

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

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form header section A-F containing organization name (LAHAINA RESTORATION FOUNDATION), address (120 DICKENSON STREET, LAHAINA HI 96761), and contact information.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Section G: Web site (N/A) and Section J: Organization type (501(c)(3)).

Section K: Check here if the organization's gross receipts are normally not more than \$25,000.

Section L: Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 (659,736).

Sections H, I, and M: Affiliates and group return information.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Main table with 21 rows detailing revenue (lines 1-12), expenses (lines 13-17), and net assets (lines 18-21). Includes a 'RECEIVED' stamp dated NOV 20 2003 from OGDEN, UT.

SCANNED DEC 15 2003

Revenue

Expenses

Assets

G13

7

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc (attach schedule), 43 Other expenses not covered above (itemize) a, b, c, d, e, 44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15

Joint Costs Check [ ] if you are following SOP 98-2
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

Table with 2 columns: Description, Program Service Expenses (Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others). Row a: FOR EDUCATIONAL, CHARITABLE AND SCIENTIFIC PURPOSES. (Grants and allocations \$ ) 496,101
Row b: (Grants and allocations \$ )
Row c: (Grants and allocations \$ )
Row d: (Grants and allocations \$ )
Row e: Other program services (attach schedule) (Grants and allocations \$ )
Row f: Total of Program Service Expenses (should equal line 44, column (B) Program services) 496,101

**Part IV Balance Sheets** (See page 24 of the instructions)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	18,655	45	2,328
46	Savings and temporary cash investments	345,558	46	329,145
47a	Accounts receivable	47a 11,236		
b	Less allowance for doubtful accounts	47b	47c	11,236
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use	7,351	52	7,069
53	Prepaid expenses and deferred charges	53,583	53	59,780
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis	55a 1,838,060		
b	Less accumulated depreciation (attach schedule)	55b 56,432	55c	1,781,628
56	Investments-other (attach schedule)		56	
57a	Land, buildings and equipment basis	57a 1,461,139		
b	Less accumulated depreciation (attach schedule)	57b 146,722	57c	1,314,417
58	Other assets (describe <input type="checkbox"/> See Stmt 5 )		58	6,159
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	3,650,535	59	3,511,762
60	Accounts payable and accrued expenses	18,219	60	5,508
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/> See Stmt 6 )		65	80,688
66	<b>Total liabilities</b> (add lines 60 through 65)	18,219	66	86,196
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	1,951,628	67	1,744,878
68	Temporarily restricted		68	
69	Permanently restricted	1,680,688	69	1,680,688
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,632,316	73	3,425,566
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	3,650,535	74	3,511,762

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See page 27 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees officers etc , to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	N/A	81b
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III )	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	83a
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	85b
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes " complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions )	90b	12
91	The books are in care of <u>LAHAINA RESTORATION FOUND</u> Located at <u>120 DICKENSON ST., LAHAINA, HI</u>	Telephone no	<u>808-661-3262</u> ZIP + 4 <u>96761</u>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)**

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> BALDWIN HOME					37,121
<b>b</b> BRIG ADMISSIONS					15,853
<b>c</b> COURTHOUSE ADMISSIONS					9,907
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	13,603	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					502,552
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					1,800
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					517
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b> MISCELLANEOUS INCOME					681
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		13,603	568,431
<b>105</b> Total (add line 104, columns (B), (D), and (E))					582,034

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	See Statement 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)**

- (a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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, the information reported hereon is true and correct. This declaration is based on all information of which preparer has any knowledge

Executive Director

11/17/0  
Date

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2002**

**Supplementary Information-(See separate instructions )**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

LAHAINA RESTORATION FOUNDATION

99-6004506

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben. plans & deferred compensation	(e) Expense account and other allowances
TERRY MORGAN 187 PRISON ST., LAHAINA, HI	OPERATION 40+	58,930	0	0
GEORGE W. FREELAND 49 LEA LEA PL, PUKALANI, HI	EXEC DIR 40+	58,650	0	0
Total number of other employees paid over \$50,000		0		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions)

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, grants, and annuity plans. Marked 'No' for all.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches
6 A school
7 A hospital or a cooperative hospital service organization
8 A Federal, state, or local government or governmental unit
9 A medical research organization operated in conjunction with a hospital
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11b A community trust
12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2)

