

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2003

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 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004

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 ALII PAUHAHI 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) 523-6299

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.PAUHAHI.ORG

J Organization type (check only one) ☒ 501(c) (03) (insert no) 4947(a)(1) or 527K 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 ▶ 2,174,615.

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. STMT 1			
a Direct public support	1a	370,634.	
b Indirect public support	1b	1,209,746.	
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 1,560,828. noncash \$ 19,552.)	1d	1,580,380.	
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	122,147.	
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	413,284.	8a
b Less: cost or other basis and sales expenses	(B) Other	229,779.	8b
c Gain or (loss) (attach schedule)		183,505.	8c
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	183,505.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ 40,000. of STMT 4 contributions reported on line 1a)	9a	58,804.	
b Less: direct expenses other than fundraising expenses	9b	34,600.	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	24,204.	
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)	12	1,910,236.	
13 Program services (from line 44, column (B))	13	169,313.	
14 Management and general (from line 44, column (C))	14	763,048.	
15 Fundraising (from line 44, column (D))	15	516,238.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	1,448,599.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	461,637.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,355,319.	
20 Other changes in net assets or fund balances (attach explanation) STMT 6	20	809,002.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	8,625,958.	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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 \$ 169,313, noncash \$)	169,313.	169,313.	STMT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	284,767.		284,767.	
26	Other salaries and wages	359,949.		128,756.	231,193.
27	Pension plan contributions	89,179.		57,199.	31,980.
28	Other employee benefits	120,170.		86,414.	33,756.
29	Payroll taxes	39,004.		25,017.	13,987.
30	Professional fundraising fees				
31	Accounting fees	13,462.		13,462.	
32	Legal fees	554.		554.	
33	Supplies	18,857.		1,101.	17,756.
34	Telephone	1,247.		899.	348.
35	Postage and shipping	17,055.			17,055.
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	18,083.		8,528.	9,555.
39	Travel	15,088.		5,112.	9,976.
40	Conferences, conventions, and meetings	4,568.		1,770.	2,798.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	23,012.		23,012.	
43	Other expenses not covered above (itemize) STMT 8	274,291.		126,457.	147,834.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	1,448,599.	169,313.	763,048.	516,238.

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 9

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 10	
	(Grants and allocations \$ 169,313.)	169,313.
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).	169,313.

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	42,342.	45	15,089.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a NONE		
	b Less: allowance for doubtful accounts	47b	758,216.	47c NONE
	48a Pledges receivable	48a 94,240.		
	b Less: allowance for doubtful accounts	48b	110,475.	48c 94,240.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a 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	10,930.	53	4,688.
	54 Investments - securities (attach schedule) STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,574,550.	54	8,571,698.
	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 55,143.	93,899.	57c 60,196.	
58 Other assets (describe STMT 22 <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	7,963,265.	59	9,118,764.	
Liabilities	60 Accounts payable and accrued expenses	173,886.	60	112,611.
	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 STMT 13 <input type="checkbox"/>)	434,060.	65	380,195.
66 Total liabilities (add lines 60 through 65)	607,946.	66	492,806.	
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	998,505.	67	1,479,566.
	68 Temporarily restricted	4,292,427.	68	4,950,043.
	69 Permanently restricted	2,064,387.	69	2,196,349.
	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)	7,355,319.	73	8,625,958.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	7,963,265.	74	9,118,764.

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.

[illegible]

Return (see page 27 of the instructions)		Return	
a Total revenue, gains, and other support per audited financial statements . . . ▶	a 2,753,838.	a Total expenses and losses per audited financial statements . . . ▶	a 1,483,199.
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 . . \$ 675,524.		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$ 133,478.		(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):	
\$		STMT 15 \$ 34,600.	
Add amounts on lines (1) through (4) ▶	b 809,002.	Add amounts on lines (1) through (4) . . ▶	b 34,600.
c Line a minus line b ▶	c 1,944,836.	c Line a minus line b ▶	c 1,448,599.
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 14 \$ -34,600.		\$	
Add amounts on lines (1) and (2) . . ▶	d -34,600.	Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 1,910,236.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 1,448,599.

