

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**KE ALI'I PAUAAHI FOUNDATION**

Number and street (or P O box if mail is not delivered to street address)

Room/suite

567 SOUTH KING STREET**160**

City or town, state or country, and ZIP + 4

HONOLULU, HI 96813**D** Employer identification number**94-3263044****E** Telephone number**(808) 534-3966****F** Accounting method:☐ Cash☒ Accrual

Other (specify) ▶

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

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.PAUAAHI.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,296,332.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **1,692,594.****b** Indirect public support**1b** **574,806.****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **2,267,400.** noncash \$)**1d** **2,267,400.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****5** Dividends and interest from securities**5** **200,204.****6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

1,828,728.**8a****b** Less: cost or other basis and sales expenses**98,969.****8b****c** Gain or (loss) (attach schedule) **stmt 1****1,729,759.****8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d** **1,729,759.****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less: direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less: cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) **4,197,363.****13** Program services (from line 44, column (B))**13****14** Management and general (from line 44, column (C))**14****15** Fundraising (from line 44, column (D))**15****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****20** Other changes in net assets or fund balances (attach explanation) **STMT 4 STMT 5****20****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21**

Form 990 (2004)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>159,982.</u> noncash \$ _____)	22 159,982.	159,982.	STMT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 139,766.		139,766.	
26 Other salaries and wages	26 103,362.		70,823.	32,539.
27 Pension plan contributions	27 54,594.		47,290.	7,304.
28 Other employee benefits	28 39,744.		26,042.	13,702.
29 Payroll taxes	29 13,205.		13,205.	
30 Professional fundraising fees	30			
31 Accounting fees	31 15,883.		15,883.	
32 Legal fees	32			
33 Supplies	33 30,843.		2,323.	28,520.
34 Telephone	34 456.		171.	285.
35 Postage and shipping	35 149.			149.
36 Occupancy	36			
37 Equipment rental and maintenance	37 837.		527.	310.
38 Printing and publications	38 29,312.			29,312.
39 Travel	39 5,772.		1,511.	4,261.
40 Conferences, conventions, and meetings	40			
41 Interest	41 958.		958.	
42 Depreciation, depletion, etc. (attach schedule)	42 21,419.		21,419.	
43 Other expenses not covered above (itemize) STMT 7	43a 191,080.		126,486.	64,594.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 807,362.	159,982.	466,404.	180,976.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____.

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 8**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a STMT 9		
	(Grants and allocations \$ 159,982.)	159,982.
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).		159,982.

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	15,089.	45	2,892.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a	1,220,616.		
	b Less: allowance for doubtful accounts	48b	94,240.	48c	1,220,616.
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	STMT 10 51a	372,853.		
	b Less: allowance for doubtful accounts	51b	372,853.	51c	372,853.
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	STMT 11	4,688.	53	2,613.
	54 Investments - securities (attach schedule)	STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,571,698.	54	9,353,956.
	55a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a	115,339.			
b Less: accumulated depreciation (attach schedule)	57b	76,562.			
58 Other assets (describe <input type="checkbox"/> STMT 13)		NONE	58	308,300.	
59 Total assets (add lines 45 through 58) (must equal line 74)		9,118,764.	59	11,300,007.	
Liabilities	60 Accounts payable and accrued expenses	112,611.	60	163,782.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> STMT 14)		380,195.	65	380,934.
66 Total liabilities (add lines 60 through 65)		492,806.	66	544,716.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,479,566.	67	1,709,933.	
	68 Temporarily restricted	4,950,043.	68	5,328,582.	
	69 Permanently restricted	2,196,349.	69	3,716,776.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		8,625,958.	73	10,755,291.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		9,118,764.	74	11,300,007.

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements . . . ▶	a 3,050,992.	a Total expenses and losses per audited financial statements ▶	a 921,659.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments . . \$ 390,619.		(1) Donated services and use of facilities \$ 114,297.	
(2) Donated services and use of facilities \$ 114,297.		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
\$		\$	
Add amounts on lines (1) through (4) ▶	b 504,916.	Add amounts on lines (1) through (4) . . ▶	b 114,297.
c Line a minus line b ▶	c 2,546,076.	c Line a minus line b ▶	c 807,362.
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 . . . \$		(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify):		(2) Other (specify):	
\$		\$	
STMT 15 \$ 1,651,287.		Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	d 1,651,287.	Add amounts on lines (1) and (2) . . ▶	d
	e 4,197,363.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 807,362.