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	43,701	27,524	19,501	39,117	129,843
<b>16</b> Membership fees received	2,929				2,929
<b>17</b> Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc purpose	82,115	98,236	124,803	128,197	433,351
<b>18</b> Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)) rents, royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	395,995	461,908	415,015	407,130	1,680,048
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
<b>21</b> The value of serv or facd furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public wrthout charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of cap assets	34,102	2,334	360		36,796
<b>23</b> Total of lines 15 through 22	558,842	590,002	559,679	574,444	2,282,967
<b>24</b> Line 23 minus line 17	476,727	491,766	434,876	446,247	1,849,616
<b>25</b> Enter 1% of line 23	5,588	5,900	5,597	5,744	

<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24	<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts		<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____		<b>26d</b>
22 _____ 26b _____		<b>26e</b>
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b> %

<b>27 Organizations described on line 12</b>	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year
(2001) 10,000 (2000) _____ (1999) _____ (1998) _____	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	
(2001) _____ (2000) _____ (1999) _____ (1998) _____	
<b>c</b> Add Amounts from column (e) for lines 15 129,843 16 2,929	
17 433,351 20 _____ 21 _____	<b>27c</b> 566,123
<b>d</b> Add Line 27a total 10,000 and line 27b total _____	<b>27d</b> 10,000
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b> 556,123
<b>f</b> Total support for section 509(a)(2) test Enter amount on line 23, column (e)	<b>27f</b> 2,282,967
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b> 24.3597%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b> 73.5906%

**28 Unusual Grants** For an organization described in line 10 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions )

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?			
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?			
b Admissions policies?			
c Employment of faculty or administrative staff?			
d Scholarships or other financial assistance?			
e Educational policies?			
f Use of facilities?			
g Athletic programs?			
h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a Does the organization receive any financial aid or assistance from a governmental agency?			
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with 3 columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows 45-50 detailing lobbying nontaxable amount, ceiling amount, and total lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
b Paid staff or management (include compensation in expenses reported on lines c through h )
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches lectures, or any other means
i Total lobbying expenditures (add lines c through h )

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains N/A.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box for No)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains N/A.

· 1407D LAHAINA RESTORATION FOUNDATION

99-6004506

## Federal Statements

FYE 12/31/2002

### Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
GAIN ON SALE OF ASSET	\$ <u>1,800</u>
Total	\$ <u><u>1,800</u></u>

# Federal Statements

## Statement 2 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
MERCHANDISE SALES	\$ 1,283	\$ 766	\$ 517
Total	<u>\$ 1,283</u>	<u>\$ 766</u>	<u>\$ 517</u>

· 1407D LAHAINA RESTORATION FOUNDATION

99-6004506

## Federal Statements

FYE 12/31/2002

### Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD ADJUSTMENT	\$ <u>-72,888</u>
Total	\$ <u><u>-72,888</u></u>

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
UTILITIES	14,048	11,912	2,136	
INSURANCE	15,122	7,910	7,212	
TOUR MAP EXPENSE	1,225	1,225		
EXHIBIT	1,537	1,537		
MAINTENANCE	78,098	78,098		
BRIG MOORAGE	5,772	5,772		
PARKING LOT GET TAX EXP	13,669	13,547	122	
PARKING LOT PAVEMENT REPAIRS	5,520	5,520		
MISTER READING RM	855	855		
HOSP AND COTTAGE	511	511		
GROUNDS EXP	6,171	6,171		
CAMPBELL PARK MAINTENANCE	3,386	3,386		
OPERATING BONUSES	2,620	2,620		
HONORARIUM	26,448		26,448	
TAXES & LICENSES	1,236		1,236	
DUES & SUB	1,781		1,781	
PROMOTION	5,549		5,549	
MEETING	6,023		6,023	
INTERPRETIVE PLAN	26,304		26,304	
SCHOLARSHIPS	10,000		10,000	
MUSEUM MGR COSTS	31,032		31,032	
COLLECTIONS	1,000		1,000	
VEHICLE	9,366		9,366	
OFFICE	11,141		11,141	
COMMUNICATION	8,887		8,887	
BANYAN TREE	9,307	9,307		
OUTSIDE SERVICES	31,351	31,351		
TREE TRIM	7,582	7,582		
RUBBISH REMOVAL	60,367	60,367		
GROUNDS MAINT	5,793	5,793		
GROUNDS TOOL	9,414	9,414		
GROUNDS EQUIP	5,781	5,781		
RECOVERIES	-43,145	-26,185	-16,960	
<b>Total</b>	<u>\$ 373,751</u>	<u>\$ 242,474</u>	<u>\$ 131,277</u>	<u>\$ 0</u>

