

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

99-6004506

LAHAINA RESTORATION FOUNDATION

Net Asset / Fund Balance at Beginning of Year		<u>21,476,479</u>
Revenue		
Contributions	<u>543,363</u>	
Program service revenue	<u>1,104,170</u>	
Investment income	<u>91,700</u>	
Capital gain / loss	<u>-121,828</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>281,445</u>	
Total revenue		<u>1,898,850</u>
Expenses		
Program services	<u>1,263,179</u>	
Management and general	<u>488,324</u>	
Fundraising	<u>82,458</u>	
Total expenses		<u>1,833,961</u>
Excess / (deficit)		<u>64,889</u>
Changes		<u>-1,008,845</u>
Net Asset / Fund Balance at End of Year		<u>20,532,523</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,049,223</u>
Less:	
Unrealized gains	<u>-849,627</u>
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>1,898,850</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,833,962</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>1,833,961</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>21,513,209</u>	<u>20,579,726</u>	
Liabilities	<u>36,730</u>	<u>47,203</u>	
Net assets	<u>21,476,479</u>	<u>20,532,523</u>	<u>-943,956</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/15/23
Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service
Name of filer

LAHAINA RESTORATION FOUNDATION

EIN or SSN
99-6004506

Name and title of officer or person subject to tax
**THEO MORRISON
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,898,850
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **KAWAHARA + HU LLP** to enter my PIN **04506** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **09/29/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

99232312345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ROBERT S. KAWAHARA** Date **09/29/23**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization LAHAINA RESTORATION FOUNDATION		D Employer identification number 99-6004506
Doing business as		E Telephone number 808-661-3262
Number and street (or P.O. box if mail is not delivered to street address) 120 DICKENSON ST		
Room/suite		
City or town, state or province, country, and ZIP or foreign postal code LAHAINA HI 96761		G Gross receipts \$ 4,168,226

F Name and address of principal officer: DAVID ALLAIRE 260 AKIA PLACE LAHAINA HI 96761		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
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J Website: LAHAINARESTORATION.ORG	L Year of formation: 1962	M State of legal domicile: HI
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RESTORE, PRESERVE AND PROTECT THE PHYSICAL, HISTORICAL AND CULTURAL LEGACIES OF LAHAINA AND HONOR THE ERA OF THE HAWAIIAN MONARCHY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 22
	4	Number of independent voting members of the governing body (Part VI, line 1b) 22
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 22
	6	Total number of volunteers (estimate if necessary) 35
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0
Revenue	8 Contributions and grants (Part VIII, line 1h) 568,994 (Prior Year) 543,363 (Current Year)	
	9 Program service revenue (Part VIII, line 2g) 877,623 1,104,170	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,086,229 -30,128	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 242,060 281,445	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,774,906 1,898,850	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 40,000 39,000
14 Benefits paid to or for members (Part IX, column (A), line 4) 0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 757,475 942,383		
16a Professional fundraising fees (Part IX, column (A), line 11e) 4,263 4,904		
b Total fundraising expenses (Part IX, column (D), line 25) 82,458		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 850,213 847,674		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,651,951 1,833,961		
19 Revenue less expenses. Subtract line 18 from line 12 1,122,955 64,889		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21,513,209 (Beginning of Current Year) 20,579,726 (End of Year)	
	21 Total liabilities (Part X, line 26) 36,730 47,203	
	22 Net assets or fund balances. Subtract line 21 from line 20 21,476,479 20,532,523	

Part II 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.

Sign Here	Signature of officer THEO MORRISON	Date
	Type or print name and title EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name ROBERT S. KAWAHARA	Preparer's signature ROBERT S. KAWAHARA	Date 09/29/23	Check <input type="checkbox"/> if self-employed	PTIN P00643383
	Firm's name KAWAHARA + HU LLP	Firm's EIN 84-4041433			
	Firm's address 77 HOOKELE ST FL 3 KAHULUI, HI 96732	Phone no. 808-244-5531			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO RESTORE, PRESERVE AND PROTECT THE PHYSICAL, HISTORICAL AND CULTURAL LEGACIES OF LAHAINA AND HONOR THE ERA OF THE HAWAIIAN MONARCHY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,214,787 including grants of \$ 39,000) (Revenue \$ 1,104,170)

COOPERATED WITH ALL COMMUNITY-ORIENTED INTERESTS IN AN EFFORT TO RESTORE, MAINTAIN AND PRESERVE THE PHYSICAL AND CULTURAL LEGACIES AND HISTORY OF THE FIRST CAPITAL OF THE KINGDOM OF HAWAII.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ 48,392 including grants of \$) (Revenue \$)

