	e 11e)				崖	15	5,000.		0.
Expenses	b	Total f	undrai	sing expenses, Par	t IX, columi	n (D), line :	25) 🕨		19,9	33.					
ш	17	Other	expens	ses (Part IX, colum	n (A), lines	11a-11d.	1.1f-24f)	175-6	$\overline{\ldots}$	1	L		6,036.		88,786.
	18	Total e	expens	ses (Part IX, colum es Add lines 13-1	7 (must eq	ual Pa	-Corlimi	λ\ <u>A</u> ;-iπ	ie 25)			359	9,452.		302,618.
	19			s expenses Subtra	· · ·				(			93	3,422.		77,601.
0 S					1	מ אור	W 1	5 201	×	2		Beginning	of Year	End	of Year
ang	20	Total a	ssets	(Part X, line 16)	\	00   33 	) ¥ =	0	\ 6			2,548	3,551.	2,	669,936.
Ass	21	Total I	abilitie	es (Part X. line 26)					ئا تىسىنىڭ مىد	=1					0.
Net Assets or Fund Balances	22	Net as	sets o	r fund balances S	ubtract line	21 from	ade	N	<u> </u>	:::لب		2,548	3,551.	2,	669,936.
	rt II	Sic	natur	e Block							· · · · · · · · · · · · · · · · · · ·				
	ign ere	and b	Signatu Ro	ies of perjury, I decl is true, correct, and with W. Ire of officer best W.	are that I had complete well work.	Declaration	of pres	retum, in parer (ot	her than	accompany officer) is	ying schedules ai based on all in	formation of	which prepa	rer has a	ny knowledge
_		+	•						ח	ate	Check if		Preparer's i	dentifying	number
Paic	1	Prepa		$\rho$		7	/1		ΝŲ		2040 self-		(see instruct	tions)	1/5
Pre	parer's	's													
Use	Only	If self-	employ	04)							T 06702	EIN			
	. Al= ·		s, and		MAIN S						I 96793	Phone no	▶ 80	8244-	
ма	/ the li	KS dis	cuss ti	nis return with the	preparer sh	own above	:? (see i	instructii	ons),					X Ye	es No

Ρa		atement of Program Service A	ccomplishments		
1	Briefly des	cribe the organization's mission	DIVIDUALS, FOUNDATIONS, A	ND CORPORATIONS	_
			HIGH SCHOOL AND ITS STUDE		
	•				
			ficant program services during the year chedule O		Yes No
3		ganization cease conducting, o	r make significant changes in how it o	conducts, any program	Yes No
4	Describe t Section 50	escribe these changes on Sched he exempt purpose achievemer 01(c)(3) and 501(c)(4) organizat		argest program services by expense required to report the amount of gra	
4a	(Code <sup>-</sup>		19,725 including grants of \$	) (Revenue \$	)
	PROVIDE	S FOR VARIOUS SCHOOL	AND STUDENT ACTIVITIES.		
			······································		
					<u></u>
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
			<del></del>		· · · · · · · · · · · · · · · · · · ·
					***
			· · · · · · · · · · · · · · · · · · ·		
40	(Code	\(Expanses \$	including grants of \$	) (Revenue \$	
70		/(Expenses #	morealing grants or w	) (Nevenue #	
<b>4</b> d		gram services (Describe in Sche	•		· · · · · · · · · · · · · · · · · · ·
4-	(Expenses			\$ )	
4 e	lotal pro	gram service expenses ▶	219,725.		

Form 9	90 (2009) 99-0348748		F	Page 3
Part	<u> </u>			
			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	x l	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Programme in the contract of t	3	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			х
_	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_ ]		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	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? If "Yes,"			.,,
	complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	l		i
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			$\Box$
	Schedule D, Part VI			
•	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	- 1		
•	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	. `		
•	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.	(તેમાં છે <sub>.</sub>		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	- "		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's Separate of Consolidated Inflational Statements for the Cax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12	complete Schedule D, Parts XI, XII, and XIII	12		$\frac{1}{x}$
424	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	12		$\vdash \stackrel{\cdots}{\vdash} $
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	148		<u> </u>
Ь				х
4-	, , ,	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>  ^</u>
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 United States? If "Yes," complete Schedule F, Part III	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	17		X
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>	X
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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Par	Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Х	
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	^	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			x
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	-	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ŀ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24 a	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? If "Yes," answer lines			х
	24b through 24d and complete Schedule K If "No," go to question 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С				
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a		25-		х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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	256		x
••	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		X
~~	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	20		<u> </u>
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?			
	If "Yes," complete Schedule L Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204	<u> </u>	<b></b>
J	Schedule L, Part N	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1333		
Ū	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L		}	
	Part N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		ļ
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			1
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R,			
	Part VI	37		X
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		X
		_	000	

