

Return of Organization Exempt From Income Tax

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)

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KE ALI'I PAUAHI FOUNDATION	D Employer identification number 94-3263044
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P O box if mail is not delivered to street address) Room/suite 567 SOUTH KING STREET 160	E Telephone number (808) 523-6299
	City or town, state or country, and ZIP + 4 HONOLULU, HI 96813	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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)	

G Web site **WWW.PAUHI.ORG**

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 **0**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN **0000**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

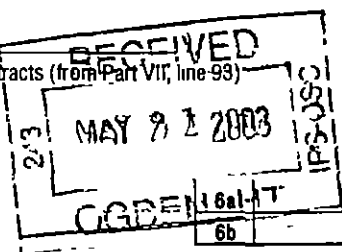
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **3,439,361.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	564,529.		
	b Indirect public support	1b	2,740,411.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 3,304,940. noncash \$ _____)	1d			3,304,940.
	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			31,637.
	6 a Gross rents				
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a			
	102,784.	8b			
	b Less cost or other basis and sales expenses	8b			
	100,626.	8c			
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			2,158.	
9 Special events and activities (attach schedule)	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			
10 a 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)	12			3,338,735.	
Expenses	13 Program services (from line 44, column (B))	13			2,411,511.
	14 Management and general (from line 44, column (C))	14			737,448.
	15 Fundraising (from line 44, column (D))	15			455,056.
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			3,604,015.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			<265,280.>	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			0.
	20 Other changes in net assets or fund balances (attach explanation)	20			SEE STATEMENT 2
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			6,275,222.



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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

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 \$271,792. noncash \$	271,792.	271,792.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	271,704.	0.	271,704.	0.
26	Other salaries and wages	1,655,450.	1,315,202.	133,309.	206,939.
27	Pension plan contributions	140,984.	100,310.	24,740.	15,934.
28	Other employee benefits	168,042.	119,561.	29,489.	18,992.
29	Payroll taxes	138,419.	98,485.	24,290.	15,644.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	77,175.	20,786.	53,974.	2,415.
34	Telephone				
35	Postage and shipping	11,349.	2,614.	13.	8,722.
36	Occupancy	162,636.	124,338.	19,960.	18,338.
37	Equipment rental and maintenance	12,328.	10,468.	1,860.	
38	Printing and publications	94,086.	42,680.	1,752.	49,654.
39	Travel	36,555.	20,452.	7,643.	8,460.
40	Conferences, conventions, and meetings	2,774.		2,774.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	17,457.		17,457.	
43	Other expenses not covered above (itemize)				
a	SERVICE EXPENSE	487,718.	247,445.	141,470.	98,803.
b	MISCELLANEOUS	55,546.	37,378.	7,013.	11,155.
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,604,015.	2,411,511.	737,448.	455,056.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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	SEE STATEMENT 4				
		(Grants and allocations \$	271,792.)		2,411,511.
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)				2,411,511.

Part IV Balance Sheets

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	45	370,063.
	46 Savings and temporary cash investments	46	
	47 a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	49	
	50 Receivables from officers, directors, trustees, and key employees	50	
	51 a Other notes and loans receivable	51a	685,524.
	b Less allowance for doubtful accounts STMT 6	51b	51c
	52 Inventories for sale or use	52	
	53 Prepaid expenses and deferred charges	53	6,586.
	54 Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54
	55 a Investments - land, buildings, and equipment; basis	55a	
b Less accumulated depreciation	55b	55c	
56 Investments - other	56		
57 a Land, buildings, and equipment; basis	57a	432,329.	
b Less accumulated depreciation	57b	57c	
58 Other assets (describe ▶ INVESTMENT RECEIVABLE)	58	61,049.	
59 Total assets (add lines 45 through 58) (must equal line 74)	0.	59	
Liabilities	60 Accounts payable and accrued expenses	60	363,148.
	61 Grants payable	61	
	62 Deferred revenue	62	
	63 Loans from officers, directors, trustees, and key employees	63	
	64 a Tax-exempt bond liabilities	64a	
	b Mortgages and other notes payable	64b	781,829.
	65 Other liabilities (describe ▶ ACCRUED PENSION LIABILITY)	65	723,083.
66 Total liabilities (add lines 60 through 65)	0.	66	
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	67	888,903.
	68 Temporarily restricted	68	3,577,334.
	69 Permanently restricted	69	1,808,985.
	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)	0.	73
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	0.	74	