4e Total program service expenses 1,263,179

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			25
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
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	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

LAHAINA RESTORATION FOUNDATION

120 DICKENSON STREET

LAHAINA

HI 96761

808-661-3262

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ALLAIRE PRESIDENT	1.00 0.00	X		X				0	0	0
(2) KEVIN BAPTIST VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(3) LOUISA SHELTON SECRETARY	1.00 0.00	X		X				0	0	0
(4) EDWARD BALDWIN TREASURER	1.00 0.00	X		X				0	0	0
(5) ANDREW KUTSUNAI DIRECTOR	1.00 0.00	X						0	0	0
(6) PENNY WAKIDA DIRECTOR	1.00 0.00	X						0	0	0
(7) PETER MARTIN DIRECTOR	1.00 0.00	X						0	0	0
(8) CONNIE SUTHERLAND DIRECTOR	1.00 0.00	X						0	0	0
(9) PAUL MANCINI DIRECTOR	1.00 0.00	X						0	0	0
(10) LORI SABLAS DIRECTOR	1.00 0.00	X						0	0	0
(11) BUNT BURKHALTER DIRECTOR	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LESLIE HIRAGA	1.00									
DIRECTOR	0.00	X						0	0	0
(13) DONNA SOARES	1.00									
DIRECTOR	0.00	X						0	0	0
(14) BARB NEWTON	1.00									
DIRECTOR	0.00	X						0	0	0
(15) RONALD KAWAHARA	1.00									
DIRECTOR	0.00	X						0	0	0
(16) RILEY COON	1.00									
DIRECTOR	0.00	X						0	0	0
(17) GINGER GANNON	1.00									
DIRECTOR	0.00	X						0	0	0
(18) LORI GOMEZ-KARINEN	1.00									
DIRECTOR	0.00	X						0	0	0
(19) BILL COUNTRYMAN	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	115,924				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	242,979				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	184,460				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			543,363			
	Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code	897,213			897,213
b MUSEUM TOURS			100,812	100,812			
c CAM/REIMBURSEMENTS/RESERVE			53,327			53,327	
d COMMUNITY EVENTS			52,818	52,818			
e							
f All other program service revenue							
g Total. Add lines 2a-2f				1,104,170			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		91,700	32		91,668
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	244,438				
		(ii) Personal					
		6a					
	b Less: rental expenses	6b	130,186				
	c Rental inc. or (loss)	6c	114,252				
	d Net rental income or (loss)			114,252			114,252
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,849,186				
		(ii) Other	38,849				
		7a					
	b Less: cost or other basis and sales exps.	7b	2,009,863				
	c Gain or (loss)	7c	-160,677	38,849			
d Net gain or (loss)			-121,828	-160,677		38,849	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a	296,520					
b Less: cost of goods sold	10b	129,327					
c Net income or (loss) from sales of inventory			167,193			167,193	
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,898,850	-7,015	0	1,362,502	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,000	39,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	736,853	522,182	160,917	53,754
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,689	4,124	30,565	
9 Other employee benefits	106,619	85,070	12,792	8,757
10 Payroll taxes	64,222	43,671	16,055	4,496
11 Fees for services (nonemployees):				
a Management	28,271	27,114	1,157	
b Legal				
c Accounting	14,799		14,799	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	4,904			4,904
f Investment management fees	38,848		38,848	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	227,853	144,883	72,423	10,547
12 Advertising and promotion	19,717	19,717		
13 Office expenses	29,102	14,825	14,277	
14 Information technology	5,869	1,963	3,906	
15 Royalties				
16 Occupancy	65,369	50,453	14,916	
17 Travel	28,374	20,597	7,777	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,307		20,307	
20 Interest	6		6	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,405	42,532	25,873	
23 Insurance	33,915	25,363	8,552	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIR & MAINTENANCE	55,758	50,427	5,331	
b GENERAL EXCISE TAX	47,453	47,453		
c SUPPLIES	41,053	33,661	7,392	
d BANK CHARGES	24,434		24,434	
e All other expenses	98,141	90,144	7,997	
25 Total functional expenses. Add lines 1 through 24e	1,833,961	1,263,179	488,324	82,458
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	558,383	1	329,140
	2	Savings and temporary cash investments	221,912	2	145,026
	3	Pledges and grants receivable, net	43,909	3	111,902
	4	Accounts receivable, net	13,551	4	28,550
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	27,013	8	18,605
	9	Prepaid expenses and deferred charges	18,225	9	50,945
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,010,783		
	b	Less: accumulated depreciation	10b 1,725,812	10c	15,284,971
	11	Investments—publicly traded securities	5,070,502	11	4,585,587
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	25,000	15	25,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	21,513,209	16	20,579,726	
Liabilities	17	Accounts payable and accrued expenses	36,730	17	47,203
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	36,730	26	47,203
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	21,476,479	27	20,470,690
	28	Net assets with donor restrictions		28	61,833
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	21,476,479	32	20,532,523
33	Total liabilities and net assets/fund balances	21,513,209	33	20,579,726	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,898,850
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,833,961
3	Revenue less expenses. Subtract line 2 from line 1	3	64,889
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,476,479
5	Net unrealized gains (losses) on investments	5	-849,627
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-163,806
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,588
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,532,523

