## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service A F = = 41= = 0000 = = 1== Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

Tax-evempt status:   X   \$61(c) (3 )	Α	For th	e 2008	cale	ndar	year, or t	ax year be	ginning				, 200	)8, and	ending			, 20			
See   Poly   See   Poly   See   Poly   See   Poly   See   Poly   See   Poly   Poly   See   Poly	В	Check if ap	plicable:	Please	C N	ame of organi	ization LAH	AI NAL	UNA	HIGH	SCH	OOL F	OUNDA	TION	D Employ	er identifica	ation number			
Secretary   Program service revenue (Part VIII, line 1h)   Program service revenue (Part VIII, line 3h)   Program service revenue (Part VIII, column (A), line 5, 6, 8, 9, 10, and 11e)   Program service revenue (Part VIII, column (A), line 3h)   Program service revenue (Part VIII, column (A), line 3h)   Program service revenue (Part VIII, column (A), line 3h)   Program service revenue (Part VIII, column (A), line 3h)   Program service revenue (Part VIII, column (A), line 3h,					Do	oing Business	As								99-0	348748				
See   C.   Sex   Sec   C.   Sex   Sex   Sec   Sex		Name	change	print or	N	umber and st	reet (or P.O.	oox if mail	is not de	livered to	street	address)		Room/suite						
Instruction		Initial	return		P. (	O. BOX	11617								(	) –				
Stock   LAHATNA, HI 96.761   G. Gross receipts \$ 4.52, 8.74		Termi	nation		Ci	ity or town, st	ate or country	and ZIP +	· 4					•		,				
Name and address of principal officer   Name and address of principal officer   Yes   Ye					LA	HAINA,	HI 9676	1							<b>G</b> Gross r	eceipts \$	452	.874.		
Tax-exempt status:   X   501(c) (3		Applic	ation	F Na														X No		
Website:    WWW, LAHATNALUNAHTGHSCHOOLFOUNDATTON, COM		pendi	ng												1		uded? Yes	No		
Website: ► WINFINE, LAHAT NALUNAHI GISCHOLFOUNDATION, COM	ī	Tax-ex	empt sta	tus:	Х	501(c) ( 3	) <b>◀</b> (inse	t no.)	494	7(a)(1) or		527			If "No	," attach a list.	(see instructions)			
Name of organization:   X   Corporation   Trust   Association   Other   Learn of formation: 1998   M State of legal domicile   Elegal do	J														H(c) Group	exemption nu	mber -			
Briefly describe the organization's mission or most significant activities:  TO_GENERATE_SUPPORT_FROM_INDIVIDUALS_ROUNDATIONS_AND_CORPORATIONS_ TO_BENEFIT_THE_LAHAINALUNA_HIGH_SCHOOL_AND_ITS_STUDENTS.  Check this box	K											<u> </u>	L	Year of forma				HI		
Briefly describe the organization's mission or most significant activities:  TO_SENERATE_SUPPORT_FROM_INDIVIDUALS_FOUNDATIONS_AND_CORPORATIONS  TO_BENEFIT THE_LAHATNALUNA_HIGH_SCHOOL_AND_ITS_STUDENTS.  2 Check this box	P	art I	Sun	nmary	1	·					-									
TO_GENERATE_SUPPORT_FROM_INDIVIDUALS, FOUNDATIONS, AND_CORPORATIONS TO_BENEFIT_THE_LAHAINALUNA_HIGH_SCHOOL_AND_ITS_STUDENTS.  2 Check this box			Briefly	descri	he th	ne organizat	ion'e miesic	n or mos	t eianifi	cant activ	ities.									
TO BENEFIT THE LAHAINALUNA HIGH SCHOOL AND ITS STUDENTS.  2 Check this box	_																			
Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total gross unrelated business revenue from Part VIII, line 12, column (C)  Total number of votunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, line 12, column (C)  Total number of votunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, line 14, 297, 543  Contribution and grants (Part VIII, line 1b)  Program service revenue (Part VIII, line 2g)  Total revenue (Part VIII, column (A), lines 3, 4, and 70, 104, 005, 60, 206  10 Investment income (Part VIII, column (A), lines 3, 4, and 70, 104, 005, 60, 206  11 Other revenue (Part VIII, column (A), lines 1-3)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  Notice revenue (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 a Professional fundraising ese (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11-1)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer is dentifying number (see instructions)  Proparer's  Paid  Preparer's identifying number (see instructions)	nce																			
Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total gross unrelated business revenue from Part VIII, line 12, column (C)  Total number of votunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, line 12, column (C)  Total number of votunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, line 14, 297, 543  Contribution and grants (Part VIII, line 1b)  Program service revenue (Part VIII, line 2g)  Total revenue (Part VIII, column (A), lines 3, 4, and 70, 104, 005, 60, 206  10 Investment income (Part VIII, column (A), lines 3, 4, and 70, 104, 005, 60, 206  11 Other revenue (Part VIII, column (A), lines 1-3)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  Notice revenue (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 a Professional fundraising ese (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11-1)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer is dentifying number (see instructions)  Proparer's  Paid  Preparer's identifying number (see instructions)	r a																			
Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  NONE  Total number of voting members of the governing body (Part VI, line 1b)  None  Total number of voting members of the governing body (Part VI, line 1b)  None  Total number of voting members of the governing body (Part VI, line 1b)  Programs service revenue (Part VIII, line 2a)  Total revenue and grants (Part VIII, line 1b)  Program service revenue (Part VIII, line 1b)  Total revenue (Part VIII, column (A), lines 3, 4, and 70)  10 Investment income (Part VIII, column (A), lines 3, 4, and 70)  11 Other revenue (Part VIII, column (A), lines 1-3)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  Noting a professional fundraising escenses, Part IX, column (A), lines 4)  Noting a professional fundraising escenses, Part IX, column (D), line 25)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1a-1)  16 a Professional fundraising escenses, Part IX, column (D), lines 25)  17 Other expenses (Part IX, column (A), lines 1a-1)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 26)  Noting a professional fundraisi	ove.	2	Check	this bo	X <b>•</b>	if the	organizatio	n discon	 tinued	its opera	 ations	or dispo	sed of m	ore than 25%	of its asse	 ts.				
A Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of employees (Part V, line 2a).  6 Total number of volunteers (estimate if necessary)  7a Total gross unrelated business revenue from Part VIII, line 12, column (C)  7b Net unrelated business taxable income from Form 990-T, line 34  7b Not unrelated business taxable income from Form 990-T, line 34  7c Total gross unrelated business revenue from Part VIII, line 12, column (C)  8 Contribution and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12),  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total revenue (See (Part IX, column (A), lines 11e)  17 Other expenses (Part IX, column (A), lines 15)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets of rund balances. Subtract line 18 from line 12  21 Total liabilities (Part X, line 26)  Vige 1 Total expenses (Part IX, line 26)  Signature Block  Preparer's Signature Block  Preparer's Signature of officer  Padd  Preparer's Signature and title  Preparer's identifying number (see instructions)					_		-					-				1 1		12		
7a   Total gross unrelated business revenue from Part VIII, line 12, column (C)   7a   7b																				
7a   Total gross unrelated business revenue from Part VIII, line 12, column (C)   7a   7b	viti	5															NO	NF.		
7a   Total gross unrelated business revenue from Part VIII, line 12, column (C)   7a   7b	cti	6	Total n	umber	of v	olunteers (e	stimate if ne	cessary)								6				