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **▶** ☒ **Yes** ☐ **No**
If "Yes," attach schedule - see page 28 of the instructions. **SEE STATEMENT 19**

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <u>KAMEHAMEHA SCHOOLS</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	114,297.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a List the states with which a copy of this return is filed <u>N/A</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	3
91 The books are in care of <u>WALLACE CHIN</u> Telephone no <u>808-523-6299</u> Located at <u>567 SOUTH KING STREET #160, HONOLULU, HI</u> ZIP +4 <u>96813</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	200,204.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	523000	1,651,287.	18	78,472.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		1,651,287.		278,676.	
105 Total (add line 104, columns (B), (D), and (E))					1,929,963.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>Dejay maida</u> Date <u>MAY - 2 2006</u>			
Paid Preparer's Use Only	Preparer's signature <u>AC [Signature]</u>		Date <u>FEB 28 2006</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) <u>PRICEWATERHOUSECOOPERS LLP</u>		EIN <u>13-4008324</u>	Preparer's SSN or PTIN (See Gen. Inst. W)
	address, and ZIP + 4 <u>999 BISHOP STREET, STE. 1900</u>		Phone no <u>808-531-3400</u>	
	<u>HONOLULU, HI 96813</u>			

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization

KE ALI'I PAUAAHI FOUNDATION

Employer identification number

94-3263044

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>WENDY TATSUNO</u> 567 SOUTH KING STREET, #160 HONOLULU, HAWAII 96813	EXECUTIVE ASSISTANT 40 HOURS	67,856.	8,611.	62.
Total number of other employees paid over \$50,000	► NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 20	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) STMT. 21	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

(a) Name(s) of supported organization(s)	(b) Line number from above
KAMEHAMEHA SCHOOLS; EIN 99-0073480	06

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add. Amounts from column (e) for lines. 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) NOT APPLICABLE (2000) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ c Add. Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

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

NOT APPLICABLE

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Lobbying nontaxable amount					
45					
Lobbying ceiling amount (150% of line 45(e))					
46					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount (150% of line 48(e))					
49					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

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

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

Yes	No
-----	----

(i) Cash	51a(i)	x
----------	--------	---

(ii) Other assets	a(ii)	x
-------------------	-------	---

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	x
---	------	---

(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	x
---	-------	---

(iii) Rental of facilities, equipment, or other assets	b(iii)		x
--	--------	--	---

(iv) Reimbursement arrangements	b(iv)	x
---------------------------------	-------	---

(v) Loans or loan guarantees	b(y)	x
------------------------------	------	---

(vi) Performance of services or membership or fundraising solicitations	b(vi)		x
---	-------	--	---

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

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

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

KE ALI'I PAUAHI FOUNDATION
EIN: 94-3263044
CAPITAL GAIN & LOSS DETAIL

Gain from Various Externally Managed Funds	20,839
Long-term capital gain dividends	57,633
<hr/>	
Indemnification payment made on behalf of the taxpayer relating to incorporation of partnership investment	<u>1,651,287</u>
Total to Form 990, Part I, Line 8(c)	<u><u>1,729,759</u></u>

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	390,619.

TOTAL	390,619.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION -----	AMOUNT -----
ADDITIONAL GAIN FROM GOLDMAN SACHS INVESTMENT	1,651,287.
TOTAL	----- 1,651,287. -----

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

Ke Ali'i Pauahi Foundation made scholarship grants to 165 individuals during the fiscal year ended June 30, 2005. Consistent with Form 990 instructions, colleges, universities, and primary and secondary schools are not required to list the names of individuals who were provided scholarships or other financial assistance. Therefore, no grantees are being identified.

SCHOLARSHIPS

159,982.

TOTAL CONTRIBUTIONS PAID

159,982.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE	28,697.	28,697.	
OTHER CONTRACTED SERVICES	529.	529.	
CONSULTANT FEES	152,021.	95,995.	56,026.
PROFESSIONAL DUES/MEMBERSHIPS	4,139.	1,109.	3,030.
MISCELLANEOUS EXPENSES	5,694.	156.	5,538.
TOTALS	191,080.	126,486.	64,594.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

KE ALI'I PAUAAHI FOUNDATION IS A SUPPORTING ORGANIZATION OF KAMEHAMEHA SCHOOLS TO ACTIVELY ENGAGE IN A FUND-RAISING PROGRAM AND ADMINISTER SCHOLARSHIPS.