Part	Statements Regarding Other IRS Filings and Tax Compliance		. 1	
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1	
	U.S. Information Returns Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.		
	gaming (gambling) winnings to prize winners?	1 c		
	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 0	26		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b		
	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	· · · · · · · · · · · · · · · · · · ·	3a		Х
	this return?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del></del>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
	If "Yes," enter the name of the foreign country: ▶	,,,,,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	·		
	and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	1	
	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		X
	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).			
а	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?	7 a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е		5 %	, ii	*
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<b> </b>		
_	required?	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	8		Х
_	organization, have excess business holdings at any time during the year?	· · ·	,	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	9a		Х
	Did the organization make any taxable distributions under section 4966?	9 b		X
		30	<del>                                     </del>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		]	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		1
	Gross income from members or shareholders	1	ا ت	
J	amounts due or received from them.)	′		
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	1.40	1	L
	The second of th			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
		4		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			$\frac{x}{x}$
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		Χ
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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	9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
11	•	11		Х
44.	form?	<del>' ' '</del>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		Х
12a		124		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule Ohow this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b		15b		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )			
16a				
	with a taxable entity during the year?	16a		Х
<b>h</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		İ	
		465	<del></del>	
500	the organization's exempt status with respect to such arrangements?	1160		Ь
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
_	policy, and financial statements available to the public.			
20		ho		
	State the name, physical address, and telephone number of the person who possesses the books and records of torganization ► ROBERT SHELTON 20 ALAELOA #20 LAHAINA, HI 96761	, IC		
	(808) 669-8803			

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

X Check this box if the organization did not compensate any current officer, director, or trustee

- 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. Use Schedule J-2 if additional space is needed.
- 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. 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.

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee			all Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ANDREW KUTSUNAI										
SCHOLARSHIP CHAIR	1.00	X		Ì				0.	0.	C
ALEXANDER K ROSS ALUMNI&COMM.RELATION	.10	Х						0.	0.	C
DARCEL GILBERT										
PERFORMING ARTS/CULTURE CHAIR	.25	Х					_			
WALTER P VIERRA			1	ļ		1				
FINANCE CHAIR	.50	Х		_				0.	0 .	(
MARK TILLMAN		١	1							,
ATHLETIC CHAIR	.50	X				<u> </u>		0.	0.	
SUSAN YAP HIST. & CULT.PRESERV. CHAIR	.10	Х						0	. 0.	. (
MICHAEL NAKANO GRANTS AND SPONSHORSHIP CHAIR	.50	X						0	. 0	. (
LESTER NAKAMOTO	.10	Х				ļ		0	. 0	(
RICHARD "NOOSH" NISHIHARA COMMUNITY EVENTS CHAIR	.50	Х						0	. 0	. (
MATTHEW ERICKSON	.10	х						0	. 0	. (
ROBERT W SHELTON PRESIDENT	8.00			Х				0	. 0	, (
IVY HUERTER TREASURER	.50			х				0	. 0	. (
NANCY CROSS			$\Box$		Г	1	$\top$			
VICE PRESIDENT	.50			Х		1	_	0	. 0	

