990-EZ

Department of the Treasury

Short Form

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

1999

OMB No. 1545-1150

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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The organization may have to use a copy of this return to satisfy state reporting requirements. D Employer identification r C Name of organization Please B Check if: use IRS KE ALI'I PAUAHI SCHOLARSHIP FUND 94 : 3263044 Change of address label or print or E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite ☐ Initial return type. See (808) 523-6200 567 SOUTH KING STREET 200 Final return Specific Instruc-City or town, state or country, and ZIP + 4 HONOLULU, HI 96813 F Check ▶□ if exemption Amended return trequired also for application is pending state reporting) H Enter four-digit group exemption G Accounting method: ☐ Cash 🔀 Accrual ☐ Other (specify) ► number (GEN) Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). J Check ► X 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, the organization should file a return without financial data. Some states require a complete return: If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.) Contributions, gifts, grants, and similar amounts received (attach schedule of contributors) . . . 2 Program service revenue including government fees and contracts 3 Membership dues and assessments SCANNED MAR-19 4 5a Gross amount from sale of assets other than inventory 32 **b** Less: cost or other basis and sales expenses 5c c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) 6 Special events and activities (attach schedule): a Gross revenue (not including \$ _____ of contributions 6a 6b b Less: direct expenses other than fundraising expenses 6c c Net income or (loss) from special events and activities (line 6a less line 6b) 7Ь 7с c Gross profit or (loss) from sales of inventory (line 7a less line 7b). 8 Other revenue (describe > _ Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 10 Grants and similar amounts paid (attach schedule) 11 11 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors RECEIVED IN CORRES 13 14 15 Printing, publications, postage, and shipping JAN 2 9 2001 , 16 16 Other expenses (describe > Total expenses (add lines 10 through 16) ______ 17 -0-18 Assets end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) . š 20 <u>-0</u>-Net assets or fund balances at end of year (combine lines 18 through 20) 21 Balance Sheets-If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Specific Instructions on page 36.) (A) Beginning of year (B) End of year 22 23 24 24 Other assets (describe ▶ _ 25 25 Total assets 26 Total liabilities (describe -0- Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

NE HGH

Cat. No. 106421

Form 990-EZ (1:999)