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
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?	78b	X
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 <u>KAMEHAMEHA SCHOOLS</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a 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
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	133,478
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?	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?	85b	N/A
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 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
89 a 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
90 a 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, 2003 (See instructions)	90b	9
91 The books are in care of <u>WALLACE CHIN</u> Telephone no. <u>808-523-6299</u> Located at <u>567 S. 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	92	N/A

Form 990 (2003)

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	122,147.	
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	183,505.	
101 Net income or (loss) from special events			01	24,204.	
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))				329,856.	
105 Total (add line 104, columns (B), (D), and (E))					329,856.

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.)

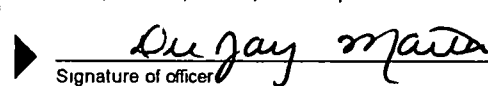
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			


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).

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.

Please Sign  Date 1-5-05

Signature of officer  Date 12/30/04

Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. W) 000265121

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

2003

Name of the organization

KE ALII 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
L MIYATAKI ----- 567 S KING ST, SUITE 160 HONOLULU, HI 96813	DIRECTOR OF DEVELOP. 40 HOURS	117,352.	6,903.	NONE
W TATSUNO ----- 567 S KING STREET, SUITE 160 HONOLULU, HI 96813	EXECUTIVE ASSISTANT 40 HOURS	66,575.	6,159.	NONE
----- ----- ----- ----- -----				
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
NONE ----- ----- ----- ----- ----- ----- ----- ----- -----		
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)	1	X
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.		
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)?	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)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	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 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.***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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 1999 through 2002 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: (2002) _____ (2001) _____ (2000) NOT APPLICABLE (1999) _____ 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: (2002) _____ (2001) _____ (2000) _____ (1999) _____ 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 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)(To be completed ONLY by schools that checked the box on line 6 in Part IV) **NOT APPLICABLE**

		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?	29	
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?	30	
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)	31	

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	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)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

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	41		
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			
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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
Lobbying nontaxable					
45 amount					
Lobbying ceiling amount					
46 (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 expenditures					

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.)

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.

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

Employer identification number

KE ALII PAUAHI FOUNDATION

94-3263044

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Part 1 Short-Term Capital Gains and Losses (Attach Here One Page for Each)						
(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
1						
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2002 Capital Loss Carryover Worksheet				4	()
5a	Combine lines 1 through 3 in column (g)				5a	
b	Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 14a below ▶				5b	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)
6	SEE STATEMENT 1			296,950.	229,779.	67,171.	67,171.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824						
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts						
9	Capital gain distributions					116,334.	116,334.
10	Gain from Form 4797, Part I						
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2002 Capital Loss Carryover Worksheet					()	
12	Combine lines 6 through 10 in column (g).						183,505.
13	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 15a below ▶					183,505.	

*Include in col. (g) all gains and losses from col. (f) from sales, exchanges, or conversions (including installment payments received) **after** May 5, 2003. However, do **not** include gain attributable to unrecaptured section 1250 gain or 28% rate gain or loss (see instr.).

Part III Summary of Parts I and II

Caution: Read the instructions **before** completing this part.

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 33)	(2) Estate's or trust's	(3) Total
14a Net short-term gain or (loss) (for the entire year)	14a			
b(1) Net short-term gain (post-May 5, 2003)	14b(1)			
b(2) Net short-term loss (post-May 5, 2003)	14b(2)		()	
15a Net long-term gain or (loss) (for the entire year)	15a			183,505.
b Net long-term gain (post-May 5, 2003)	15b			
c Qualified 5-year gain	15c			
d Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)	15d			
e 28% rate gain or (loss)	15e			
16a Total net gain or (loss). Combine lines 14a and 15a ▶	16a			183,505.
b Combine lines 14b(2) and 15b. If zero or less, enter -0-	16b			

Note: If line 16a, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 15a and 16a, column (2), are net gains, go to Part V, and do not complete Part IV. If line 16a, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2003

Part IV Capital Loss Limitation**17** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of.**a** The loss on line 16a, column (3) or**b** \$3,000**17** ()If the loss on line 16a, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 36 of the instructions to determine your capital loss carryover.**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 15a and 16a in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)**Note:** If line 15d, column (2) or line 15e, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 18.