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KAINOA CASCO	0.00									
DIRECTOR	0.00	X					0	0	0	
(21) J. KAILANI ROSS	0.00									
DIRECTOR	0.00	X					0	0	0	
(22) THEO MORRISON	0.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

LAHAINA RESTORATION FOUNDATION

Employer identification number

99-6004506

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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 exempt 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 (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	462,268	707,637	412,087	568,994	543,363	2,694,349
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	136,121	125,002	43,238	44,436	153,662	502,459
3 Gross receipts from activities that are not an unrelated trade or business under section 513	840,638	909,836	305,486	1,002,234	1,247,060	4,305,254
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 through 5	1,439,027	1,742,475	760,811	1,615,664	1,944,085	7,502,062
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	40,000	40,000	40,000		40,000	160,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	40,000	40,000	40,000		40,000	160,000
8 Public support. (Subtract line 7c from line 6.)						7,342,062

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,439,027	1,742,475	760,811	1,615,664	1,944,085	7,502,062
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,757	536,153	285,939	386,795	336,106	1,559,750
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,757	536,153	285,939	386,795	336,106	1,559,750
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,453,784	2,278,628	1,046,750	2,002,459	2,280,191	9,061,812
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	81.02 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	82.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	17 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	15 %

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization

Employer identification number

LAHAINA RESTORATION FOUNDATION

99-6004506

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

LAHAINA RESTORATION FOUNDATION

Employer identification number

99-6004506

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF MAUI 200 SOUTH HIGH STREET WAILUKU HI 96793	\$ 242,979	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE HOUSEMART FAMILY FUND 2180 PAA STREET BLDG A HONOLULU HI 96819	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STRONG FOUNDATION 414 N HACKBERRY STREET SAN ANTONIO TX 78202	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

LAHAINA RESTORATION FOUNDATION

99-6004506

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(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					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,537,500		14,537,500
b Buildings		894,248	1,120,180	-225,932
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,311,568

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,049,223
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-849,627	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-849,627	
3	Subtract line 2e from line 1	3	1,898,850	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,898,850	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,833,962
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d	2e	1	
3	Subtract line 2e from line 1	3	1,833,961	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,833,961	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ **1**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

LAHAINA RESTORATION FOUNDATION

Employer identification number

99-6004506

Part I General Information on Grants and Assistance

- 1 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? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2022)

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public
Inspection

Employer identification number

99-6004506

LAHAINA RESTORATION FOUNDATION

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) KAWAHARA & HU, LLC	DIRECTOR		ACCOUNTING SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

TRANSACTION TOTALS ARE BELOW THRESHOLD AMOUNT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

LAHAINA RESTORATION FOUNDATION

Employer identification number

99-6004506

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS WILL BE PROVIDED A COPY OF THE FORM 990 AND WILL
REVIEW THE RETURN PRIOR TO FILING IF TIME PERMITS.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION MONITORS CONFLICTS OF INTEREST AND UPDATES DISCLOSURES
ANNUALLY.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE ORGANIZATION HAS A SELECTION COMMITTEE THAT EVALUATES CANDIDATES FOR
THE EXECUTIVE DIRECTOR POSITION. THE BOARD OF DIRECTORS APPROVES THE
COMPENSATION FOR THE EXECUTIVE DIRECTOR.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON
REQUEST.**