Par	art III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)						Expenses		
Wha	What is the organization's primary exempt purpose?						or 501 Janizat	(c)(3)	
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,)(1) tri	usts;	
desc	describe the services provided, the number of persons benefited, or other relevant information for each program title.							s.)	
28									
_			Grants \$	·)	28a	1			
29 .									
~		(0	Grants \$)_	29a				
30 1	,								
	,								
-			Frants \$	<u>.</u>	30a	<u> </u>			
	Other program services (attach schedule)				31a	-0			
	otal program service expenses (add lines 28a th		<u> </u>		32				
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve (B) Title and average		a. See Specifi (D) Contributio			on pac Expens		
	(A) Name and address	hours per week devoted to position	(C) Compensation (If not paid,	employee benefit deferred comper	plans &	acc	ovist ar	nd	
	1 TT - 1 1 2	devoted to position	enter -0)	, deterred comper	isation	other	allowar	ices	
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	acy Rezentes 33 Akaakoa St., Kailua, HI		·-O-						
	llace Chin								
72	4 Hahaione St., Hon., HI		-0-	-		ļ			
		·							
						<u> </u>			
Par	t V Other Information (See Specific Instru	uctions on page 37.)					Yes	No	
33	Did the organization engage in any activity not previously re-						<u> </u>	<u>X</u> _	
34	Were any changes made to the organizing or governing docume						্ভাল	X	
35	If the organization had income from business activitie), but	NOT			
	reported on Form 990-T, attach a statement explaining						5 8 36		
	Did the organization have unrelated business gross incom				uireme	ants?		·	
36	If "Yes," has it filed a tax return on Form 990-T for Was there a liquidation, dissolution, termination, or s		the year? /IF "Ver		· ·			<u> </u>	
	Enter amount of political expenditures, direct or inc			7a -0-	ateme	11(.)	SVI	201	
	Did the organization file Form 1120-POL for this						AMESCALICE.	X	
•	Did the organization borrow from, or make any local				WOLD	anv	J.K.*	6.00	
						·.		X	
b	such loans made in a prior year and still unpaid a If "Yes," attach the schedule specified in the line 38 i	nstructions and enter The Gri	外性的外でし	BRES_N/A	1				
39	501(c)(7) organizations. Enter: a Initiation fees and	capital contributions inclu	ପ୍ରଥି ^ନ ୧ ବିଶା ନାଦ-ଜରିନ୍ତି	9a <u>N/</u> 7	٠ــ				
b	Gross receipts, included on line 9, for public use	of club facilities	1771- 5- 0- 2011	9b N/3	-				
40a	501(c)(3) organizations. Enter: Amount of tax imposed or		Year under 2 2001	•					
	section 4911 ▶; section 49		; section 4955					411	
b	501(c)(3) and (4) organizations. Did the organization enga			្ត/ជិបូព៉ូពង្វ the ye	ear or o	did it		x	
_	become aware of an excess benefit transaction from a p Amount of tax imposed on organization managers or disc	-	•	and 4050 N	-0	_ '			
	Enter: Amount of tax on line 40c, above, reimburs	. , , ,		atiu 4930 🖊					
41		-							
42	List the states with which a copy of this return is file The books are in care of ► Controller		Teleni	none no. 🕨)			
	Located at > 567 South King St., St	e 200, Honoluku,	HI	21P + 4 ►	968	13			
43	Section 4947(a)(1) nonexempt charitable trusts filia	ng Form 990-EZ in lieu of	Form 1041—Chec	k here					
	and enter the amount of tax-exempt interest recei	ved or accrued during the	tax year	43					
		return, Including accomp eparer Jother than office	oanying schedules and	statements, and	to the	best of n	ny kno	wledge	
		1/2(10)			•		y KIDON	uge.	
		1 62 0	Wallace C		asur	er-			
		Date *	Type or print name	e and title.					

SCHEDULE A (Form 990)

Department of the Treasury

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

MUST be completed by the above organizations and attached to their Form 990 or 998-EZ. Internal Revenue Service Name of the organization

OMB No. 1545-0047

1999

Employer Identification number

KE ALI'I PAUAHI SCHOLARSHIP FUND Part Compensation of the Five Highest Paid Employ		94 3263044					
	ees Other Than Off	officers, Directors, and Trustees					
(See 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 othe allowances			
The same years	position		compensadon	alluvvallces			
NONE							
		<u> </u>					
	•						
		 					
<u> </u>	<u> </u>		<u> </u>				
				}			
			_				
Total number of other employees paid over \$50,000	NONE						
Part II Compensation of the Five Highest Paid Independent (See instructions. List each one (whether individuals or firms). If there		or Professiona	il Services	=:			
(a) Name and address of each independent contractor paid more that	ın \$50,000	(b) Type of s	ervice :	(c) Compensation			
NONE							
							
		RECEIVED	IN CORRE	S			
		<u></u>	ਾਨ / ਖ਼ਮਖ਼ 				
		JAN 2	9 2001				
		OGDEN	, UTA				
			ĺ				
Total number of others receiving over \$50,000 for professional services	NONE						