18	Enter taxable income from Form 1041, line 22	18		
19	Enter the smaller of line 15a or 16a in column (2) but not less than zero	19		
20	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	20		
21	Add lines 19 and 20	21		
22	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	22		
23	Subtract line 22 from line 21. If zero or less, enter -0-	23		
24	Subtract line 23 from line 18. If zero or less, enter -0-	24		
25	Enter the smaller of the amount on line 18 or \$1,900	25		
	If line 24 is more than line 25, skip lines 26-36 and go to line 37.			
26	Enter the amount from line 24	26		
27	Subtract line 26 from line 25. If zero or less, enter -0- and go to line 37	27		
28	Add lines 16b, col. (2) and 20*	28		
29	Enter the smaller of line 27 or line 28	29		
30	Multiply line 29 by 5% (.05)	30		
	If lines 27 and 29 are the same, skip lines 31-36 and go to line 37.			
31	Subtract line 29 from line 27	31		
32	Enter the amount, if any, from line 15c, column (2)	32		
33	Enter the smaller of line 31 or line 32	33		
34	Multiply line 33 by 8% (.08)	34		
35	Subtract line 33 from line 31	35		
36	Multiply line 35 by 10% (.10)	36		
	If the amounts on lines 23 and 27 are the same, skip lines 37 through 46 and go to line 47.			
37	Enter the smaller of line 18 or line 23	37		
38	Enter the amount, if any, from line 27	38		
39	Subtract line 38 from line 37	39		
40	Add lines 16b, col. (2) and 20*	40		
41	Enter the amount from line 29 (if line 29 is blank, enter -0-)	41		
42	Subtract line 41 from line 40	42		
43	Enter the smaller of line 39 or line 42	43		
44	Multiply line 43 by 15% (.15)	44		
45	Subtract line 43 from line 39	45		
46	Multiply line 45 by 20% (.20)	46		
47	Figure the tax on the amount on line 24. Use the 2003 Tax Rate Schedule on page 21 of the instructions	47		NONE
48	Add lines 30, 34, 36, 44, 46, and 47	48		NONE
49	Figure the tax on the amount on line 18. Use the 2003 Tax Rate Schedule on page 21 of the instructions	49		
50	Tax on all taxable income. Enter the smaller of line 48 or line 49 here and on line 1a of Schedule G, Form 1041	50		

* If lines 20 and 22 are more than zero, see Lines 28 and 40 on page 36 for the amount to enter

Schedule D (Form 1041) 2003

KE ALII PAUAAHI FOUNDATION
Schedule D Detail of Long-term Capital Gains and Losses

JSA
3F0970 1 000

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
TAKABUKI GOLF TOURNAMENT	58,804.	34,600.	24,204.
TOTALS	58,804.	34,600.	24,204.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

DONATED SERVICES

133,478.

UNREALIZED GAIN ON INVESTMENTS

675,524.

TOTAL

809,002.

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

INFORMATION AVAILABLE UPON REQUEST

SCHOLARSHIPS

169,313.

TOTAL CONTRIBUTIONS PAID

169,313.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	MANAGEMENT AND GENERAL	FUNDRAISING
-----	-----	-----	-----
INSURANCE	27,246.	27,246.	
RENT	37,272.	18,559.	18,713.
OTHER CONTRACTED SERVICES	168,134.	75,776.	92,358.
ORGANIZATIONAL MEMBERSHIPS	2,995.	1,265.	1,730.
GENERAL EXPENSES	11,336.	3,611.	7,725.
OTHER FUNDRAISING EXPENSES	27,308.		27,308.
	-----	-----	-----
TOTALS	274,291.	126,457.	147,834.
	=====	=====	=====

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

KE ALI'I PAUAAHI FOUNDATION IS A SUPPORT 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 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
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.	169,313.	169,313.
TOTAL	169,313.	169,313.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: KAMEHAMEHA SCHOOLS

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 - INVESTMENTS - SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MUTUAL FUNDS-EQUITY & BOND	6,574,550.	8,571,698.
	-----	-----
TOTALS	6,574,550.	8,571,698.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED PENSION LIABILITY	434,060.	380,195.
	-----	-----
TOTALS	434,060.	380,195.
	=====	=====

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

DESCRIPTION	AMOUNT
-----	-----
EXPENSES ALLOCATED TO SPECIAL EVENTS	-34,600.