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

SECURITY

\$ 4,693

\$ 0

\$ 0

Name of the organization

Employer identification number

LAHAINA RESTORATION FOUNDATION

99-6004506

OTHER CONTRACT LABOR

\$ 90,839 \$ 37,671 \$ 10,547

PROFESSIONAL SERVICES

\$ 45,000 \$ 34,752 \$ 0

COMMUNITY EVENTS

LABOR

\$ 4,351 \$ 0 \$ 0

TOTAL

\$ 144,883 \$ 72,423 \$ 10,547

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

NONDIVIDEND DISTRIBUTION \$ 4,588

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

LAHAINA RESTORATION FOUNDATION

Identifying number
99-6004506

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	83,518

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	2,590
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	86,108
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
8	2004 Ford F-150	7/24/06	13,990			13,990	5 HY 200DB	13,990	0
9	Prison - Roof	9/18/06	9,122			9,122	15 HY S/L	9,122	0
20	Improvements-Plantation Hse	10/31/08	71,227			71,227	27 MMS/L	34,211	2,590
74	Seaman's - New Electrical System	11/03/21	0		X	0	5 HY 200DB	0	0
75	new A/C - Hale Pai	7/23/21	6,527		X	0	5 HY 200DB	6,527	0
			<u>100,866</u>			<u>94,339</u>		<u>63,850</u>	<u>2,590</u>
Other Depreciation:									
4	Seamen's/Plantation House	12/09/74	577,500			577,500	39 MO S/L	577,499	0
5	Hale Pa'i - Painting	4/07/00	3,584			3,584	15 MO S/L	3,584	0
6	Hale Aloha - Roof	10/28/04	23,693			23,693	15 MO S/L	23,693	0
7	Wo Hing - Improvements	12/22/05	15,095			15,095	15 MO S/L	15,095	0
15	Baldwin Compound	8/29/67	135,000			135,000	39 MO S/L	134,999	0
16	Baldwin Land	8/29/67	13,365,000			13,365,000	0 -- Land	0	0
17	Seamans Land	12/09/74	1,172,500			1,172,500	0 -- Land	0	0
21	Courthouse Painting	3/31/08	3,445			3,445	15 MO S/L	3,158	230
22	Hale Aloha Bell	6/01/08	8,613			8,613	15 MO S/L	7,800	574
23	Seaman's Hospital Improvements	4/30/09	30,500			30,500	15 MO S/L	25,756	2,033
25	Courthouse Improvements	12/31/09	8,516			8,516	15 MO S/L	6,813	567
26	Pioneer Mill/Smokestack Restoration	7/09/09	848			848	15 MO S/L	707	56
27	Plantation House Improvements	12/31/09	156			156	15 MO S/L	125	10
28	Baldwin Home Improvements	12/31/09	52,579			52,579	15 MO S/L	42,063	3,505
29	Hale Pa'i Improvements	3/11/10	26,905			26,905	15 MO S/L	21,225	1,794
30	Wo Hing Museum Improvements	5/12/10	8,025			8,025	15 MO S/L	6,241	535
31	Plantation House Smokestack Restoration	11/19/10	570,747			570,747	39 MO S/L	162,199	14,635
32	Parking Lot Machine	3/16/10	7,414			7,414	5 MO S/L	7,414	0
33	Courthouse Improvements	9/30/10	4,202			4,202	15 MO S/L	3,151	281
34	Baldwin Improvements	2/28/10	500			500	39 MO S/L	152	13
35	Wo Hing Sign	6/30/11	1,033			1,033	15 MO S/L	723	69
36	Hale Aloha - Fence	11/30/11	3,635			3,635	15 MO S/L	2,443	243
37	Smokestack Restoration	12/31/11	39,749			39,749	39 MO S/L	10,192	1,019
46	New Decking	9/14/12	9,047			9,047	15 MO S/L	5,629	603
47	Pioneer/Smokestack Restoration	11/30/12	9,955			9,955	15 MO S/L	6,028	664
48	Locomotive Exhibit	11/30/12	15,598			15,598	15 MO S/L	9,446	1,040
49	Parking Lot Machine/Printer	9/28/12	1,548			1,548	5 MO S/L	1,548	0
50	Tents	6/01/12	4,211			4,211	5 MO S/L	4,211	0
51	Folding Benches/Chairs	6/01/12	1,192			1,192	5 MO S/L	1,192	0
52	Plastic Chairs	7/01/12	271			271	5 MO S/L	271	0
53	Heavy Duty Tarps	9/17/12	528			528	5 MO S/L	528	0