Part VII	Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	ye	es,	and H	ligl	hest Compensat	ed Employ	ees (c	ontinue	d)
	(A) Name and title	(B) Average	Posit	tion (	chec	_	that app		(D) Reportable	(E) Reportal		Esti	(F) mated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensa from rela organizat (W-2/1099-	ited ions	of composition from organ and	eunt of ther ensation m the inization related izations
			ļ										
	· · · · · · · · · · · · · · · · · · ·											_	
												_	
1b Total	<u> </u>					<u></u>	<u></u>	<u> </u>	0.		0.		0.
	number of individuals (including but not able compensation from the organization		hose (	_	d a	bov	e) who	o re	eceived more than	\$100,000 ir	1		
													Yes No
3 Did the	ne organization list any former offic yee on line 1a? If "Yes," complete Sched	er, directoule J for su	or or ch ind	trı <i>lıvıd</i>	uste lual	e,	key e	mp	oloyee, or highes	t compens	ated	3	Х
the or	ny individual listed on line 1a, is the ganization and related organizations ual	greater th	nan \$	150	00,0	00?	If "Y	es, '	" complete Sched	ule J for s	such	4	x
5 Did a	ny person listed on line 1a receives rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	satio	on fro	m	any unrelated of	rganization	for	5	X
	. Independent Contractors	complete	30/100	1010	0 10	7 34	cii poi	30,	<u>'' </u>	• • • • • •	• • • •		
1 Comp	ete this table for your five highest ensation from the organization	compensa	ted ir	ndep	pen	den	cont	rac	ctors that receive	d more tha	an \$10	0,000	of
	(A) Name and business add	ress	<del></del>						(B) Description of se	rvices	C	(C) Compensation	
								-					
								1					
-							-	+					
2 Total	number of independent contractors (ii	ncluding b	ut no	t lin	nıte	d to	thos	ie I	listed above) who	received	<del></del>	<del></del>	<del></del>
	han \$100,000 in compensation from th						0		,		,		

	t÷VIII				99-0348748		raye J
				(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 b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations	372,947				
	g h	Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f		372,947			
Program Service Revenue	2a b c	PUBLIC SUPPORT	Business Code				
Program	e f g	All other program service revenue	, ▶	0			
	3 4 5	Investment income (including dividends, inter other similar amounts). ATTACHMENT Income from investment of tax-exempt bond properties.	3 ▶ proceeds ▶	7,272. 0 0.	7,272		
	6a b c	Gross Rents					
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		*		·	
Other Revenue		Net gain or (loss)			en constant		
ŏ	1	Net income or (loss) from fundraising events  Gross income from gaming activities.  See Part IV, line 19 a					
	b c	Less direct expenses b  Net income or (loss) from gaming activities .		0.			
	}	Gross sales of inventory, less returns and allowances a					
	b c	Less. cost of goods sold		0.		-	
	11a b c					-	
	d e 12	All other revenue			7,272		

#### 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).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the U.S See Part IV, line 21	213,832.	213,832.									
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	0.										
6	Compensation not included above, to disqualified											
Ü	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	0.										
-	Other salaries and wages	0.										
7												
8	Pension plan contributions (include section 401(k))	0.										
_	and section 403(b) employer contributions)	0.										
9	Other employee benefits	0.										
10	Payroll taxes	0.			<del></del>							
11	Fees for services (non-employees)		j									
а	Management	0.										
	Legal	0.			<del></del>							
С	Accounting	0.										
d	Lobbying	0.										
е	Professional fundraising services See Part IV, line 17	0.										
f	Investment management fees	0.										
g	Other	0.										
12	Advertising and promotion	0.										
13	Office expenses	6,093.		5,706.	387.							
14	Information technology	0.										
15	Royalties	0.										
16	Occupancy	0.										
17	Travel	0.										
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	0.										
20	Interest	0.			<del></del>							
21	Payments to affiliates	0.										
22	Depreciation, depletion, and amortization	623.	623.		<del> </del>							
23		0.			<del> </del>							
	Other expenses. Itemize expenses not				<del></del>							
24	Other expenses. Itemize expenses not covered above (Expenses grouped together											
	and labeled miscellaneous may not exceed											
	5% of total expenses shown on line 25 below.)											
	TAXES AND LICENSES											
		21,179.		4,797.	16,382							
_	MISCELLANEOUS	21,1/9.		4,/9/.	10,382							
-	UTILITIES	2 100			<del></del>							
-	INSURANCE	2,108.		2,108.								
е	POSTAGE AND DELIVERY				<del></del>							
1	All other expenses	58,783.	5,270.	50,349.	3,164							
25	Total functional expenses. Add lines 1 through 24f	302,618.	219,725.	62,960.	19,933							
26	Joint Costs. Check here ▶ If following											
	SOP 98-2 Complete this line only if the											
	organization reported in column (B) joint costs from a combined educational campaign and											
	fundraising solicitation											
JSA		I.	<del></del>	<del>.</del>	Form 990 /2009							