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements	a 3,592,817.
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify) STMT 8 \$ 254,082.	
Add amounts on lines (1) through (4)	b 254,082.
c Line a minus line b	c 3,338,735.
d Amounts included on line 12, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 3,338,735.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements	a 3,767,730.
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) STMT 9 \$ 163,715.	
Add amounts on lines (1) through (4)	b 163,715.
c Line a minus line b	c 3,604,015.
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	d 0.
e Total expenses per line 17, Form 990 (line c plus line d)	e 3,604,015.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
R. KIHUNE 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HR./WEEK	0.	0.	0.
D. ING 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HR./WEEK	0.	0.	0.
C. LAU 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HR./WEEK	0.	0.	0.
D. PLOTTS 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HR./WEEK	0.	0.	0.
N. THOMPSON 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	DIRECTOR 1 HR./WEEK	0.	0.	0.
H. MCCUBBIN 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	PRESIDENT 1 HR./WEEK	0.	0.	0.
R. FREITAS 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	VICE PRESIDENT 40 HRS./WEEK	155,302.	516.	0.
W. CHIN 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	TREASURER 40 HRS./WEEK	116,402.	8,663.	0.
S. REZENTES 567 SOUTH KING STREET, SUITE 200 HONOLULU, HAWAII 96813	SECRETARY 1 HR./WEEK	0.	0.	0.

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? If "Yes," attach schedule **STMT 10** Yes No Form 990 (2001)

Part VI Other Information		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
78 a	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? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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 KAMEHAMEHA SCHOOLS and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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 567,014.		
83 a	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
84 a	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? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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		
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 in 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations 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) organizations 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
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed N/A		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 0		

91 The books are in care of **WALLACE G. K. CHIN** Telephone no **(808) 523-6299**
 Located at **567 S. KING STREET, SUITE 150, HONOLULU, HAWAII** ZIP + 4 **96813**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
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	31,637.	
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			18	2,158.	
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))		0.		33,795.	0.
105 Total (add line 104, columns (B), (D), and (E))					33,795.

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 Specific Instructions on page 32)

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 Specific Instructions on page 33)

(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 Specific Instructions on page 33)

- (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 9720 (see instructions)

I am preparing this return on behalf of the organization and to the best of my knowledge and belief it is true, correct, and complete, and I am not aware of any information which preparer has any knowledge

1/3/03
Wallace G.K. Chin, Treasurer
Type or print name and title

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

2001

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KE ALI'I PAUHI 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>T. MAKUAKANE-DRECHSEL</u> 567 S. KING STREET, SUITE 200	DIRECTOR 40 HRS./WEEK	83,123.	5,385.	0.
<u>L. MIYATAKI</u> 567 S. KING STREET, SUITE 200	DIRECTOR 40 HRS./WEEK	80,923.	3,229.	0.
<u>G. NISHIMURA</u> 567 S. KING STREET, SUITE 200	COUNSELOR 40 HRS./WEEK	68,117.	6,049.	0.
<u>A. TENN</u> 567 S. KING STREET, SUITE 200	COUNSELOR 40 HRS./WEEK	66,618.	8,179.	0.
<u>H. LIBARIOS</u> 567 S. KING STREET, SUITE 200	COUNSELOR 40 HRS./WEEK	63,483.	8,272.	0.
Total number of other employees paid over \$50,000 ▶	8			

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 ▶	0	

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

Yes No

<p>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 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		X
<p>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) SEE STATEMENT 11</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</p>	3	X	
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4		X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments SEE STATEMENT 12</p>			

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	6

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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 **N/A**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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	0.	0.	0.	0.	0.
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	▶ 26a	N/A
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶ 26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶ 26c	N/A
d Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	▶ 26d	N/A
e Public support (line 26c minus line 26d total)		▶ 26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	N/A %

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:	(2000)	(1999)	(1998)	(1997)
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:	(2000)	(1999)	(1998)	(1997)	
c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶ 27c	N/A		
d Add Line 27a total _____ and line 27b total _____		▶ 27d	N/A		
e Public support (line 27c total minus line 27d total)		▶ 27e	N/A		
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶ 27f	N/A			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶ 27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶ 27h	N/A %		

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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)

N/A

(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)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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
	N/A	
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 -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
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				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

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

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

Yes	No	Amount
		0.