54	Baldwin Backyard Project	12/31/12	4,373			4,373	15 MO S/L	2,624	291
55	Baldwin Backyard	12/31/13	8,379			8,379	15 MO S/L	4,469	559
56	Wo Hing Improvements	9/30/13	2,150			2,150	15 MO S/L	1,182	144
57	Smokestack Restore	10/01/13	10,548			10,548	15 MO S/L	5,801	704
58	Locomotive Improvements	10/01/13	15,412			15,412	15 MO S/L	8,476	1,028
59	Courthouse Improvements	8/29/13	3,745			3,745	15 MO S/L	2,081	249
61	Agawa Home Restoration	1/31/14	112,910			112,910	15 MO S/L	59,591	7,528
62	Seaman's Air Conditioners	7/22/14	10,000			10,000	15 MO S/L	4,944	667
63	Wo Hing Sign	11/10/14	5,142			5,142	15 MO S/L	2,457	343
64	Pioneer Smokestack Renovation	10/01/14	9,413			9,413	15 MO S/L	4,550	627
65	Improvements-WoHing	10/31/16	96,469			96,469	15 MO S/L	33,228	6,431
66	Improvements-Plantation Museum Carpet	7/12/16	5,429			5,429	15 MO S/L	1,991	362
67	Conference Table-Masters	7/25/18	11,500			11,500	5 MO S/L	7,858	2,300
68	Conference Table Modifications	12/12/18	3,450			3,450	5 MO S/L	2,128	690
69	Parking Lot Machine	4/04/18	10,481			10,481	5 MO S/L	7,861	2,096
70	Cellblock Roof	6/28/19	34,698			34,698	15 MO S/L	5,783	2,313
72	Baldwin Home Compound Parking Lot Res	4/10/20	41,035			41,035	20 MO S/L	3,591	2,051
73	Harbor Front Improvements	12/31/19	333,043			333,043	15 MO S/L	44,406	22,203
76	2011 Ford Truck	1/17/14	18,905			18,905	5 MO S/L	18,905	0
77	Improvements-Wo Hing Museum	9/16/16	75,917			75,917	15 MO S/L	21,510	5,061
	Total Other Depreciation		<u>16,914,588</u>			<u>16,914,588</u>		<u>1,327,321</u>	<u>83,518</u>
	Total ACRS and Other Depreciation		<u>16,914,588</u>			<u>16,914,588</u>		<u>1,327,321</u>	<u>83,518</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		17,015,454			17,008,927		1,391,171	86,108
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>17,015,454</u>			<u>17,008,927</u>		<u>1,391,171</u>	<u>86,108</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
4	Seamen's Plantation House	12/09/74	0			0	0 HY	0	0
5	Hale Pa'i - Painting	4/07/00	0			0	0 HY	0	0
6	Hale Aloha - Roof	10/28/04	0			0	0 HY	0	0
7	Wo Hing - Improvements	12/22/05	0			0	0 HY	0	0
8	2004 Ford F-150	7/24/06	0			0	0 HY	0	0
9	Prison - Roof	9/18/06	0			0	0 HY	0	0
15	Baldwin Compound	8/29/67	0			0	0 HY	0	0
16	Baldwin Land	8/29/67	0			0	0 HY	0	0
17	Seamans Land	12/09/74	0			0	0 HY	0	0
20	Improvements-Plantation Hse	10/31/08	0			0	0 HY	0	0
21	Courthouse Painting	3/31/08	0			0	0 HY	0	0
22	Hale Aloha Bell	6/01/08	0			0	0 HY	0	0
23	Seaman's Hospital Improvements	4/30/09	0			0	0 HY	0	0
25	Courthouse Improvements	12/31/09	0			0	0 HY	0	0
26	Pioneer Mill/Smokestack Restoration	7/09/09	0			0	0 HY	0	0
27	Plantation House Improvements	12/31/09	0			0	0 HY	0	0
28	Baldwin Home Improvements	12/31/09	0			0	0 HY	0	0
29	Hale Pa'i Improvements	3/11/10	0			0	0 HY	0	0
30	Wo Hing Museum Improvements	5/12/10	0			0	0 HY	0	0
31	Plantation House Smokestack Restoration	11/19/10	0			0	0 HY	0	0
32	Parking Lot Machine	3/16/10	0			0	0 HY	0	0
33	Courthouse Improvements	9/30/10	0			0	0 HY	0	0
34	Baldwin Improvements	2/28/10	0			0	0 HY	0	0
35	Wo Hing Sign	6/30/11	0			0	0 HY	0	0
36	Hale Aloha - Fence	11/30/11	0			0	0 HY	0	0
37	Smokestack Restoration	12/31/11	0			0	0 HY	0	0
46	New Decking	9/14/12	0			0	0 HY	0	0
47	Pioneer/Smokestack Restoration	11/30/12	0			0	0 HY	0	0
48	Locomotive Exhibit	11/30/12	0			0	0 HY	0	0
49	Parking Lot Machine/Printer	9/28/12	0			0	0 HY	0	0