Part )	Balance Sheet			
		(A) Beginning of year		( <b>B)</b> End of year
1	• • • • • • • • • • • • • • • • • • •	86,715.	1	134,258.
2	Savings and temporary cash investments	2,354,133.	2	2,148,501.
3			3	
4			4	
5				
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
Assets			7	
SS	Inventories for sale or use		8	
<b>▼</b>   9	Prepaid expenses and deferred charges		9	
1	Prepaid expenses and deferred charges			
'	other basis Complete Part VI of Schedule D			
	b Less accumulated depreciation	93,203.	100	372,677.
11			11	
12			12	
13			13	
14	p. 3		14	
15	The state of the s	14,500.	1 !	14,500.
16		2,548,551.		2,669,936.
17		2,310,331.	17	0.
18		·	18	0.
19			19	
20			20	
			21	
Liabilities 22			21	· · · · · · ·
22	-,,,			
Ē	employees, highest compensated employees, and disqualified		1 22	
	persons Complete Part II of Schedule L		22	
23	5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		24	
24			25	<del></del>
25			<del></del>	0.
26		<del></del>	26	
φ	Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
or Fund Balances	-	133,842.	27	348,137.
28 28		2,154,123.		2,052,798.
80 29		260,586.		269,001.
S 2		200,300.	29	209,001.
E	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
36 36			30	
ASS 31	, , , , , , , , , , , , , , , , , , , ,	··· ·· ··	31	
Net Assets	• • • • • • • • • • • • • • • • • • • •	2 540 571	32	2 660 036
		2,548,551.	33	2,669,936.
34	Total liabilities and net assets/fund balances	2,548,551.	34	2,669,936.

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	i		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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 consolidated basis, separate basis, or both:			
	X Separate bass Consolidated bass Both consolidated and separate bass			
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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		
		Form	990	(2009

#### 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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LAHAINALUNA HIGH SCHOOL FOUNDATION 99-0348748 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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 ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) Χ A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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 c Type III - Functionally integrated Type II 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....... Since August 17, 2006, has the organization accepted any gift or contribution from any of the g Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (Iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization (described on lines 1-9 in col (i) listed in your organization in col support above or IRC section col. (i) of your governing document? (i) organized in the (see instructions)) support? Yes No No Yes Yes No ATTACHMENT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

9E1210 2 000

Total

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.)

Section A. Public Support  Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009  1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	
membership fees received (Do not include any "unusual grants.")	3,593,090
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	
4 Total. Add lines 1 through 3	3,593,090
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. Section B. Total Support	3,593,090
Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009	(f) Total
7 Amounts from line 4	3,393,090
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) . ATCH 2 8,773 14,229. 104,356 52,535 7,27	2 187,165
11 Total support. Add lines 7 through 10 .	3,780,255
12 Gross receipts from related activities, etc (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	95.05%
15 Public support percentage from 2008 Schedule A, Part II, line 14	95.72%
16a 331/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3% or m	
this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
b 331/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3	
check this box and stop here. The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line	
or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
organization	▶ 🛄
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and	•
· · · · · · · · · · · · · · · · · · ·	a publicly
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as	• • —
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as supported organization	▶ □
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as	ox and see

Part III	Support Schedul	e for Organizations	Described in Secti	on 509(a)(2)
_	(Complete only if	you checked the box	x on line 9 of Part I.)	

Sec	tion A. Public Support		· · ·		<del></del>		
	ilendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						1
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				1		
6	Total. Add lines 1 through 5						
	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)				1		
Sec	tion B. Total Support		<u> </u>			<del>'</del>	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6,						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources					_	
b	Unrelated business taxable income (less	-					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b					İ	
11	Net income from unrelated business						
	activities not included in line 10b,			1			
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or					:	
	loss from the sale of capital assets	Į.					
	(Explain in Part IV.)			<u> </u>		<u></u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>		<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization	on's first, second,	third, fourth, or	fifth tax year a	s a section	501(c)(3)
	organization, check this box and stop here	<u> </u>	<u></u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	▶ │
Sec	tion C. Computation of Public Sup					······································	
15	Public support percentage for 2009 (line 8	, column (f) dıvıd	ded by line 13, colu	mn (f))	. <b></b>	15	<u></u>
16	Public support percentage from 2008 Sche	dule A, Part III, li	ine 15	<u> </u>		16	<u></u>
Sec	tion D. Computation of Investmen	nt Income Per	rcentage				
17	Investment income percentage for 2009 (II	ne 10c, column	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2008						%
19a	33 1/3% support tests - 2009. If the o		•				
	17 is not more than 33 1/3 %, check the	_					
b	33 1/3% support tests - 2008. If the org						- —
	line 18 is not more than 331/3% check						
20	Private foundation. If the organization		•	-			• 🖂
JSA							orm 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