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

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS EXTERNALLY MANAGED FUNDS	102,784.	100,626.	0.	2,158.
TO FORM 990, PART I, LINE 8	102,784.	100,626.	0.	2,158.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNRRALIZED LOSSES	<57,762.>
MERGER OF KAA	6,450,135.
KAA SCHOLARSHIP ASSET INCOME REPORTED ON KAA T/R	<418,885.>
IN KIND CONTRIBUTION FROM KAMEHAMEHA SCHOOLS	567,014.
TOTAL TO FORM 990, PART I, LINE 20	6,540,502.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

KE ALI'I PAUHI FOUNDATION IS A SUPPORT ORGANIZATION OF KAMEHAMEHA SCHOOLS TO ACTIVELY ENGAGE IN A FUND-RAISING PROGRAM AND ADMINISTER AND OPERATE THE SCHOLARSHIP AND FINANCIAL AID PROGRAMS FOR THE SCHOOLS.
KE ALI'I PAUHI 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).

DESCRIPTION OF PROGRAM SERVICE

KE ALI'I PAUHI FOUNDATION 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.

KE ALI'I PAUHI FOUNDATION PROVIDES AID TO HELP ENCOURAGE AND ENABLE CHILDREN GIVING PREFERENCE TO CHILDREN OF HAWAIIAN ANCESTRY TO PURSUE THEIR EDUCATIONAL GOALS TO THE EXTENT PERMITTED BY LAW.

ATTACHED ARE EXCERPTS FROM THE KE ALI'I PAUHI FOUNDATION ANNUAL REPORT. (SEE STMTS 13-14)

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
271,792.	2,411,511.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
VARIOUS MERIT SCHOLARS	DETAIL AVAILABLE UPON REQUEST		NONE	271,792.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>271,792.</u>

FORM 990

OTHER NOTES AND LOANS RECEIVABLE

STATEMENT 6

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
KAMEHAMEHA SCHOOLS	0.	685,524.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	685,524.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 7

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK & EXTERNALLY MANAGED FUNDS	6,764,607.				6,764,607.
TO 990, LN 54 COL B	6,764,607.				6,764,607.

FORM 990

OTHER REVENUE NOT INCLUDED ON FORM 990

STATEMENT 8

DESCRIPTION

AMOUNT

KAA SCHOLARSHIP ASSET NET REVENUE
 IN KIND CONTRIBUTION FROM KS
 UNREALIZED LOSS

<255,170.>
 567,014.
 <57,762.>

TOTAL TO FORM 990, PART IV-A

254,082.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 9
DESCRIPTION	AMOUNT	
KAA SCHOLARSHIP ASSET EXPENSES	163,715.	
TOTAL TO FORM 990, PART IV-B	163,715.	

FORM 990

PART V - OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 10

OFFICER'S NAME	NAME OF RELATED ORGANIZATION	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
R. KIHUNE	KAMEHAMEHA SCHOOLS	111,500.	0.	0.
D. ING	KAMEHAMEHA SCHOOLS	113,500.	0.	0.
D. PLOTTS	KAMEHAMEHA SCHOOLS	100,500.	0.	0.
N. THOMPSON	KAMEHAMEHA SCHOOLS	100,500.	0.	0.
H. MCCUBBIN	KAMEHAMEHA SCHOOLS	350,240.	8,608.	103,500.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 11

LINE 2(D) - PAYMENTS OF COMPENSATION WHICH ARE REASONABLE AND NOT EXCESSIVE HAVE BEEN MADE BY KE ALI'I PAUHI FOUNDATION TO VARIOUS OFFICERS AND EMPLOYEES FOR SERVICES PURSUANT TO KE ALI'I PAUHI FOUNDATION'S EXEMPT FUNCTION. OTHER THAN THESE PAYMENTS, KE ALI'I PAUHI FOUNDATION KNOWS OF NO SIGNIFICANT TRANSACTIONS BETWEEN IT AND OTHER PERSONS DESCRIBED ABOVE NOR ANY ORGANIZATION OR CORPORATION WITH WHICH SUCH PERSON IS AFFILIATED. SEE FORM 990, PT. V.