50	Tents	6/01/12	0			0	0 HY	0	0
51	Folding Benches/Chairs	6/01/12	0			0	0 HY	0	0
52	Plastic Chairs	7/01/12	0			0	0 HY	0	0
53	Heavy Duty Tarps	9/17/12	0			0	0 HY	0	0
54	Baldwin Backyard Project	12/31/12	0			0	0 HY	0	0
55	Baldwin Backyard	12/31/13	0			0	0 HY	0	0
56	Wo Hing Improvements	9/30/13	0			0	0 HY	0	0
57	Smokestack Restore	10/01/13	0			0	0 HY	0	0
58	Locomotive Improvements	10/01/13	0			0	0 HY	0	0
59	Courthouse Improvements	8/29/13	0			0	0 HY	0	0
61	Agawa Home Restoration	1/31/14	0			0	0 HY	0	0
62	Seaman's Air Conditioners	7/22/14	0			0	0 HY	0	0
63	Wo Hing Sign	11/10/14	0			0	0 HY	0	0
64	Pioneer Smokestack Renovation	10/01/14	0			0	0 HY	0	0
65	Improvements-WoHing	10/31/16	0			0	0 HY	0	0
66	Improvements-Plantation Museum Carpet	7/12/16	0			0	0 HY	0	0
67	Conference Table-Masters	7/25/18	0			0	0 HY	0	0
68	Conference Table Modifications	12/12/18	0			0	0 HY	0	0
69	Parking Lot Machine	4/04/18	0			0	0 HY	0	0
70	Cellblock Roof	6/28/19	0			0	0 HY	0	0
72	Baldwin Home Compound Parking Lot Res	4/10/20	0			0	0 HY	0	0
73	Harbor Front Improvements	12/31/19	0			0	0 HY	0	0
74	Seaman's - New Electrical System	11/03/21	0			0	0 HY	0	0
75	new A/C - Hale Pai	7/23/21	0			0	0 HY	0	0
76	2011 Ford Truck	1/17/14	18,905			18,905	5 MO S/L	18,905	0
77	Improvements-Wo Hing Museum	9/16/16	75,917			75,917	15 MO S/L	21,510	5,061
Total Other Depreciation			<u>94,822</u>			<u>94,822</u>		<u>40,415</u>	<u>5,061</u>
Total ACRS and Other Depreciation			<u>94,822</u>			<u>94,822</u>		<u>40,415</u>	<u>5,061</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		94,822			94,822		40,415	5,061
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>94,822</u>			<u>94,822</u>		<u>40,415</u>	<u>5,061</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
74	Seaman's - New Electrical System	11/03/21	0		0	0	0	0
75	new A/C - Hale Pai	7/23/21	6,527		0	0	6,527	0
Grand Total			<u>6,527</u>		<u>0</u>	<u>0</u>	<u>6,527</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
8	2004 Ford F-150	7/24/06	13,990	0	0
9	Prison - Roof	9/18/06	9,122	0	0
20	Improvements-Plantation Hse	10/31/08	71,227	2,590	0
74	Seaman's - New Electrical System	11/03/21	0	0	0
75	new A/C - Hale Pai	7/23/21	6,527	0	0
			<u>100,866</u>	<u>2,590</u>	<u>0</u>
Other Depreciation:					
4	Seamen's/Plantation House	12/09/74	577,500	0	0
5	Hale Pa'i - Painting	4/07/00	3,584	0	0
6	Hale Aloha - Roof	10/28/04	23,693	0	0
7	Wo Hing - Improvements	12/22/05	15,095	0	0
15	Baldwin Compound	8/29/67	135,000	0	0
16	Baldwin Land	8/29/67	13,365,000	0	0
17	Seamans Land	12/09/74	1,172,500	0	0
21	Courthouse Painting	3/31/08	3,445	57	0
22	Hale Aloha Bell	6/01/08	8,613	239	0
23	Seaman's Hospital Improvements	4/30/09	30,500	2,033	0
25	Courthouse Improvements	12/31/09	8,516	568	0
26	Pioneer Mill/Smokestack Restoration	7/09/09	848	57	0
27	Plantation House Improvements	12/31/09	156	11	0
28	Baldwin Home Improvements	12/31/09	52,579	3,505	0
29	Hale Pa'i Improvements	3/11/10	26,905	1,794	0
30	Wo Hing Museum Improvements	5/12/10	8,025	535	0
31	Plantation House Smokestack Restoration	11/19/10	570,747	14,634	0
32	Parking Lot Machine	3/16/10	7,414	0	0
33	Courthouse Improvements	9/30/10	4,202	280	0
34	Baldwin Improvements	2/28/10	500	12	0
35	Wo Hing Sign	6/30/11	1,033	69	0
36	Hale Aloha - Fence	11/30/11	3,635	242	0
37	Smokestack Restoration	12/31/11	39,749	1,020	0