				ATTACE	HMENT 1	,
SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED OF	RGANIZATIONS					
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(1) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
LAHAINA LUNA INTERMEDIATE AND HIGH SCHOOL	99-026648	 32	х			

TOTAL AMOUNT OF SUPPORT

SCHEDULE A, PART II - OTHER INC	DME				ATTACHMENT 2	
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
GOLF TOURNAMENT						
DIVIDEND AND INTEREST INCOME	8,773	14,229	104,356	52,535	7,272	187,165
TOTALS	8,773	14,229	104,356	52,535	7,272.	187,165

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

LAH	HAINALUNA HIGH SCHOOL FOUNDATION	99-0348748
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funthe organization answered "Yes" to Form 990, Part IV, line 6.	ds or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
_		(5) I since and and added
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	d daaaa adaa ad
5	Did the organization inform all donors and donor advisors in writing that the assets hel	
^	funds are the organization's property, subject to the organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra- used only for charitable purposes and not for the benefit of the donor or donor advisor	
	nurness conferring impormissible private hereft?	, or for any other
Da	purpose conferring impermissible private benefit?	to Form 900 Part IV line 7
	Purpose(s) of conservation easements held by the organization (check all that apply)	to Form 990, Fait IV, fine 7.
1		ette e eft e e letete e e elle terre e et e et e
	1 1 · · · · · · · · · · · · · · · · · ·	ation of an historically important land area
		ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year	Held at the End of the Year
_	Total number of concervation occuments	
а	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) Number of conservation easements included in (c) acquired after 8/17/06	
d 3	Number of conservation easements included in (c) acquired after 6/17/00 Number of conservation easements modified, transferred, released, extinguished, or to	
3	-	erminated by the organization during
4	the tax year ▶ Number of states where property subject to conservation easement is located ▶	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspecti	
J	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
•	• Starr and volunteer nodes devoted to monitoring, inspecting, and emorning conservation	or casements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	sements during the year
•	►\$	oomonio danng mo your
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	s of section
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	1 1 1
9	In Part XIV, describe how the organization reports conservation easements in its rever	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's	•
	the organization's accounting for conservation easements	
Pa	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 reve	nue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, provide, in Part XIV, the text of the footnote to its financial statements that describes the	or research in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or	
	provide the following amounts relating to these items:	r research in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other si	
-	following amounts required to be reported under SFAS 116 relating to these items.	accept for interioral goin, provide the
а	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 Instructions for Form 990.

Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ng Colle	ctions o	f Art, Hi	<u>storical</u>	<u>Treasure</u>	s, or (	Other Similar As	sets (c	ontinued	)
3	Using the organization's acquisition		on, and o	ther reco	ords, che	ck any of t	he tolk	owing that are a s	ignificant	t use of its	
	collection items (check all that app	ly)									
а	Public exhibition			d	$\vdash$		_	e programs			
b	Scholarly research			е		Other					
C	Preservation for future ge										
4	Provide a description of the organia	zation's co	llections	and expl	ain how t	hey furthe	r the o	rganization's exer	npt purp	ose in	
	Part XIV										
5	During the year, did the organization										<del></del>
	assets to be sold to raise funds rat									Yes	No
Par	t IV Escrow and Custodial A IV, line 9, or reported an						n ansv —-—	vered "Yes" to F	orm 99	0, Part	
								45			
1 a	Is the organization an agent, truste				-				_	٦,,	<u></u>
	included on Form 990, Part X?								· · · · [	Yes	No
D	If "Yes," explain the arrangement in	Pan XIV	and com	piete tne	TOHOWING	table:		Δ			
_	Deciment halance							Ап	nount		<del></del>
	Beginning balance								<del></del>	<del></del>	
a	Additions during the year							<del></del>			
e	Distributions during the year Ending balance										
f	Did the organization include an am									Yes	No
	If "Yes," explain the arrangement in		Om 990	, rail A,	IIII <del>C</del> Z I ?		• • •		٠ ٢	168	
Par			orgoniz	otion one	nworod "	Voc" to E	orm 0	00 Part IV line	10		
Гаг	Endowment Funds. Con	(a) Curre			or year	(c) Two y				(e) Four ye	ars hack
1 a	Beginning of year balance	(0,00	J. 1 QU.	(5,	01 7001	(5) ,		(2) 11100 )021	- Duon	(0) ( 00) (0	1
	Contributions										
	Net investment earnings, gains,										
_	and losses										
d	Grants or scholarships										
	Other expenditures for facilities .										
	and programs										
f	Administrative expenses		· ·								
g	End of year balance									<u> </u>	
2	Provide the estimated percentage		r end ba	lance held	d as	L	•	<u> </u>			
а	Board designated or quasi-endowr	-		%							
b	Permanent endowment ▶			<del></del> '-							
С	Term endowment ▶	%									
3a	Are there endowment funds not in	the posse	ession of	the orga	nization t	hat are he	ld and	administered for t	he		
	organization by:	·								Y	s No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related org	ganzation	s listed a	s require	d on Sche	dule R? .				3b	
4	Describe in Part XIV the intended in	ses of the	e organiz	ation's er	ndowmen	t funds					
Pai	rt VI Investments - Land, Bui	ldings, a	nd Equi	pment. S	See Fori	n 990, Pa	art X, I	line 10.			
	Description of investment			or other bas restment)		) Cost or other)	er	(c) Accumulated depreciation	(0	l) Book value	)
1 a	Land										
b	Buildings										
С	Leasehold improvements					·					
d	Equipment				-	16,3	341	14,660.		1	,681.
е	Other					370,9	96				,996.
Tota	II. Add lines 1a through 1e. (Column	n (d) must	equal Fo	orm 990, F	Part X, co	lumn (B), li	ne 10(	c).) ▶			677.
						···········	<del></del>	<u> </u>	Schod	ulo D /Form	

(a) Description of security or category (b) Book value Cost or end-of-year market value  Financial derivatives	Part VII	Investments - Other Securities. Se	e Form 990, Part X, I	line 12
Total. (Column (b) must equal Form 900, Part X. col (6) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Cost or end-of-year market value  (b) Book value  (c) Method of valuation Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value  (c) Method of valuation (c) Cost or end-of-year market value  (d) Description of line and the cost of end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (f) Method of valuation (c) Wethod of valuation (ii) Book value  (b) Book value  (c) Method of valuation (c) Wethod of valuation (iii) Book value  (b) Book value  (c) Method of valuation (c) Wethod of valuation (iii) Book value  (b) Book value  (c) Method of valuation (iii) Book value  (b) Book value  (c) Method of valuation (iii) Book value (iiii) Book value (iii) Book value (iii) Book va				(c) Method of valuation.
Column (b) must equal Form 990. Part X, col (b) less f2)   Part VIII   Investments - Program Related. See Form 990, Part X, line 13   (e) Description of investment type   (b) Book value   Cost or end-of-year market value   C	inancial de	erivatives		
total. (Cotumn (b) must equal Form 990, Part X. col. (8) len 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  (b) Book value  Cost or end-of-year market value  (c) Book value  (b) Book value  Cost or end-of-year market value  (c) Book value  (d) Book value  (e) Book	Closely-hel	d equity interests		
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Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation Cost or end-of-year market value				
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Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation Cost or end-of-year market value				
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation Cost or end-of-year market value				
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation Cost or end-of-year market value				
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1. (a) Description of liability (b) Amount Federal income taxes				<u></u> ▶
Federal income taxes				
			(b) Amount	
	Federal inc	ome taxes		* * * * * * * * * * * * * * * * * * * *
Total (Column (h) must equal Form 990 Part Y col (B) line 25 )				
Total (Column (h) must equal Form 990 Part Y col (R) line 25 )				
Total (Column (h) must equal Form 990 Part Y col (B) line 25 )				
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Total (Column (h) must equal Form 990 Part Y col (B) line 25.)				
Total (Column (h) must equal Form 990, Part Y col. (B) line 25.)				A STATE OF THE STA
Total (Column (h) must equal Form 900 Part Y col (B) line 25.)				
Total (Column (h) must equal Form 900 Part Y col (B) line 25)				
Total (Column (h) must equal Form 990, Part Y col. (B) line 25.)				· · · · · · · · · · · · · · · · · · ·
	Total /Colum	n (h) must equal Form 000. Port V and (P) line 25.		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part :	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6	1	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV )	8	1	
9	Total adjustments (net) Add lines 4 through 8	9	1	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Part			1	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	· ·		<del> </del>
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV )			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	` • ├-	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· •  -	<del>*</del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b.			
b	Other (Describe in Part XIV)	$\dashv$	]	
	Add to a decided to	$\dashv$	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses per R			
1	Total expenses and lesses per sudited financial statements		<u></u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	· -  -	-	
a	Donated services and use of facilities 23.			
b	Prior year adjustments 2b		1	
c	04			
d		$\dashv$		
e			2e	
3	Subtract line 2e from line 1	–	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	' . ⊦	<del>*</del>	<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b			
-	Other (Describe in Part XIV)	$\dashv$		
C	Other (Describe in Part XIV ) Add lines 4a and 4b	$\dashv$	4.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	–	4c	
	XIV Supplemental Information	• •	3	<del></del>
Compl	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa ; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Al	art IV	, lines	s 1b
this pa	rt to provide any additional information		F	
<b></b>				
			<b>-</b> -	