TOTAL	-34,600.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
EXPENSES ALLOCATED TO SPECIAL EVENTS	34,600.

TOTAL	34,600.
	=====

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
D. J. MAILER 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	PRESIDENT 1 HOUR	NONE	NONE	NONE
R FREITAS 567 SOUTH KING STREET SUITE 160 HONOLULU, HI 96813	VICE PRESIDENT 40 HOURS	165,901.	3,257.	NONE
W CHIN 567 SOUTH KING STREET SUITE 160 HONOLULU, HI 96813	TREASURER 40 HOURS	118,866.	12,278.	NONE
S REZENTES 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	SECRETARY 1 HOUR	NONE	NONE	NONE
N THOMPSON 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	DIRECTOR/CHAIRMAN 1 HOUR	NONE	NONE	NONE
D PLOTTS 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	VICE-CHAIR/DIRECTOR 1 HOUR	NONE	NONE	NONE
R KIHUNE	DIRECTOR 1 HOUR	NONE	NONE	NONE

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, HI 96813				
C LAU 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HOUR	NONE	NONE	NONE
D ING 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HOUR	NONE	NONE	NONE
	GRAND TOTALS	284,767.	15,535.	NONE
		=====	=====	=====

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			
D.J. MAILER 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	197,276.	7,128.	NONE
KAMEHAMEHA SCHOOLS 99-0073480			
N THOMPSON 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	118,000.	NONE	NONE
KAMEHAMEHA SCHOOLS 99-0073480			
D PLOTTS 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	103,500.	NONE	NONE
KAMEHAMEHA SCHOOLS 99-0073480			
R KIHUNE	105,000.	NONE	NONE

FORM 990, PART V - COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----
567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813			
KAMEHAMEHA SCHOOLS 99-0073480			
C LAU 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	113,500.	NONE	NONE
KAMEHAMEHA SCHOOLS 99-0073480			
D ING 567 SOUTH KING STREET SUITE 200 HONOLULU, HI 96813	100,500.	NONE	NONE
GRAND TOTALS	737,776.	7,128.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

TOTAL EXPENSE REIMBURSEMENTS OF \$16,459 WERE PAID TO OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION FOR EXPENSES INCURRED IN FURTHERANCE OF ITS EXEMPT PURPOSE.

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 PAUHI 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.

FORM 990, PART IV - BALANCE SHEETLINE 57 - LAND, BUILDINGS, AND EQUIPMENT: BASIS & ACCUMULATED DEPRECIATION

	BEGINNING BOOK VALUE	ADDITIONS	DISPOSAL	ENDING BOOK VALUE
EQUIPMENT	133,661		(18,322)	115,339
TOTAL	133,661	-	(18,322)	115,339
	39,762	23,012	(7,631)	55,143
	<u>93,899</u>			<u>60,196</u>

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).

Note: 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)

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	Employer identification number
	KE ALII PAUAHI FOUNDATION	94-3263044
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	567 SOUTH KING STREET, SUITE 160	
	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 _____, _____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning JULY 1, 2003, and ending JUNE 30, 2004.

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 \$ _____

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 AGENT/CPA Date 10/07/04
For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

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	Employer identification number
	KE ALII PAUHI FOUNDATION	94-3263044
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	567 SOUTH KING STREET	
	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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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) _____ 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 05/16/2005

5 For calendar year _____, or other tax year beginning 07/01/2003 and ending 06/30/2004

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 INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.

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. \$ _____

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. \$ _____

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. \$ _____

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 Car. [Signature] Title AGENT-CPA Date 12/30/04

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 _____

By: _____

Director _____ 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
	KPMG LLP
	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, HI 96812-9972

JSA
3F8055 1 000

KPMG
P.O. Box 4150
Honolulu, Hawaii 96812-4150
Emp. Ident. No.: 13-5565207