**Federal Statements**

**Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
TRUST FUNDS	\$	\$ 6,159
Total	\$ 0	\$ 6,159

**Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
TRUSTS AND RESERVES	\$	\$ 80,688
Total	\$ 0	\$ 80,688



## Federal Statements

Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees  
(continued)

Name	Comp	Benefits	Expenses	Title	Address	Average Hours	City, State, Zip
MICHAEL A SMITH	0	0	0	DIRECTOR	1 991 A FRONT ST.		LAHAINA, HI 96761
ROBERT T. VORFELD	0	0	0	DIRECTOR	1 546 MELE MELE ST.		WAILUKU, HI 96793
PETER BALDWIN	0	0	0	DIRECTOR	1 55 SOUTH WAKEA ST.		KAHULUI, HI 96732
ZADOC BROWN, JR.	0	0	0	DIRECTOR	1 33 LONO AVE.	330	KAHULUI, HI 96732
SAM KADOTANI	0	0	0	VP	1 P O. BOX 157		LAHAINA, HI 96761
RON LACLERGUE	0	0	0	DIRECTOR	1 845 FRONT STREET		LAHAINA, HI 96761
MICHAEL H. LYONS II	0	0	0	TREASURER	1 P.O. BOX 335		MAKAWAO, HI 96768
PETER MARTIN	0	0	0	DIRECTOR	1 590 OLD STABLE RD		PAIA, HI 96779
MICHAEL MOORE	0	0	0	SECRETARY	1 1287 FRONT STREET		LAHAINA, HI 96761
BARBARA SHARP	0	0	0	DIRECTOR	1 153-2 PUALEI DRIVE		LAHAINA, HI 96761
DONNA S. K. SOARES	0	0	0	DIRECTOR	1 32 KUA PLACE		LAHAINA, HI 96761
PENNY WAKIDA	0	0	0	DIRECTOR	1 285 PUAPIHI ST.		LAHAINA, HI 96761
KIM VON TEMPSKY	0	0	0	DIRECTOR	1 727 WAINEE ST. #102		LAHAINA, HI 96761

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## Federal Statements

### Statement 8 - Form 990, Part V, Line 75 - Information on Compensation Exceeding \$100,000

Name	Related Organization	Compensation	Benefits	Expenses
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N/A

**Federal Statements****Statement 9 - Form 990, Part VIII - Relationship of Activities**

<u>Line No</u>	<u>Description</u>
93a	PROVIDES CARE OF 19TH CENTURY ARTIFACTS. GUIDED TOURS
93b	AND EDUCATIONAL PROGRAMS ARE OFFERED BY INTERPRETIVE
93c	PERSONNEL. THESE ARE SUPPLEMENTAL WITH PRINTED MATERIAL FOR VISITORS AT VARIOUS HISTORIC SITES IN LAHAINA. A WALKING TOUR MAP IS ALSO PROVIDED WITHOUT CHARGE
97b	ADAPTIVE AND COMPATIBLE USES OF HISTORIC PROPERTIES SUPPORT INTERPRETIVE AND EDUCATION PROGRAMS OFFERED BY THE LRF. INCOME FROM CERTAIN SITES PROVIDES SUPPORT FOR OTHER NON-REVENUE PRODUCING FACILITIES.
102	SALE OF HAWAIIAN HISTORY BOOKS AND LAHAINA-RELATED MATERIAL PROVIDES SUPPORT FOR EDUCATIONAL AND INTERPRETIVE PROGRAMS ONLY BOOKS THAT RELATE DIRECTLY TO THE GOALS AND OBJECTIVES OF THE LRF ARE OFFERED FOR SALE.
103	LECTURES, PUBLICATIONS, AND EDUCATIONAL/INFORMATIONAL VIDEO TAPES PROVIDE TEACHING AND INSTRUCTIONAL AIDS FOR THE ADVANCEMENT OF THE SCIENTIFIC, EDUCATIONAL, AND CHARITABLE GOALS OF THE LRF.