Part XIV Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

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

2009

Open to Public Inspection

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

TO AWARD LAHAINALUNA TO SUPPORT STUDENT A TO SUPPORT STUDENT A Schedule I (Form 990) 2009 å (h) Purpose of grant or assistance 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. Use Employer identification number Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 99-0348748 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed ...... 25,991 81,950 105,891 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations (c) RC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (p) EIN FOUNDATION Enter total number of other organizations (a) Name and address of organization or government LAHAINALUNA HIGH SCHOOL HI 96761 PO BOX 11617 LAHAINA, HI 96761 PO BOX 11617 LAHAINA, HI 96761 PO BOX 11617 LAHAINA, VARIOUS SCHOLARSHIPS Name of the organization VARIOUS DONATIONS VARIOUS GRANTS Part II

•

99-0348748

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III

(f) Description of non-cash assistance				and any other additional information.									Schedule I (Form 990) 200
(e) Method of valuation (book, FMV, appraisal, other)													
(d) Amount of non-cash assistance				ormation required		 	i 						
(c) Amount of cash grant				o provide the inf	\ 	; ; 1 1 1 1 1 1 1 1	\ 						
(b) Number of recipients				te this part to	 	 	                 			 		 	
(a) Type of grant or assistance				Supplemental Information. Complete this part to provide the information required in Part I, line 2,	. 1		.		 				

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

Employer identification number

99-0348748

ATTACHMENT 3

LAHAINALUNA HIGH SCHOOL FOUNDATION

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND FROM ENDOWMENT	1,260	1,260.		
INTEREST INCOME	82	82		
MISCELLANOUES	5,930	5,930		
TOTALS	7,272	7,272		

# Form 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

▶ See separate instructions.

OMB No. 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Attach to your tax return.

Identifying number LAHAINALUNA HIGH SCHOOL FOUNDATION 99-0348748 Business or activity to which this form relates GENERAL DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 . . . . . . . 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . . . . ▶ Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 97 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 35 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in service (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only - see instructions) SEE 491. 3-year property 1,473. 3.000 200DB DETAIL 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 vrs S/L S/L 27.5 yrs. MM h Residential rental property 27.5 yrs. ΜМ S/L ΜМ 39 yrs S/L i Nonresidential real property мм S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 vrs. S/L c 40-year MM S/L Part IV Summary (See instructions) 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 623. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