KE ALI'I PAUAAHI FOUNDATION IS OPERATED UNDER THE SUPERVISION AND CONTROL OF, AND FOR THE EXCLUSIVE BENEFIT OF KAMEHAMEHA SCHOOLS EXCLUSIVELY FOR CHARITABLE, LITERARY, EDUCATIONAL, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF INTERNAL REVENUE CODE SECTION 501(C) (3).

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
A	ASSISTS GRADUATES AND STUDENTS OF THE KAMEHAMEHA SCHOOLS AND THOSE WHO ARE OR WERE ELIGIBLE TO ATTEND THE KAMEHAMEHA SCHOOLS BY PROVIDING SCHOLARSHIPS, FINANCIAL AID AND GRANTS FOR EDUCATIONAL PURPOSES.	159,982.	159,982.
TOTAL		159,982.	159,982.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE
=====

BORROWER: KAMEHAMEHA SCHOOLS (501(C)(3) ORG.)

PURPOSE OF LOAN: PRIMARILY FOR VARIOUS EMPLOYEE BENEFITS

BEGINNING BALANCE DUE	372,853.
ENDING BALANCE DUE	372,853.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	372,853.
--	----------

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	372,853.
--	----------

=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	2,613.

TOTALS	2,613.
	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
MUTUAL FUNDS - BOND & EQUITY	9,353,956.

TOTALS	9,353,956.
	=====

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
BENEFICIAL INTEREST IN REMAINDER TRUST	308,300.

TOTALS	308,300. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED PENSION LIABILITIES	380,934.
TOTALS	----- 380,934. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKSDESCRIPTIONAMOUNT

ADDITIONAL GAIN ON THE INCORP.
OF PARTNERSHIP INTEREST

1,651,287.

TOTAL

1,651,287.

KE ALI'I PAUHAH FOUNDATION

94-3263044

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DEE JAY A. MAILER 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	PRESIDENT 1 HOUR	NONE	NONE	NONE
MICHAEL P. LOO 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	VICE PRESIDENT 1 HOUR	NONE	NONE	NONE
STACY REZENTES 567 SOUTH BERETANIA STREET SUITE 200 HONOLULU, HAWAII 96813	SECRETARY 1 HOUR	NONE	NONE	NONE
WALLACE CHIN 567 SOUTH BERETANIA STREET SUITE 160 HONOLULU, HAWAII 96813	TREASURER 40 HOURS	117,587.	11,763.	306.
ROCKNE FREITAS 567 SOUTH BERETANIA STREET SUITE 160 HONOLULU, HAWAII 96813	VICE PRESIDENT 40 HOURS	22,179.	786.	NONE
ROBERT KALANI UICHI KIHUNE 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HOUR	NONE	NONE	NONE
CONSTANCE HEE LAU	DIRECTOR 1 HOUR	NONE	NONE	NONE

KE ALI'I PAUAAHI FOUNDATION

94-3263044

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813				
JAMES DOUGLAS KEAUAHOU ING 567 SOUTH BERETANIA STREET SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HOUR	NONE	NONE	NONE
DIANE JOYCE PLOTTS 567 SOUTH BERETANIA STREET SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HOUR	NONE	NONE	NONE
CHARLES NAINOA THOMPSON 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HOUR	NONE	NONE	NONE
GRAND TOTALS		139,766.	12,549.	306.

KE ALI'I PAUAAHI FOUNDATION

94-3263044

FORM 990, PART V - COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
KAMEHAMEHA SCHOOLS 99-0073480			
DEE JAY A. MAILER 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	400,000.	20,706.	53,534.
KAMEHAMEHA SCHOOLS 99-0073480			
MICHAEL P. LOO 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	230,906.	14,100.	300.
KAMEHAMEHA SCHOOLS 99-0073480			
ROBERT KALANI UICHI KIHUNE 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	94,500.	NONE	NONE
KAMEHAMEHA SCHOOLS 99-0073480			
CONSTANCE HEE LAU 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	99,000.	NONE	NONE