Sche	Schedule A (Form 990) 1999		P	age 2
Pa	Part III Statements About Activities	۲	Yes	No
1	During the year, has the organization attempted to influence national, state, or tocal	legislation, including any attempt to influence public		
	opinion on a legislative matter or referendum?		l	Х
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying act			
	Organizations that made an election under section 501(h) by filing Form 5768 must			
	organizations checking "Yes," must complete Part VI-B AND attach a statement givin	g a detailed description of		
1	the lobbying activities.			
2	2 During the year, has the oganization, either directly or indirectly, engaged in any of t	he following acts with any of its trustees, directors,		
	officers, creators, key employees, or members of their families, or with any taxable of	organization with which any such person is		
í	affillated as an officer, director, trustee, majority owner, or principal beneficiary:			
a :	a Sale, exchange, or leasing of property?			х
ь (b Lending of money or other extension of credit?			X_
0.1	c Furnishing of goods, services, or facilities?	2c		X
6 1	t unismity of groups, services, or facilities?	20	一十	
d I	d Payment of compensation (or payment or reimbursement of expenses if more than	\$1,000)? <u>2d</u>		X
	7			x
	a Transfer of any part of its income or assets?			
	If the answer to any question is "Yes," attach a detailed statement explaining the tran		1	
				X
	a Do you have a section 403(b) annuity plan for your employees?			X
1	furtherance of its charitable programs qualify to receive payments. (See instructions	Januarions receiving grants of loans from it in		
Pa	Part IV Reason for Non-Private Foundation Status (See ins	tructions.)		
The c	The organization is not a private foundation because it is: (Please check only ONE applic	·		
5		70(b)(1)(A)(i).		
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)			
7	7 A hospital or a cooperative hospital service organization. Section 170(b)	,		
8	8 A Federal, state, or local government or governmental unit. Section 170(•
9				
	and state 🕨	en la companya de la	*.*	
10	/Alex			¥
11a		rom a governmental unit or from the general public	•	
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part		•	•
11b	11h A community trust Section 170/h\(1\/4\/yi\) (Also complete the Sunner	t Schodula in Part II/-A \	_	
12		port from contributions, membership fee Earlier res. N CORRES	S	
_	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 taxabl	e income (less section 511 lax) from businesses acquired) (101		
	by the organization after June 30, 1975. See section 509(a)(2). (Also co	omplete the Support Schedule in Part IV-A.)		٠.
		OODEN LITAL		
13	_ , , , , ,		-}	
	(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			
	(a) Name(s) of supported organization	on(s) (b) Line from	dmxun vods n	
		6		
	Kamehameha Schools EIN: 99-0073480			
	•			
	700			
14	An organization organized and operated to test for public safety. Section	509(a)(4). (See page 4 of the instructions.)		

	Note: You may use to	Complete only if you char worksheet in the ins	Hackons for convert	ng irom me accidal to	,,,,	accounting. N/A
halen Degin	iar year (or liscal year ling in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See tine 28.)		_			
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated 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			i.		
				4		
24	Line 23 minus line 17 Enter 1% of line 23					
23 24 25 28	Line 23 minus line 17 Enter 1% of line 23 Organizations described in lines 10) or 11: a Enter 2% of		ine 24 <u>/ i </u>		a
24 25	Line 23 minus line 17 Enter 1% of line 23 Organizations described in lines 10 Attach a list (which is not open to pu	Dor 11: a Enter 2% of oblic inspection) showing	the name of and amour	ine 24 :::t contributed by each per	son (other than a	ia.
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Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	N
instrument, or in a resolution of its governing body?	29		\vdash
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?	30		[
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?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	_		
	_		
Does the organization maintain the following:			
Records Indicating the racial composition of the student body, faculty, and administrative staff?	32a		L
Records documenting that scholarships and other financial assistance are awarded on a racially		İ	
nondiscriminatory basis?	32b		L
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			ĺ
admissions, programs, and scholarships?			L
Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	_ 		
	-		
Does the organization discriminate by race in any way with respect to:			
Students' rights or privileges?			┝
Admissions policies?			\vdash
Employment of faculty or administrative staff?			-
Scholarships or other financial assistance?			\vdash
Educational policies?			\vdash
Use of facilities?		,	j.
Athletic programs?			\vdash
Other extracurricular activities?	33h		355
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<u>and the state of </u>	-		ő
and the contract of the contra			
	_		٧.,