Solution	_		Total o	ross u	nrela	ated busines	s revenue fr	om Part \	/III line	12 colui	mn (C	:)						<del></del>		
Prior Year   Current Year   Current Year   2,334,412.   297,543   297,543   728.   95,125   95,125   728.																				
Some the service of t	_		TTOC UII	Tolatoc	, buc	mood taxab	10 111001110 111	J.111 1 O.1111	000 1,								Current Y	ear		
9 Program service revenue (Part VIII, clolumn (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Signature Block  Part II  Signature of officer  Preparer's Signature of officer  Preparer's Signature of officer  Preparer's Signature Part Preparer's See Instructions)	une	8	Contrib	oution	and (	grants (Part	VIII line 1h)								2 334	412				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 2, 439, 145. 452, 874 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 218, 018. 218, 018. 218, 416 14 Benefits paid to or for members (Part IX, column (A), line 4) NOI 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NOI 16a Professional fundraising fees (Part IX, column (A), line 11e) 15, 000 17 Other expenses (Part IX, column (A), line 25) 21, 357. 17 Other expenses (Part IX, column (A), lines 25) 308, 920. 359, 452 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 308, 920. 359, 452 19 Revenue less expenses. Subtract line 18 from line 12. 2, 130, 225. 93, 422 20 Total assets (Part X, line 16) 2, 557, 208. 2, 548, 551 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 557, 208. 2, 548, 551 22 Signature Block 23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) Date  24 Preparer's identifying number (see instructions) 25 Part 11 Preparer's identifying number (see instructions)		9	Program service revenue (Part VIII, line 2g)						• • • •	2,004										
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4-1) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses, Part IX, column (A), line 25) 16 Total syenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Revenue less expenses. Subtract line 18 from line 12 19 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Signature Block 24 Under penallies of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged Preparer's identifying number (see instructions) 2 Preparer's identifying number (see instructions) 2 Preparer's identifying number (see instructions)	e Ve	10	Investr	nent ir	ncom	e (Part VIII	column (A)	lines 3 4	and 7	'd)					1 ∩ /					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 2, 439, 145. 452, 874  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 218, 018. 218, 018. 218, 416  14 Benefits paid to or for members (Part IX, column (A), line 4) NOI  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NOI  16 a Professional fundraising fees (Part IX, column (A), line 11e) 15, 000  17 Other expenses (Part IX, column (A), line 25) 21, 357. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 90, 902. 126, 036  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 308, 920. 359, 452  19 Revenue less expenses. Subtract line 18 from line 12. 2, 130, 225. 93, 422  20 Total assets (Part X, line 16) 2, 557, 208. 2, 548, 551  21 Total liabilities (Part X, line 26) 2, Net assets or fund balances. Subtract line 21 from line 20. 2, 557, 208. 2, 548, 551  22 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged and statements.	ď		11 Other revenue (Part VIII, column (A), lines 5, 4, and 70)									104	,005.	00						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 a Professional fundraising fees (Part IX, column (D), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged self-circulars.  Paid  Preparer's circulars.															2 / 30	1/15	152			
14 Benefits paid to or for members (Part IX, column (A), line 4)   NOI     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   NOI     16 a Professional fundraising fees (Part IX, column (A), line 11e)   15,000     17 Other expenses (Part IX, column (A), line 25)   21,357.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   308,920. 359,452     19 Revenue less expenses. Subtract line 18 from line 12. 2,130,225. 93,422     10 Total assets (Part X, line 16)   2,557,208. 2,548,551     20 Total assets (Part X, line 26)   22 Net assets or fund balances. Subtract line 21 from line 20. 2,557,208. 2,548,551     21 Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Preparer's identifying number (see instructions)	_	_																		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   Not			Renefi	ts naid	to o	r for membe	ers (Part IX (	rolumn (A	(1), iii loc (1) line 4	1)					210	, 010.	210			
16 a Professional fundraising fees (Part IX, column (A), line 11e)   15,000		15	Salarie	e othe	er co	mnensation	employee l	nenefits (F	Part IX	column (	 (Δ) lir	nes 5-10		• • • •						
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24i)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged selections.  Paid Preparer's identifying number (see instructions)	ses	162															1 5			
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24i)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledged selections.  Paid Preparer's identifying number (see instructions)	per	h	Total f	undraid	runa eina	avnancae P	art IX colum	n (D) lin	a 25) ►	′′	21	257						, 000.		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  2	Ж	17													0.0	002	126	0.26		
19 Revenue less expenses. Subtract line 18 from line 12   2, 130, 225. 93, 422																				
Total liabilities (Part X, line 26)  20 Net assets or fund balances. Subtract line 21 from line 20.  21 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete and comple																				
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Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Preparer's  Date  Check if  Self-  Self-  (see instructions)	ets	20	Total a	ssets (	Part	X line 16)								_						
Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Preparer's  Date  Check if  Self-  Self-  (see instructions)	Ass	21													2,001	, 200.	2, 340	, 551.		
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Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Preparer's  Date  Check if Self- Signature of officer  Preparer's identifying number (see instructions)	D	art II					Oubtract III.	<u> </u>	1110 20		<del></del>				2,001	, 200.	2,340	, 551.		
Sign Here    Signature of officer   Date	_						clare that I h	ave evam	ined this	s return	includ	ing accor	nnanving	schedules an	d statements	and to th	e hest of my kr	owledge		
Here Signature of officer  Type or print name and title  Preparer's paid signature of officer  Date Check if Self- (see instructions)																				
Here Signature of officer  Type or print name and title  Preparer's paid signature of officer  Date Check if Self- (see instructions)	9	Sian																		
Preparer's Preparer's identifying number self- (see instructions)			🕨 3	Signatu	re of	officer									Date	9				
Preparer's Preparer's identifying number self- (see instructions)																				
Paid   Preparer s			🕨 🖥	Type or	print	name and title	e													
Paid signature (See Ill Struction 15)	_		Prena	rer's								Date						er		
employed P00082045	Pai	d												self- employed						
Preparer's Firm's name (or yours Name to Name		-	Firm's	name (	or you	ırs N Biicc	ET.T. VAM	I ANE c	DCC.	OC C.	P Z C	T NIC		1	<del>,                                    </del>					
Use Only if self-employed), address, and ZIP + 4 2158 MAIN ST., SUITE 202 WAILUKU, HI 96793 Phone no. ▶ 808244-5527	Use	Only												6793				7		
Mar. (b. 100 feet of the 20 feet of	Ma	y the II																No		