46	New Decking	9/14/12	9,047	603	0
47	Pioneer/Smokestack Restoration	11/30/12	9,955	663	0
48	Locomotive Exhibit	11/30/12	15,598	1,040	0
49	Parking Lot Machine/Printer	9/28/12	1,548	0	0
50	Tents	6/01/12	4,211	0	0
51	Folding Benches/Chairs	6/01/12	1,192	0	0
52	Plastic Chairs	7/01/12	271	0	0
53	Heavy Duty Tarps	9/17/12	528	0	0
54	Baldwin Backyard Project	12/31/12	4,373	292	0
55	Baldwin Backyard	12/31/13	8,379	558	0
56	Wo Hing Improvements	9/30/13	2,150	143	0
57	Smokestack Restore	10/01/13	10,548	703	0
58	Locomotive Improvements	10/01/13	15,412	1,027	0
59	Courthouse Improvements	8/29/13	3,745	250	0
61	Agawa Home Restoration	1/31/14	112,910	7,527	0
62	Seaman's Air Conditioners	7/22/14	10,000	667	0
63	Wo Hing Sign	11/10/14	5,142	342	0
64	Pioneer Smokestack Renovation	10/01/14	9,413	628	0
65	Improvements-WoHing	10/31/16	96,469	6,432	0
66	Improvements-Plantation Museum Carpet	7/12/16	5,429	361	0
67	Conference Table-Masters	7/25/18	11,500	1,342	0
68	Conference Table Modifications	12/12/18	3,450	632	0
69	Parking Lot Machine	4/04/18	10,481	524	0
70	Cellblock Roof	6/28/19	34,698	2,313	0
72	Baldwin Home Compound Parking Lot Restorati	4/10/20	41,035	2,052	0
73	Harbor Front Improvements	12/31/19	333,043	22,202	0
76	2011 Ford Truck	1/17/14	18,905	0	0
77	Improvements-Wo Hing Museum	9/16/16	75,917	5,061	5,061
	Total Other Depreciation		<u>16,914,588</u>	<u>80,418</u>	<u>5,061</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total ACRS and Other Depreciation		<u>16,914,588</u>	<u>80,418</u>	<u>5,061</u>
	Grand Totals		<u>17,015,454</u>	<u>83,008</u>	<u>5,061</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **LAHAINA RESTORATION FOUNDATION** Taxpayer Identification Number **99-6004506**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	100,412	184,460	84,048
	2. Membership dues and assessments	73,491	115,924	42,433
	3. Government contributions and grants	395,091	242,979	-152,112
	4. Program service revenue	877,623	1,104,170	226,547
	5. Investment income	139,756	91,700	-48,056
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	946,473	-121,828	-1,068,301
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	98,394	167,193	68,799
	11. Other revenue	143,666	114,252	-29,414
	12. Total revenue. Add lines 1 through 11	2,774,906	1,898,850	-876,056
Expenses	13. Grants and similar amounts paid	40,000	39,000	-1,000
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	757,475	942,383	184,908
	17. Professional fundraising fees	4,263	4,904	641
	18. Other professional fees	396,937	309,771	-87,166
	19. Occupancy, rent, utilities, and maintenance	71,862	65,369	-6,493
	20. Depreciation and Depletion	60,765	68,405	7,640
	21. Other expenses	320,649	404,129	83,480
	22. Total expenses. Add lines 13 through 21	1,651,951	1,833,961	182,010
	23. Excess or (Deficit). Subtract line 22 from line 12	1,122,955	64,889	-1,058,066
Other Information	24. Total exempt revenue	2,774,906	1,898,850	-876,056
	25. Total unrelated revenue			
	26. Total excludable revenue	2,205,912	1,355,487	-850,425
	27. Total assets	21,513,209	20,579,726	-933,483
	28. Total liabilities	36,730	47,203	10,473
	29. Retained earnings	21,476,479	20,532,523	-943,956
	30. Number of voting members of governing body	22	22	
	31. Number of independent voting members of governing body	22	22	
	32. Number of employees	24	22	
	33. Number of volunteers	35	35	