LINE 2(C) - THE ORGANIZATION ADMINISTERED KAMEHAMEHA SCHOOLS' NEED-BASED FINANCIAL AID PROGRAMS.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 12
PART III, LINE 4

KE ALI'I PAUHI FOUNDATION PROVIDES MERIT AND NEED BASED SCHOLARSHIPS AND GRANTS TO STUDENTS OF KAMEHAMEHA SCHOOLS 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 FINANCIAL AID, COUNSELING OFFICE OR AN INDEPENDENT SELECTION COMMITTEE. THE SCHOLARSHIP DOCUMENTS ARE PREPARED BY THE GROUP DESIGNATED TO MAKE THE SCHOLARSHIP SELECTION.

Financial Aid and Scholarship Services Program

The Foundation's Financial Aid and Scholarship Services Program administers more than \$20 million in financial aid and scholarship funds per year for KS * During the 2001-2002 school year, more than \$5 million in financial aid was provided to KS students in preschool through grade 12 For post-high school financial aid, more than \$15 million was awarded to over 2,800 students – KS graduates and non-KS graduates Three types of financial aid are available

- Kamehameha Schools Student Financial Aid (preschool through grade 12)
- Kamehameha Schools Summer Programs Financial Aid (preschool through grade 12)
- Post-High Financial Aid

To request a copy of the College Financial Aid & Scholarship Guide for the Academic Year 2003-2004, please call (808) 842-8216 or contact us via e-mail at finaid@pauahi.org

* KS and KAPF give preference to students of Hawaiian ancestry to the extent permitted by law



KS Seniors

Pauahi Keiki Scholars Program

Studies show that children who receive a preschool education attain higher literacy levels, higher graduation rates and greater success in their careers. Unfortunately, 51 percent of Hawai'i families cannot afford to send their children to preschool without some form of assistance. To help fill this unmet need in early childhood education, Ke Ala'i Pauahi Foundation developed and administered the Pauahi Keiki Scholars (PKS) program for KS.

In 2002, PKS awarded nearly \$1 million in scholarships to 198 preschoolers as part of the scholarship program. The scholarships were used at preschools approved by KS or accredited by the National Association for the Education of Young Children.

As a condition of receiving scholarship assistance, parents or guardians are expected to take an active role in their child's education. Parents must attend parent-teacher conferences, participate in a parent workshop, perform volunteer work at the preschool, and ensure that their child maintains a good attendance record.

For details on the Pauahi Keiki Scholars program, call (808) 842-8216 or visit www.pauahi.org



A Pauahi Keiki Scholar and her parents

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.

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

Name of Exempt Organization: KE ALI'I PAUHAHI FOUNDATION
Employer identification number: 94-3263044
Number, street, and room or suite no. if a P.O. box, see instructions: 567 SOUTH KING STREET, SUITE 200
City, town or post office, state, and ZIP code: HONOLULU, HI 96813

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [] Form 990-EZ [] Form 990-T (sec. 401(a) or 408(a) trust) [] Form 1041-A [] Form 5227 [] Form 8870
[] Form 990-BL [] Form 990-PF [] Form 990-T (trust other than above) [] Form 4720 [] Form 6069

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

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)...

4 I request an additional 3-month extension of time until MAY 15, 2003.
5 For calendar year JULY 1, 2001 and ending JUNE 30, 2002.
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 GATHER THE INFORMATION NECESSARY TO PREPARE 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 \$ 0
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 \$ 0
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 \$ 0.00

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: [Handwritten Signature] Title: AGENT - CPA Date: 2/17/03

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 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.

Name: KPMG
Number and street (include suite, room, or apt. no.) Or a P.O. box number: P.O. Box 4150
City or town, province or state, and country (including postal or ZIP code): Honolulu, Hawaii 96812-4150
Emp. Ident. No.: 13-5565207

COPY

Application for Extension of Time To File an Exempt Organization Return

▶ 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).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

REMARK Automatic 3-Month Extension of Time — Only submit original (no copies needed)
Note: 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.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization KE ALI'I PAUAHI FOUNDATION	Employer Identification number 94-3263044
	Number, street, and room or suite no. If a P.O. box, see instructions. 567 SOUTH KING STREET, SUITE 200	
	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 |

- 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-month, for 990-T corporation) extension of time until FEBRUARY 15, 20 03, 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 01, and ending JUNE 30, 20 02

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 \$ _____

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 \$ _____

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 \$ 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 ▶ Wallace H. Ci Title ▶ Treasurer Date ▶ 9/30/02