	Statement of Program Service Accomplishments (see instructions)	1 age <b>=</b>
	riefly describe the organization's mission:	
1		
	TO GENERATE SUPPORT FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS	
	TO BENEFIT THE LAHAINALUNA HIGH SCHOOL AND ITS STUDENTS.	
_		
	id the organization undertake any significant program services during the year which were not listed on	N.
	rice prior Form 990 or 990-EZ?	X No
	"Yes" describe these new services on Schedule O.	
	id the organization cease conducting, or make significant changes in how it conducts, any program	<b>—</b>
		X No
	"Yes," describe these changes on Schedule O.	
	escribe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and llocations to others, the total expenses, and revenue, if any, for each program service reported.	
	liocations to others, the total expenses, and revenue, if any, for each program service reported.	
_		
4a	Code:        ) (Expenses \$	)
	PROVIDES FOR VARIOUS SCHOOL AND STUDENT ACTIVITIES.	
4b	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	, (2.45.1666 4) (1.676.1666 4	,
4 c	Code:        ) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	ther program services. (Describe in Schedule O.)	
	Expenses \$ including grants of \$ ) (Revenue \$ )	
	otal program service expenses ►\$ 327, 209. (Must equal Part IX, Line 25, column (B).)	

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Par	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•		1		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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? If "Yes," complete			Λ.
	Schedule C, Part II	4		Х
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 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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	l		
40	Parts VI, VII, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	4.0		
42	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the U.S.?	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the U.S.?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		X
b	business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		X
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			Λ.
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 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		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
لد	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a		25-		
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		X
D	and the state of t	25b		37
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		X
	disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		×

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

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27

### Part IV Checklist of Required Schedules (continued)

			res	NO
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,  Part IV	28a		Х
b		28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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, 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 Schedule R. Part V. line 2	35		X
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? <i>If "Yes," complete Schedule R, Part VI</i> .	37		X
	. V/	91	1	_

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3 a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	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.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
_	Prohibited Tax Shelter Transaction?	6a		37
	Did the organization solicit any contributions that were not tax deductible?	Ua		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		37
а	Did the organization make any taxable distributions under section 4966?	9b		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30		X
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a h	initiation lees and capital contributions included on Fart VIII, line 12			
b  1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
J	amounts due or received from them.)			
12a	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			

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 12			
b	Enter the number of voting members that are independent 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or 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	11		Х
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
		1 <b>2</b> a		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
	rise to conflicts?	12b		
b	rise to conflicts?			
b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b		
b c	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?	12b		X
b c 13	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b 12c 13		
b c 13 14	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	12b 12c 13		X
b c 13 14	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13		X
b c 13 14	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:	12b 12c 13 14		X
b c 13 14 15	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?	12b 12c 13 14		XXX
b c 13 14 15	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?	12b 12c 13 14		XXX
b c 13 14 15 a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14		XXX
b c 13 14 15 a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a 15b		X X X
b c 13 14 15 a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	12b 12c 13 14 15a 15b		X X X
b c 13 14 15 a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b		X X X
b c 13 14 15 a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure	12b 12c 13 14 15a 15b		X X X
b c 13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed ▶	12b 12c 13 14 15a 15b 16a		X X X
b c 13 14 15 a b 16a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))	12b 12c 13 14 15a 15b 16a		X X X
b c 13 14 15 a b 16a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a		X X X
b c 13 14 15 a b 16a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request	12b 12c 13 14 15a 15b 16a 16b		X X X
b c 13 14 15 a b 16a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interestical conflicts of inte	12b 12c 13 14 15a 15b 16a 16b		X X X
b c 13 14 15 a b 16a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.  Down website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	12b 12c 13 14 15a 15b 16a 16b		X X X
b c 13 14 15 a b 16a b	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the public.	12b 12c 13 14 15a 15b 16a 16b		X X X
b c 13 14 15 a b 16a b Secti	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.  Down website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	12b 12c 13 14 15a 15b 16a 16b		X X X

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## 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

- 1a Complete this table for all persons required to be listed. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) Name and Title	(B) Average	Posit	tion (	-	C) k all	that app	oly)	( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT W SHELTON										
PRESIDENT	5.	Х								
ANDREW KUTSUNAI										
SCHOLARSHIP CHAIR	1.	Х								
IVY HUERTER										
TREASURER	2.	Х								
NANCY CROSS										
VICE PRESIDENT	1.	Х								
ALEXANDER K ROSS										
ALUMNI&COMM, RELATION	1.	Х								
DARCEL GILBERT										
PERFORMING ARTS/CULTURE CHAIR	1.	Х								
WALTER P VIERRA										
FINANCE CHAIR	1.	X								
MARK TILLMAN										
ATHLETIC CHAIR	2.	X								
MICHAEL NAKANO										
GRANTS AND SPONSHORSHIP CHAIR	1.	X								
LESTER NAKAMOTO										
DEVELOPMENT/FINANCE CHAIR	1.	X								
RICHARD "NOOSH" NISHIHARA										
DEVELOPMENT CHAIR	1.	X								