KE ALI'I PAUAAHI FOUNDATION

94-3263044

FORM 990, PART V - COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
KAMEHAMEHA SCHOOLS 99-0073480			
JAMES DOUGLAS KEAUAHOU ING 567 SOUTH BERETANIA STREET SUITE 200 HONOLULU, HAWAII 96813	99,000.	NONE	NONE
KAMEHAMEHA SCHOOLS 99-0073480			
DIANE JOYCE PLOTTS 567 SOUTH BERETANIA STREET SUITE 200 HONOLULU, HAWAII 96813	110,500.	NONE	NONE
KAMEHAMEHA SCHOOLS 99-0073480			
CHARLES NAINOA THOMPSON 567 SOUTH KING STREET SUITE 200 HONOLULU, HAWAII 96813	107,000.	NONE	NONE
GRAND TOTALS	1,140,906.	34,806.	53,834.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

PAYMENTS OF COMPENSATION WHICH ARE REASONABLE AND NOT EXCESSIVE HAVE BEEN MADE BY THE FOUNDATION TO VARIOUS OFFICERS AND EMPLOYEES FOR SERVICES PURSUANT TO THE FOUNDATION'S EXEMPT FUNCTION. OTHER THAN THESE PAYMENTS, THERE WERE NO SIGNIFICANT TRANSACTIONS BETWEEN THE FOUNDATION AND OTHER PERSONS DESCRIBED ABOVE NOR ANY ORGANIZATION OR CORPORATION WITH WHICH SUCH PERSON IS AFFILIATED. ALSO SEE FORM 990, PART V.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

KE ALI'I PAUAAHI FOUNDATION PROVIDES MERIT AND NEED BASED SCHOLARSHIPS AND GRANTS IN ORDER TO INCREASE THE OPPORTUNITIES AVAILABLE TO STUDENTS IN THEIR PURSUIT OF EDUCATION GIVING PREFERENCE TO CHILDREN OF HAWAIIAN ANCESTRY TO THE EXTENT PERMITTED BY LAW. FINANCIAL ASSISTANCE IS PROVIDED IN THE FORM OF SPECIAL PROGRAMS AND COMMUNITY SCHOLARSHIPS. THE SELECTION PROCESS VARIES DEPENDING ON SCHOLARSHIP STIPULATIONS; HOWEVER, IN GENERAL, THE SELECTION PROCESS IS PERFORMED BY COUNSELING OFFICE OR AN INDEPENDENT SELECTION COMMITTEE. THE SCHOLARSHIP DOCUMENTS ARE PREPARED BY THE GROUP DESIGNATED TO MAKE THE SCHOLARSHIP SELECTION.

KE ALI'I PAUAHI FOUNDATION
TAX YEAR ENDING 06/30/2005
EIN 94-3263044

FORM 990, PART IV - BALANCE SHEET

LINE 57 - LAND, BUILDINGS, AND EQUIPMENT: BASIS & ACCUMULATED DEPRECIATION

	BEGINNING BOOK VALUE	ADDITIONS	DISPOSALS	ENDING BOOK VALUE
EQUIPMENT	115,339	NONE	NONE	115,339
ACCUMULATED DEPRECIATION	<u>(55,143)</u>	(21,419)	NONE	<u>(76,562)</u>
TOTAL	60,196			38,777

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ .
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐ .

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	KE ALI'I PAUAAHI FOUNDATION	94-3263044
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	C/O PRICEWATERHOUSECOOPERS LLP 999 BISHOP STREET, SUITE 1900	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HONOLULU, HI 96813	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► WALLY CHIN

Telephone No. ► 808-523-6200

FAX No. ► 808-537-1229

- If the organization does **not** have an office or place of business in the United States, check this box ☐ .
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
- ☒ tax year beginning JULY 1, 20 04 and ending JUNE 30, 20 05

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ NONE

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ NONE

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization KE ALI'I PAUAAHI FOUNDATION	Employer identification number 94-3263044
	Number, street, and room or suite no. If a P.O. box, see instructions C/O PRICEWATERHOUSECOOPERS LLP	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions 999 BISHOP STREET, #1900, HONOLULU, HI 96813	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **WALLY CHIN**
Telephone No. **808-523-6200** FAX No. **808-537-1229**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until MAY 15, 2006
- 5** For calendar year 2004, or other tax year beginning JULY 1, 2004, and ending JUNE 30, 2005.
- 6** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7** State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ NONE
- b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ NONE
- c Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with-FTD coupon or, if required, by using-EFTPS (Electronic-Federal Tax-Payment-System). See instructions. \$ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **Certified Public Accountant P00037058** Date **JAN - 9 2006****Notice to Applicant—To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