		any vehicle for w ns (a) through (c) o									lease e	expense	сотр	lete <b>onl</b>	y 24a,
		Depreciation and													
24a	Do you have evidence	e to support the bus	т	ent use c	:laimed?	Ye		No 2	4b If "\	es," is tl	he evide	nce writte	en?	<del>, '                                   </del>	X No
	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	Cost or	( <b>d)</b> r other basis		(e) is for depri siness/inve use only	stment	(f) Recovery period	Metl Conve		Depre	h) ciation iction		section cost
25	Special depreciation year and used more the										. 25		·		
26	Property used more to									-		<u> </u>			
	······································		%	6								T			
			%									1			
			%	Ď											
27	Property used 50% or	less in a qualified bu	isiness use.												
			%	0						S/L -					
			%	6						S/L -					
			%	0				ļ		S/L -					
28	Add amounts in colur	nn (h), lines 25 thro	ugh 27. Enter	here an	d on line 2	1, paç	ge 1				. 28			ļ. <u>.</u>	
29	Add amounts in colur	mn (ı), line 26 Enter	here and on li	ne 7, pa	ge 1				· · · · ·	<u> </u>		<u> </u>	. 29	L,	
	mplete this section for ployees, first answer the		sole proprieto	r, partn	an except	on to	ore thar	n 5% over	vner," or	for those		es	rovided e)	T	to you
30	Total business/involution during the year (do miles)	not include comm		Vehic			icle 2		nicle 3		icle 4		icle 5		icle 6
31	Total commuting mile			•											
32	Total other per miles driven	sonal (noncomm	١ .												
33	Total miles driven lines 30 through 32	during the year	Add												
34	Was the vehicle use during off-duty ho	available for pe	rsonal	Yes	No \	es_	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle				+									ļ	
	more than 5% ow		, I						}						
36		available for pe	rsonal												
_		Section C - Que		mploy	ere Who	Prov	ide Vel	icles f	or Uso h	v Their	Emplo	VOOS			·
	swer these question ore than 5% owners o	s to determine if	you meet a	n exce						•	•	-	ployee	s who a	are not
37	Do you maintain									ıncludır	ng com	muting,	by	Yes	No
38	your employees?  Do you maintain a see the instructions f	written policy state	ment that pro	ohibits p	personal u	se of	vehicle	s, exce	pt comn	_					
39	Do you treat all use of	of vehicles by employe	ees as persona	l use?	0.010, 01 1										
40	Do you provide m	nore than five ve	hicles to yo	ur emp	ployees, o	btair	inforr	nation	from y	our emp	oloyees	about	the		
41	use of the vehicles, and Do you meet the re				bile demo	 Instra	 ation use	 e? (See	instruct	ons.)	· · · ·				
	Note: If your answer t	o 37, 38, 39, 40, or	41 is "Yes," do	not con	nplete Sec	tion L	3 for the	∞vered	l vehicles						
P	art VI Amortizat	ion													
	(a) Description o	of costs	(b) Date amortiz begins		Amort	(c) izable	amount		(d) Code se		Amort	ization od or intage	Amortiz	<b>(f)</b> ation for t	his year
42	Amortization of cost	ts that begins during	ng your 2009	tax ye	ar (see in	struc	tions) <sup>.</sup>				T				
		·									†				
43	Amortization of costs	that began before	your 2009 tax v	year								43			
44		n column (f). See th	ne instructions	for wher	e to report							44	<del></del>		
JSA 9X2			<del> </del>		· . <u></u>	<u>-</u> -			<del></del>		· · · ·	<del>,,</del>	Fo	rm 4562	2 (2009)

99-0348748

2009

LAHAINALUNA HIGH SCHOOL FOUNDATION

Description of Property

GENERAL DEPRECIATION

DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Accumulated /	Ending Accumulated depreciation	Me- thod	Conv Life	ACRS e class	ORS class	Current-year 179 expense	Current-year depreciation
COPY MACHINE	12/31/2001		0			10,335	9,818	9,818	200DB	MQ		5		
TELESCOPE	12/31/2001	250	100.000			250	237	237	200DB	MO		2		
COMPUTER	03/04/2003	2,136	100 000			2,136	2, 135	2,135	200DB	MQ		3		
FILE CABINETS	03/20/2003	576	100.000			576	575	575	200DB	НΥ	-	5		
XEROX	04/01/2003	725	100.000			725	725	725	200DB	нх		5		
PRINTER	01/24/2006	300	100 000			300	259.	294	200DB	нх		5		35.
COMPUTER SOFTWARE	10/09/2006	385.	100 000			385	288	385	SL	3.000	00			76
	02/13/2008	370,996	100 000			370,996.								
	07/25/2008	161.	100 000			191								
COMPUTER	08/12/2009	1,473.	100 000			1,473		491.	200DB	HY		3		491
											_			
											-			
Less Retired Assets												•		
Subtotals		387,337.				387,337	14,037	14,660						623.
Listed Property								ļ	•					
Less: Retired Assets			<u></u> 1											
Subtotals														
TOTALS		387,337	_			387,337	14,037.	14,660						623
AMORTIZATION										ŀ				
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization
													<b>.</b>	
													,1_	
TOTALS														
*Assets Retired														

H5S07T 7001 11/2/2010

\*Assets Retired JSA 9x9024 1 000

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