JSA

Pa	art VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plc	yee	es,	and F	lig	hest Compensat	ed Employ	ees (d	continued	<u> </u>
	(A)	(B)			((				(D)	(E)			F)
	Name and title	Average hours per week	Individual trustee P or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-	ation ated ions	amo ot compe fror organ and r	mated unt of her ensation n the uization elated izations
1b 2	Total	e in 1a) w	/ho r	ece	ived	l m	ore tl	<b>▶</b> han	\$100,000 in re	portable co	mpens		om the
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete Schedu</i>											3	X
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es,"	' complete Sched	ule J for s	such	4	X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes," or	or accr	ue co	omp	ens	atio	n fro	om	any unrelated o	rganization	for	5	X
Se	ction B. Independent Contractors												11
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	dent	cont	trac	tors that received	d more tha	n \$10	00,000	of
	(A) Name and business addre	ess							(B) Description of ser	rvices	C	( <b>C</b> ) Compensa	ition
_								+					
								İ					
2	Total number of independent contractors (in compensation from the organization ► N	ncluding th	nose	in ′	1) v	vho	rece	ive	d more than \$10	0,000 in			

Form **990** (2008)

Form 990 (2008) Page **9** 

2ar	t VIII	Statement of Revenue		99-0348748		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
इ इ	1 a	Federated campaigns 1a				
ilar amounts	b	Membership dues				
a g	С	Fundraising events 1c				
ä	d	Related organizations 1d				
and other simi	е	Government grants (contributions) 1e	—			
je i	f	All other contributions, gifts, grants,	5.40			
ᇹ			<u>, 543.</u>			
a S	g h	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f				
en		Business				
Program Service Revenue	2 a	PUBLIC SUPPORT	95,125.	95,125.		
8	b		00,220	,		
2	c					
Ser	d					
E	е					
ogra	f	All other program service revenue				
ŗ.	g	Total. Add lines 2a-2f	<u></u> ▶ 95,125.			
	3	Investment income (including dividends, interest, and				
		other similar amounts) STMT 1		60,206.		
	4	Income from investment of tax-exempt bond proceeds .	I			
	5	Royalties	▶ NONE			
		(/	Si di			
	6a	Gross Rents				
	b	Less: rental expenses				
	c d	Rental income or (loss)	NONE			
		(i) Securities (ii) Oth				
	7 a	Gross amount from sales of				
	b	assets other than inventory Less: cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
		Net gain or (loss)	> NONE			
	8 a	Gross income from fundraising				
e l		events (not including \$				
Nen		of contributions reported on line 1c).				
&		See Part IV, line 18				
Other Revenue	b	Less: direct expenses b				
ნ ∣	С	Net income or (loss) from fundraising events	NONE			
	9 a	Gross income from gaming activities.				
	_	See Part IV, line 19.				
	b	Less: direct expenses	▶ NONE			
	C	Net income or (loss) from gaming activities	NONE			
	10a	Gross sales of inventory, less returns and allowances				
	h	Less: cost of goods sold b				
	b c	Net income or (loss) from sales of inventory	NONE			
		Miscellaneous Revenue Business				
	11a					
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d	NONE			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	.			
		9c, 10c, and 11e	<b></b> ▶ 452,874.	155,331.		

Page **10** Form 990 (2008) 99-0348748

#### Part IX Statement of Functional Expenses

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

	Section 501(c)(3) are All other organizations must comple	าd 501(c)(4) organizat te column (A) but are	-		and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·	<u> </u>	·
	organizations in the U.S. See Part IV, line 21	218,416.	218,416.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees):				
а	Management	NONE			
b	Legal	NONE			
	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	15,000.			15,000.
	Investment management fees	NONE			
g	Other	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	5, 255.		2,755.	2,500.
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	61.		61.	
20	Interest	NONE		01.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	260.		260.	
23	Insurance	NONE		200.	
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.)				
а	TAXES_AND_LICENSES				
	MISCELLANEOUS	1,901.		1,901.	
	UTILITIES	1,442.		1,442.	
	INSURANCE	2,160.		2,160.	
е	POSTAGE AND DELIVERY	3,313.		213.	3,100.
f	All other expenses	111,644.	108,793.	2,094.	757.
25	Total functional expenses. Add lines 1 through 24f	359,452.	327,209.	10,886.	21,357.
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				
ISA	omoradion I I I I I I I I I I I I I I I I I I I				

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Pa	rt X	Balance Sheet	3 0310710				-5-
			(A) Beginning of year		En	(B) nd of yea	ar
	1	Cash - non-interest-bearing	104,455.	1		86,	715.
	2	Savings and temporary cash investments	2,437,322.	2	2	2,354,	133.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
٩	9	Prepaid expenses and deferred charges		9			
	1	Land, buildings, and equipment: cost basis 10a 107, 240.					
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	15,431.			93,	203.
	11	Investments - publicly traded securities		11			
	12 13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15		1 /	500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,557,208.	16		2,548,	
_	17	Accounts payable and accrued expenses	2,337,200.	17		., 540,	<u> </u>
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
ig		highest compensated employees, and disqualified persons. Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26			
ses		Organizations that follow SFAS 117, check here ▶ 🗵 and complete lines 27 through 29, and lines 33 and 34.					
au	27	Unrestricted net assets	86,133.	27		133,	842.
Bal	28	Temporarily restricted net assets	2,109,092.	28	2	2,154,	123.
pg	29	Permanently restricted net assets	361,983.	29		260,	586.
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
¥	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	2,557,208.	33	2	2,548,	551.
	34	Total liabilities and net assets/fund balances	2,557,208.	34	2	2,548,	<u>551.</u>
Pa	rt XI	Financial Statements and Reporting					Τ
1	Acco	unting method used to prepare the Form 990: X Cash Accrual Other	er			Yes	No
2a	Were	e the organization's financial statements compiled or reviewed by an independent accoun	tant?		2	a X	
b		e the organization's financial statements audited by an independent accountant?			2	b	X
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	-				
_		, review, or compilation of its financial statements and selection of an independent accou			2	c X	
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
		Single Audit Act and OMB Circular A-133?					X
b	It "Y€	es," did the organization undergo the required audit or audits?			· · ·   3	b	