Form 990	Tax Return History	2022
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Name LAHAINA RESTORATION FOUNDATION	Employer Identification Number 99-6004506
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	462,268	659,644	342,163	495,503	427,439	
Membership dues		47,993	69,924	73,491	115,924	
Program service revenue	923,038	983,575	337,065	877,623	1,104,170	
Capital gain or loss		1,994,154	-156,340	946,473	-121,828	
Investment income	14,757	86,251	40,645	139,756	91,700	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	388,689	379,846	157,108	242,060	281,445	
Total revenue	1,788,752	4,151,463	790,565	2,774,906	1,898,850	
Grants and similar amounts paid	35,000	47,000	40,000	40,000	39,000	
Benefits paid to or for members						
Compensation of officers, etc.	98,501					
Other compensation	676,824	953,138	761,121	757,475	942,383	
Professional fees	297,713	201,482	160,885	401,200	314,675	
Occupancy costs	190,398	197,373	79,222	71,862	65,369	
Depreciation and depletion	21,147	34,921	51,156	60,765	68,405	
Other expenses	390,780	374,568	188,387	320,649	404,129	
Total expenses	1,710,363	1,808,482	1,280,771	1,651,951	1,833,961	
Excess or (Deficit)	78,389	2,342,981	-490,206	1,122,955	64,889	
Total exempt revenue	1,788,752	4,151,463	790,565	2,774,906	1,898,850	
Total unrelated revenue						
Total excludable revenue	1,326,484	3,443,826	378,478	2,205,912	1,355,487	
Total Assets	18,101,172	20,713,932	20,731,065	21,513,209	20,579,726	
Total Liabilities	15,880	61,559	216,844	36,730	47,203	
Net Fund Balances	18,085,292	20,652,373	20,514,221	21,476,479	20,532,523	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 265			14		
TOTAL	<u>\$ 265</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 91,403			14		
TOTAL	<u>\$ 91,403</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
SECURITY	\$ 4,693	\$ 4,693	\$	\$
OTHER CONTRACT LABOR	139,057	90,839	37,671	10,547
PROFESSIONAL SERVICES	79,752	45,000	34,752	
COMMUNITY EVENTS LABOR	4,351	4,351		
TOTAL	<u>\$ 227,853</u>	<u>\$ 144,883</u>	<u>\$ 72,423</u>	<u>\$ 10,547</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPPLIES	\$ 19,491	\$ 18,711	\$ 780	\$
GIFTS AND AWARDS	18,200	18,200		
FEES & LICENSE	15,324	12,145	3,179	
TREE TRIMMING	14,277	9,318	4,959	
EQUIP/SMALL TOOLS	11,791	10,042	1,749	
FOOD	4,375	4,200	175	
GIFTS & AWARDS	4,000	3,840	160	
EXHIBIT	3,866	3,585	281	
ENTERTAINMENT & SOUND	2,789	2,677	112	
DONATION	2,110	2,110		
DUES & SUBSCRIPTIONS	1,970		1,970	
REPAIRS & MAINTENANCE	1,166	1,119	47	
FEES & LICENSES	1,141	1,095	46	
SIGNS & BANNERS	902	866	36	
GENERAL EXCISE TAX	858	858		
VOLUNTEER EXP	846	812	34	
WEBSITE	519		519	
ADMINISTRATION	160	156	4	
TRAVEL	62	60	2	
PROPERTY TAXES	-5,706	350	-6,056	
TOTAL	<u>\$ 98,141</u>	<u>\$ 90,144</u>	<u>\$ 7,997</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
	\$ 115,924
DONATIONS	29,160
DONATIONS-RESTRICTED	10,300
NON CASH DONATIONS	
COUNTY OF MAUI	
CASH CONTRIBUTION	242,979
PETER MARTIN	
CASH CONTRIBUTION	40,000
THE HOUSEMART FAMILY FUND	
CASH CONTRIBUTION	5,000
STRONG FOUNDATION	
CASH CONTRIBUTION	100,000
TOTAL	<u>\$ 543,363</u>

Schedule A, Part III, Line 2(e)

Description	Amount
	\$ 100,812
MUSEUM TOURS	32
TAX-EXEMPT DIVIDENDS AND INTEREST FROM SECURITIES	52,818
COMMUNITY EVENTS	<u>\$ 153,662</u>
TOTAL	

Schedule A, Part III, Line 3(e)

Description	Amount
	\$ 897,213
PROGRAM SERVICE REVENUE	53,327
CAM/REIMBURSEMENTS/RESERVE	296,520
MERCHANDISE SALES	<u>\$ 1,247,060</u>
TOTAL	

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2018	2019	2020	2021	2022
PETER MARTIN	\$ 40,000	\$ 40,000	\$ 40,000	\$	\$ 40,000
TOTAL	<u>\$ 40,000</u>	<u>\$ 40,000</u>	<u>\$ 40,000</u>	<u>\$ 0</u>	<u>\$ 40,000</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST	\$ 265
DIVIDEND INCOME	91,403
BUILDING RENT	244,438
TOTAL	<u>\$ 336,106</u>