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc.:75-50,

Schedule A (Form 990) 1999

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Schedule A (Form 990) 1999	•						Qago B
Part ÝI-A Lobbying E							Page 5
	d ONLY by an eligible orga anization belongs to an affi	inization that filed Form 5768 illated group.	3) N/A	 			·
		d control" provisions apply.	·	·	•		
	mits on Lobbying n'expenditures' means am			(a Affiliated g		ls	(b) To be completed for ALL electing organizations
/ I II o to II i	i experiultures means an	iodits paid of illebried)				-	
36 Total lobbying expenditures to 37 Total lobbying expenditures to	·						
38 -Total lobbying expenditures (a							·
39 Other exempt purpose expendi				<u>1</u>			
40 Total exempt purpose expendit			40				
41 Lobbying nontaxable amount. If the amount on line 40 is - Not over \$500,000	The lobbyl	ing nontaxable amount is -	······				
Over \$500,000 but not over \$1,000,0 Over \$1,000,000 but not over \$1,500							
Over \$1,500,000 but not over \$17,00	00,000, \$225,000 plu	s 5% of the excess over \$1,500,0	00				
Over \$17,000,000							
43 Subtract line 42 from line 36. E							
44 Subtract line 41 from line 38. E							
Caution: If there is an amou							
(8	Some organizations that m	4-Year Averaging Period Un lade a section 501(h) election elow. See the instructions for Lophying Expe	n do not have to compl	·,		18	· .
Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997		(d) 1996		(e) Fotal
45 Lobbying nontaxable amount	4.22	. 1					,
46 Lobbying cailing amount (150% of lina 45(a))							
47 Total lobbying expenditures		1.5	·				
48 Grassroots nontaxable : amount		ý :-				3	
49 'Grassroots ceiling amount (150% of ilne 48(e))							*
50 Grassroots lobbying	·	·					3
expenditures Part VI-B Lobbying Ad			es			· .	
	ly by organizations that did						
During the year, did the organization influence public opinion on a legisla	•	-	, including any attemp	t to	Yes	No	Amount
a Volunteersb Paid staff or management (incli		.	ECEIVED IN C	ORRES		x	
b Paid staff or management (incli	ude compensation in expe	nses reported on lines c thro) の3 の。	.606	$\vdash \vdash$	X	
c Media advertisements			IANI O A 2	<u>กลา</u>		X	
u Mailings to members, legislator	rs, or the public		JAIN.	991	$\vdash \vdash$	X	
e Publications, or published or bi	rvaucast staternents				oxdot	х	

f Grants to other organizations for lobbying purposes

Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

I Total lobbying expenditures (add lines c through h)
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

NONE

X

X

*	Exempt Organi	zations	· · · · · · · · · · · · · · · · · · ·	d Relationships With Noncharit	anie	-			
		lirectly or indirectly engage in any of		=					
		section 501(c)(3) organizations) or i		olitical organizations?		Yes	No		
		ganization to a noncharitable exemp	- ·		51a(I)				
							X		
	(n) Other assets Other transactions:	••••••			a(ii)	 	X		
		vitable everent erganization			b(i)		J.,		
							X		
						-	X		
,	hi) Raimhureamant arrannama	ante			b(iv)		X		
,	(v) I cans or loan marantees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			b(v)	-	X		
						 	X		
							X		
d (f the answer to any of the abov goods, other assets, or services	e is 'Yes," complete the following sci given by the reporting organization nent, show in column (d) the value o	hedule. Column (b) should a . If the organization received	always indicate the fair market value of the I less than fair market value in any					
(a) Line no		(c) Name of noncharitable ex	empt organization	Description of transfers, transactions, and st	naring ar	талдеп	nents		
			<u> </u>				<u>.</u>		
	<u> </u>								
									
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:	<u>:</u>			- 3	_				
	1.1.4	•							
. 0		(3)) or in section 527?schedule:			Yes	<u> </u>	No		
	Name of org	ganization	Type of organization	(c) Description of relationship	<u> </u>		i.		
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