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

## **Public Charity Status and Public Support**

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

Employer identification number

LA	HAIN		GH SCHOOL F							99-03	48748		
Pa	rt I	Reason fo	or Public Chari	ty Status (All organ	izations m	ust comp	lete this	part.) (se	e instru	ctions)			
The	orga	nization is no	ot a private found	dation because it is: (P	lease check	only one o	organizati	on.)					
1		A church, co	onvention of chu	rches, or association (	of churches	s described	in <b>sectio</b>	n 170(b)	1)(A)(i).				
2		A school de	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)							
3		A hospital o	r a cooperative	hospital service organ	ization desc	cribed in <b>se</b>	ction 170	(b)(1)(A)	(iii). (Atta	ch Sched	ule H.)		
4		A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the		
		hospital's na	ame, city, and sta	ate:									
5		An organiza	ation operated fo	or the benefit of a col	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in		
		section 170	(b)(1)(A)(iv). (Co	omplete Part II.)									
6		A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(	A)(v).				
7		An organiza	ation that norma	lly receives a substan	tial part of	its support	t from a 🤉	governme	ental unit	or from t	he general public		
		described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)								
8	X	A communit	ty trust described	d in section 170(b)(1)	( <b>A)(vi).</b> (Co	mplete Par	t II.)						
9		An organiza	ation that norma	Ily receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembershi	ip fees, and gross		
		receipts fro	m activities rela	ted to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more tl	han 331/3% of its		
		support fro	m gross investr	ment income and un	related bu	siness taxa	able inco	me (less	section	511 tax)	from businesses		
		acquired by	the organization	after June 30, 1975.	See section	n 509(a)(2	). (Compl	lete Part I	II.)				
10		An organiza	ition organized a	nd operated exclusive	ely to test fo	or public saf	ety. See s	section 5	09(a)(4).	(see instr	uctions)		
11		An organiza	ation organized	and operated exclusi	ively for th	ne benefit	of, to pe	erform th	e functio	ns of, or	to carry out the		
		purposes of	f one or more p	ublicly supported orga	anizations	described i	n section	509(a)(	1) or sec	tion 509(a	a)(2). See section		
		509(a)(3).	Check the box tha	at describes the type o	of supportin	ig organiza	tion and o	complete	lines 11e	through	11h.		
		а Тур	el <b>b</b>	Type II c	: Typ	e III - Fund	tionally Ir	ntegrated		d Ty	pe III - Other		
е		By checking	g this box, I ce	ertify that the organiz	ation is no	ot controlle	ed direct	ly or ind	irectly by	one or	more disqualified		
		persons oth	er than foundat	ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations des	scribed in section		
		509(a)(1) or	section 509(a)(	2).									
f		If the organ	nization received	l a written determina	ition from	the IRS tha	at it is a	Type I,	Туре II о	r Type III	supporting		
		organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the											
g		Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	ibution fro	om any of	the				
		following pe	rsons?							•			
		(i) A pers	on who directly	or indirectly controls	s, either ale	one or tog	ether wit	h persor	s describ	ped in (ii)	Yes No		
			_	erning body of the sup	-	anization?					11g(i) X		
		(ii) A famil	y member of a p	erson described in (i) a	above?						11g(ii) X		
		(iii) A 35%	controlled entity	of a person described	d in (i) or (ii)	above?					11g(iii) X		
h		Provide the	following inform	ation about the organi	zations the	organizati	on suppo	rts.					
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization		ou notify		s the	(vii) Amount of		
	orga	anization		(described on lines 1-9 above or IRC section	aovernina	sted in your document?		nization in of your		tion in col. zed in the	support		
				(see instructions))	0 0			porť?	`` U.	S.?			
					Yes	No	Yes	No	Yes	No			
SI	EE S	TATEMENT	2										
_													
Tota	al												
For	Privac	y Act and Paper	work Reduction Act	Notice, see the Instructions	s for Form 990	<b>)</b> .			Sche	dule A (For	m 990 or 990-EZ) 2008		

# 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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	165,612.	253,196.	243,617.	2,330,662.	392,668.	3,385,755.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	165,612.	253 <b>,</b> 196.	243,617.	2,330,662.	392,668.	3,385,755.
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.						3,385,755.
	tion B. Total Support		#\ 000F	( ) 2222	( " 0007	( ) 0000	
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4	165,612.	253, 196.	243,617.	2,330,662.	392,668.	3,385,755.
	sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6 <b>,</b> 331.	8 <b>,</b> 773.	14,229.	104 <b>,</b> 356.	52,535.	186,224.
11	Total support. Add lines 7 through 10						3,571,979.
12	Gross receipts from related activities, etc. (S	See instructions.)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2008 (lin	ne 6, column (f)	divided by line	11, column (f))		14	94.79 %
15	Public support percentage from 2007	•	•				94.07 %
16a	33 1/3% support test - 2008. If the or	rganization did	not check the bo	ox on line 13, aı	nd line 14 is 33	1/3% or more, o	heck this box
	and stop here. The organization qualifi						
b	33 1/3% support test - 2007. If the or	ganization did	not check a box	on line 13 or 1	6a, and line 15	is 33 1/3% or m	ore, check this
	box and <b>stop here</b> . The organization qu			-			
17a	10%-facts-and-circumstances test - 2	2008. If the orga	inization did not	check a box or	ı line 13, 16a or	16b, and line 14	1
	is 10% or more, and if the organization	n meets the "fac	ct-and-circumsta	nces" test, chec	k this box and <b>st</b>	t <b>op here.</b> Explair	1
	in Part IV how the organization meets	the "facts and o	circumstances" t	test. The organi	zation qualifies a	is a publicly supp	orted
	organization						▶ □
b	10%-facts-and-circumstances test - 2	<b>2007.</b> If the orga	nization did not	check a box or	line 13, 16a, 1	6b, or 17a, and l	line
	15 is 10% or more, and if the organiza	tion meets the	"facts and circur	mstances" test, o	check this box ar	nd stop here.	
	Explain in Part IV how the organization	meets the "fac	ts-and-circumst	ances"" test. Th	e organization qu	ualifies as a public	cly
	supported organization						▶ □
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
	instructions						▶□

Schedule A (Form 990 or 990-EZ) 2008

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

Sec	tion A. Public Support						
С	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	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						
6	Total. Add lines 1-5						
7 a	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 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(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						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						-
	and 12.)						
14	First five years. If the Form 990 is for	•			· ·		
	organization, check this box and stop here						▶
	tion C. Computation of Public Sup			(5)		l l	0/
15	Public support percentage for 2008 (line 8					15	<u>%</u>
16	Public support percentage from 2007 Sche					16	<u>%</u>
	tion D. Computation of Investmen			13 column (f))		47	0/
17 10	Investment income percentage for 2008 (lin					17	<u>%</u>
18	Investment income percentage from 2007 3 33 1/3% support tests - 2008. If the org				ing 15 is more th	18	% d line
ıya							u iiile
<b>L</b>	17 is not more than 33 1/3 %, check this box						f and
D	33 1/3% support tests - 2007. If the orga						
20	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did it	IOL CHECK & DOX (	лі ші <del>с</del> 14, 19d, 0	i iyu, cileck lilis i	oon and see mistiu	JUU110	

Part IV Supplemental Info Part II, line 17a or 1	rmation. Comply 7b; or Part III,	plete this par line 12. Provid	t to provide t le any other a	the explanation ditional inform	on required by mation. (see ins	y Part II, line 10; structions)
SCHEDULE A, PART II - OTHER INCO	DME					
_DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
_GOLF_TOURNAMENT						
DIVIDEND_AND_INTEREST_INCOME	6 <b>,</b> 331	<u>8,773.</u>	14 <b>,</b> 229	104,356.	52 <b>,</b> 535 <b>.</b>	186 <b>,</b> 224 <b>.</b>
TOTALS	6,331					

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

**Employer identification number** Name of the organization LAHAINALUNA HIGH SCHOOL FOUNDATION 99-0348748 Organization type (check one): Filers of: Section: **501(c)(**3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_ Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

for Form 990. These instructions will be issued separately.

Page	of	of Part I

Name of organization LAHAINALUNA HIGH SCHOOL FOUNDATION Em

Employer identification number 99-0348748

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	VAR CONTRIBUTIONS	\$100,814.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_	MAUI BEACH RESORT LIMITED PARTNERSHIP  999 WEST HASTINGS STREET, SUITE 900 V6C  VANCOUVER BC CANADA	\$100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MICHAEL SHIBUYA  1029 MAUNAWILI RD.  KAILUA, HI 96734	\$5,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	PARADISE BEVERAGES INC 94-1450 MOANIANI ST.	\$5,000.	Person X Payroll Noncash
	WAIPAHU, HI 96797		(Complete Part II if there is a noncash contribution.)
(a) No.	WAIPAHU, HI 96797  (b)  Name, address, and ZIP + 4	(c) Aggregate contributions	
	(b)		a noncash contribution.)
No.	(b) Name, address, and ZIP + 4  AD VENTURES PUBLISHING INC. P. O. BOX 270	Aggregate contributions	a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Page	٥f	of Part I

Name of organization LAHAINALUNA HIGH SCHOOL FOUNDATION Employer identification number 99-0348748

Part I Contributors (see instructions	Part I	Contributors	(see instructions
---------------------------------------	--------	--------------	-------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MAUI LAND & PINEAPPLE CO, INC	\$6,000	Person X Payroll
	P.O. BOX 330040  KAHULUI, HI 96733	\$6,000.	Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	BANK OF HAWAII  P.O. BOX 3170  HONOLULU, HI 96082	\$64,729.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization AHAINALUNA HIGH SCHOOL FOUNDATION 99-0348748 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) . . . . 2 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? \_\_\_\_\_\_ Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b b Number of conservation easements on a certified historic structure included in (a) . . . . . C Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year > Number of states where property subject to conservation easement is located ▶ \_ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

Schedule D (Form 990) 2008

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

Schedule D (Form 990) 2008 99 – 0 3 4 8 7 4 8 Page **2** 

Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3	Using the organization's accession and other records, check any of the following that are a significant use of its collection
	items (check all that apply):
а	Public exhibition d Loan or exchange programs
b	Scholarly research e Other
С	Preservation for future generations
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in
	Part XIV.
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
Par	Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990,
	Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1 a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not
	included on Form 990, Part X? Yes No
b	If "Yes," explain the arrangement in Part XIV and complete the following table:
	Amount
С	Beginning balance
d	Additions during the year
е	Distributions during the year
f	Ending balance
2a	
	If "Yes," explain the arrangement in Part XIV.
Par	
. ~.	(a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a	Beginning of year balance
b	Contributions
С	Investment earnings or losses
d	Grants or scholarships
e	Other expenditures for facilities
	and programs
f	Administrative expenses
g	End of year balance
2	Provide the estimated percentage of the year end balance held as:
- a	Board designated or quasi-endowment > %
b	Permanent endowment > %
c	Term endowment ▶ %
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the
- u	organization by:  Yes No
	(i) unrelated organizations
	(ii) related organizations
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
	Describe in Part XIV the intended uses of the organization's endowment funds.
4 Par	t VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.
rai	
	Description of investment (a) Cost or other basis (b) Cost or other basis (c) Depreciation (d) Book value basis (other)
1 a	Land
b	Buildings
C	Leasehold improvements
Ч	Equipment
A	Other NONE 92,372. 92,372.
Tota	
· ota	II. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ 93, 203.

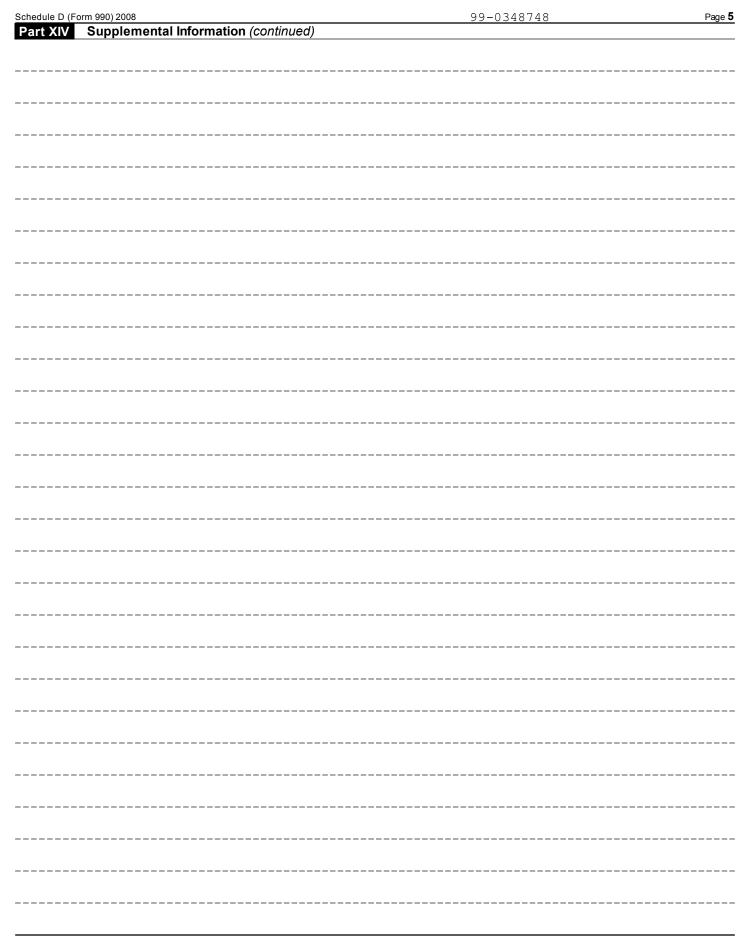
Schedule D (Form 990) 2008

Page 3 Schedule D (Form 990) 2008 99-0348748

Part VII	Investments - Other Securities. See	Form 990, Part X, I	ine 12.	r ago o
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
Financial deri	vatives and other financial products			
	equity interests			
Other				
	(b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See	Form 990, Part X, I	ine 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	1		
Part IX	Other Assets. See Form 990, Part X,			
	(a	) Description		(b) Book value
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 15.)			14,500.
Part X	Other Liabilities. See Form 990, Part	T .		
	(a) Description of liability	(b) Amount		
Federal incom	ne taxes			
			_	
			_	
			_	
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 25.)			

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.

Schedu	le D (Form 990) 2008 99-0348748			Page <b>4</b>
<b>Part</b>	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	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	Denated convices and use of facilities	5		
	Donated services and use of facilities	3		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4-8	9	_	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		_	
Part			rn	
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:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c		1	
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:		3	
a	Investment expenses not included on Form 990, Part VIII, line 7b		- 1	
b	Other (Describe in Part XIV)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Ret		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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			
	00 (D		1	
	Add lines 4e and 4h		4c	
	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)		5	
5 Dort	XIV Supplemental Information		5	•
	•••			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part	IV, line	s 1b
and 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			



## SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047
2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Name of the organization Employer identification number LAHAINALUNA HIGH SCHOOL FOUNDATION 99-0348748 Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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. 1 (a) Name and address of organization (f) Method of valuation (book, FMV, appraisal, (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (g) Description of (h) Purpose of grant or government if applicable non-cash assistance or assistance VARIOUS SCHOLARSHIPS \_ \_ PO BOX 11617 LAHAINA, HI 96761 55,050. TO AWARD LAHAINALUNA VARIOUS DONATIONS PO BOX 11617 LAHAINA, HI 96761 65,627. TO SUPPORT STUDENT A VARIOUS GRANTS\_\_\_\_\_ PO BOX 11617 LAHAINA, HI 96761 97,739. TO SUPPORT STUDENT A 

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				, эрргэлээ, элгэг,	
Supplemental Information. Co	omplete this part to	provide the in	formation require	d in Part I, line 2, and any	other additional information.

Page 2

#### 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 INTEREST INCOME MISCELLANOUES	43,822. 8,713. 7,671.	43,822. 8,713. 7,671.		
TOTALS	60,206.	60,206.		

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

\_\_\_\_\_

(III) TYPE OF (IV) (V) (VI) (VII) AMOUNT OF (I) NAME OF SUPPORTED ORGANIZATION (II) EIN ORGANIZATION YES NO YES NO YES NO SUPPORT \_\_\_\_\_\_ LAHAINA LUNA INTERMEDIATE AND HIGH SCHOOL 99-0266482

TOTAL AMOUNT OF SUPPORT

==========

## Form **4562**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

2008

Attachment Sequence No. **67** 

\_LAHAINALUNA HIGH SCHOOL FOUNDATION

► See separate instructions.

Identifying number 99-0348748

Busi	ness or activity to which this form relates									
_ <u>G</u>	ENERAL DEPRECIATION	Ι								
Pa	rt I Election To Expense Ce Note: If you have any list				уои со	mple	ete Part I.			
1	Maximum amount. See the instruction	ns for a higher limit for	or certain busi	nesses					1	
2	Total cost of section 179 property pla	aced in service (see in	structions)						2	
3	Threshold cost of section 179 proper	ty before reduction i	n limitation (se	e instructio	ns)				3	
4 5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 from separately, see instructions	3 from line 2. If zero of line 1. If zero or less, enter	or less, enter -0 -0 If married filing	)-					4 5	
	(a) Description			(b) Cost (bu				ed cost		
6										
7	Listed property. Enter the amount from	m line 29				7				
8	Total elected cost of section 179 pro	perty. Add amounts i	n column (c),	lines 6 and	7				8	
9	Tentative deduction. Enter the smalle								9	
10	Carryover of disallowed deduction from	om line 13 of your 20	07 Form 4562						10	
11	Business income limitation. Enter the	e smaller of busines	s income (no	t less than	zero) o	r line	5 (see instruc	tions)	11	
12	Section 179 expense deduction. Add	lines 9 and 10, but of	do not enter n	nore than lir	ne 11 <u> </u>		<u>,</u>		12	
13	Carryover of disallowed deduction to	2009. Add lines 9 ar	nd 10, less line	12	▶	13				
	e: Do not use Part II or Part III below for	<u>, , , , , , , , , , , , , , , , , , , </u>								
Pa	rt II Special Depreciation A	llowance and Ot	her Depre	ciation (D	o not ir	nclud	e listed prope	rty.) (	(See i	nstructions.)
14	Special depreciation allowance fo	r qualified property	y (other tha	n listed	property	) pla	ced in servic	e		
	during the tax year (see instructions)								14	
15	Property subject to section 168(f)(1)	election							15	
	Other depreciation (including ACRS)								16	128.
Pa	rt    MACRS Depreciation (D	o not include liste	d property.)	(See insti	ructions	.)				
				tion A						T
17	MACRS deductions for assets placed	d in service in tax yea	ırs beginning b	efore 2008					17	132.
18	If you are electing to group any general asset accounts, check here.	•		-	-			е		
	Section B - Assets	Placed in Service	During 200	8 Tax Yea	ır Usinç	g the	General Dep	reciat	tion S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for of (business/inversionly - see in:	estment use	(d) Reco		(e) Convention	( <b>f</b> ) M	ethod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property	_								
d	10-year property	-								
е	15-year property	-								
f	20-year property									
g	25-year property				25 yr	s.		S	3/L	
h	Residential rental				27.5 y	rs.	ММ	S	3/L	
	property				27.5 y	rs.	ММ	S	3/L	
i	Nonresidential real				39 yr	s.	ММ	S	3/L	
	property						ММ	S	3/L	
	Section C - Assets P	laced in Service D	ouring 2008	Tax Year	Using	the A	Iternative De	preci	ation	System
20a	Class life	_						S	3/L	
b	12-year				12 yr	s.		S	3/L	
	40-year				40 yr	s.	ММ	S	3/L	
Pa	rt IV Summary (See instruction	ons.)								
21	Listed property. Enter amount from lin	ne 28							21	
22	Total. Add amounts from line 12, I	ines 14 through 17	, lines 19 an	d 20 in co	olumn (g	g), an	d line 21.			
	Enter here and on the appropriate			s and S c	orporation	ons -	see instr		22	260.
23	For assets shown above and placed i	•	•							
	enter the portion of the basis attribut	able to section 263A	costs			23				

Form 4562	(2008)				
Part V	Listed	Property	(Include	automobiles	-

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

	tion A - Depreciation													1	
24a	Do you have evidence	e to support the bus		ent use	claimed?	Y	es	No	24b  f "\	∕es," is t	he evide	nce writt	en?	_ Yes _	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Co	(d) ost or other basis		(e) sis for depo siness/inv use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation uction	Elec sectio	i) cted on 179 ost
25	Special depreciation						service	durir	ng the ta	ax					
	year and used more t				nstruction	15)					. 25				
26	Property used more	tnan 50% in a qualifie		_						1		1		1	
				%											
				% %											
2.7	Dranarty used 500/ a	r loop in a gualified bu	<u> </u>	70											
21	Property used 50% o			%						6/1		1		1	
				%						S/L -					
				%						S/L -				-	
20	Add amounts in solu	man (h) linna 25 thra	l		ممنا مم امم	21 22	~ · 1				20			-	
	Add amounts in colu										_ 28	1	20		
	Add amounts in cold	iiii (i), iiile 20. Liitei											. 29		
^	valete this eastion for	vahialas vaad by a s			Informa					d =====					
	nplete this section for ou provided vehicles to											ina this s	section f	or those	vehicle
	<u>'</u>	· · · ·			a)		b)		(c)		 d)	Ī.	e)		f)
30	Total business/inve			-	icle 1	-	icle 2	Ve	ehicle 3		icle 4		icle 5	,	cle 6
	during the year (do miles)														
31	Total commuting mile	es driven during the v	/ear												
	Total other pers														
	miles driven	•	σ,												
33	Total miles driven														
	lines 30 through 32	,													
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty ho	ours?													
35	Was the vehicle														
	more than 5% owner	or related person?													
36	Is another vehicle														
	use?														
		Section C - Que	stions for E	Employ	yers Wh	o Prov	ide Vel	hicles	for Use b	y Their	Employ	/ees			
Ans	wer these question	ns to determine i	f you meet	t an e	xception	to co	ompleti	ng Se	ection B	for veh	nicles u	sed by	emplo	yees w	ho <b>ar</b>
not	more than 5% owner	ers or related pers	ons (see ins	truction	ns).										
37	Do you maintain	a written policy	statement	that p	rohibits	all pe	ersonal	use	of vehicle	es, incl	uding	commuti	ing,	Yes	No
	by your employees?														
38	Do you maintain a	. ,	•		•				cept comm	nuting, t	y your	employe	es?		
	See the instructions f	•	•			1% or r	nore ow	ners							
	Do you treat all use of														-
40	Do you provide				employee	es, ob	otain ir	ırorma	tion from	your	employ	rees ab	out		1
	the use of the vehicle														
41	Do you meet the requestion Note: If your answer														
Da			4115 fes, u	io noi cc	ompiete S	ection i	5 IOI LITE	covere	u veriicies	-					
Ρē	rt VI Amortizat	ion													
	(a) Description o	of costs	(b) Date amorti begins			(c) Amortiz amou	able		(d) Code section	е	Amorti perio percei	zation d or		(f) ortization this year	for
42	Amortization of cost	s that begins durin	g your 2008	tax ve	ear (see i	instruc	tions):				Poroci	ago			
		<u>~</u>			<u> </u>										
43	Amortization of costs	that began before v	our 2008 tax	year	ı						1	43			
44	Total. Add amounts i	-		•	ere to repo	rt						44			
JSA	10 3.000				-						. 2		For	m <b>4562</b>	(2008

2008 LAHAINALUNA HIGH SCHOOL FOUNDATION 99-0348748

#### **Description of Property**

GENERAL DEPRECIATION

DEPRECIATION	
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Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS	M A CRS class	Current-year 179 expense	Current-year depreciation
COPY MACHINE	12/31/2001	10,335.	100.000			10,335.	9,818.	9,818.	200DB	MQ			5		•
TELESCOPE	12/31/2001		100.000			250.	237.	237.	200DB				5		
COMPUTER	03/04/2003		100.000			2,136.	2,135.	2,135.	200DB				3		
FILE CABINETS	03/20/2003	576.	100.000			576.	542.	575.	200DB	НҮ			5		33.
XEROX	04/01/2003	725.	100.000			725.	684.	725.	200DB	HY			5		41.
PRINTER	01/24/2006	300.	100.000			300.	201.	259.	200DB	HY			5		58.
COMPUTER SOFTWARE	10/09/2006	385.	100.000			385.	160.	288.	SL		3.000				128.
HIROSHI T PAINTING	05/24/2006	9,500.	100.000			9,500.									
BETTY HAY PAINTING	06/15/2007	4,000.	100.000			4,000.									
DON JUSCO PAINTING	12/28/2007	500.	100.000			500.									
PEGGY HOPPER POSTE	06/15/2007	500.	100.000			500.									
ATHLETIC STADIUM	02/13/2008	92,372.	100.000			92,372.									
PRINTER	07/25/2008	161.	100.000			161.			200DB	HY					
Lacar Datirad Access															
Less: Retired Assets Subtotals		121,740.	-			121,740.	13,777.	14,037.	]						260.
Listed Property		121/110:				121,710.	13,777.	11,037.							200.
Less: Retired Assets									_						
Subtotals															
TOTALS		121,740.				121,740.	13,777.	14,037.							260.
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
TOTALS															