Form 990

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 07/01 , 2002, and ending 06/30/2003

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 PAUAHI 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 ▶

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

G Web site: ▶WWW.PAUAHI.ORG

J Organization type (check only one) ▶ ☒ 501(c) (03) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

I Enter 4-digit GEN ▶

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.**

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 23,059,587.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received. STMT 1			
	a	Direct public support	1a	1,591,607.	
	b	Indirect public support	1b	1,767,311.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 3,338,642. noncash $ 20,276.)			1d 3,358,918.
	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			5 208,219.
	6 a	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
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 19,492,450.	8a	(B) Other
	b	Less cost or other basis and sales expenses	19,922,213.	8b	
	c	Gain or (loss) (attach schedule)	-429,763.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d -429,763.
	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 3,137,374.
Expenses	13	Program services (from line 44, column (B))			13 1,382,234.
	14	Management and general (from line 44, column (C))			14 843,141.
	15	Fundraising (from line 44, column (D))			15 574,127.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 2,799,502.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 337,872.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 6,275,222.
	20	Other changes in net assets or fund balances (attach explanation) STMT 4 STMT 5.			20 742,225.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 7,355,319.

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 21 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 $ 138,763. noncash $)	22	138,763.	138,763.	STMT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	282,852.		282,852.	
26 Other salaries and wages	26	1,079,794.	742,961.	128,314.	208,519.
27 Pension plan contributions	27	127,923.	58,541.	52,134.	17,248.
28 Other employee benefits	28	153,404.	98,630.	28,513.	26,261.
29 Payroll taxes	29	93,524.	42,140.	38,518.	12,866.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	28,661.	6,034.	6,349.	16,278.
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	14,238.	12,316.	1,922.	
38 Printing and publications	38				
39 Travel	39	22,578.	8,734.	10,964.	2,880.
40 Conferences, conventions, and meetings	40	7,851.	5,591.	8.	2,252.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	53,453.		53,453.	
43 Other expenses not covered above (itemize) STMT 7	43a	796,461.	268,524.	240,114.	287,823.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	2,799,502.	1,382,234.	843,141.	574,127.

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 24 of the instructions.)

What is the organization's primary exempt purpose? ▶ STMT 8

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

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	STMT 9 (Grants and allocations $ 138,763)	1,382,234.
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) ▶	1,382,234.

Part IV Balance Sheets (See page 24 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			370,063.	45	42,342.
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	758,216.			
	b Less: allowance for doubtful accounts	47b			47c	758,216.
	48a Pledges receivable	48a	110,475.			
	b Less allowance for doubtful accounts	48b			48c	110,475.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule) STMT 10	51a	372,853.			
	b Less allowance for doubtful accounts	51b		685,524.	51c	372,853.
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			6,586.	53	10,930.
	54 Investments - securities (attach schedule) STMT 11 ▶ ☐ Cost ☒ FMV			6,764,607.	54	6,574,550.
	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	133,661.			
	b Less accumulated depreciation (attach schedule)	57b	39,762.	255,453.	57c	93,899.
	58 Other assets (describe ▶ STMT 12)			61,049.	58	NONE
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			8,143,282.	59	7,963,265.
Liabilities	60 Accounts payable and accrued expenses			363,148.	60	173,886.
	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) STMT 13			781,829.	64b	NONE
	65 Other liabilities (describe ▶ STMT 14)			723,083.	65	434,060.
	66 **Total liabilities** (add lines 60 through 65)			1,868,060.	66	607,946.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			888,903.	67	998,505.
	68 Temporarily restricted			3,577,334.	68	4,292,427.
	69 Permanently restricted			1,808,985.	69	2,064,387.
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			6,275,222.	73	7,355,319.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			8,143,282.	74	7,963,265.

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 (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	3,879,599.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ 499,572.		
(2)	Donated services and use of facilities $ 427,000.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	926,572.
c	Line a minus line b ▶	c	2,953,027.
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). STMT 15 $ 184,347.		
	Add amounts on lines (1) and (2) ▶	d	184,347.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	3,137,374.

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

a	Total expenses and losses per audited financial statements ▶	a	2,799,502.
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) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	2,799,502.
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	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	2,799,502.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(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
SEE STATEMENT 17		282,852.	16,474.	NONE

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? ▶ [X] Yes [ ] No

If "Yes," attach schedule - see page 26 of the instructions SEE STATEMENT 18

Part VI Other Information (See page 27 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ KAMEHAMEHA SCHOOLS and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instructions — 81a: NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) — 82b: 427,000.			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter. a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations.* Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90a	List the states with which a copy of this return is filed ▶ N/A			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	37	
91	The books are in care of ▶ WALLACE G.K. CHIN Telephone no ▶ 808-523-6299 Located at ▶ 567 S. KING STREET, HONOLULU, HI ZIP + 4 ▶ 96813			
92	*Section 4947(a)(1) nonexempt chantable 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	NONE	

JSA
2E1041 1 000

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
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			14	208,219.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	523000	184,347.	18	-614,110.	
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))		184,347.		-405,891.	
105 Total (add line 104, columns (B), (D), and (E)) ▶					-221,544.

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 32 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 32 of the instructions.) N/A

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

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

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

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

Please Sign

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer TREASURER Date 5-12-04

[redacted]

Date 5/11/04 Check if self-employed ☐ Preparer's SSN or PTIN (See Gen Inst W) [redacted]

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

2002

Name of the organization

KE ALII PAUAHI 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 STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 40 HRS	123,227.	8,954.	NONE
W. TATSUNO 567 S. KING STREET, SUITE 200 HONOLULU, HI 96813	ADMINISTRATIVE ASST. 40 HRS	63,958.	10,697.	NONE
T. MAKUAKANE-DRESCHSEL 567 S. KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 40 HRS	51,829.	4,835.	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
SMS RESEARCH & MARKETING SERVICES INC 1042 FORT STREET, STE 200, HON, HI 96813	MARKET RESEARCH	72,500.
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 activites ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line I or Part VI-B.) 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	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
	STMT 19			
c	Furnishing of goods, services, or facilities?	2c	X	
	STMT 20			
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
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below.)	3	X	
4	Do you have a section 403(b) annuity plan for your employees?	4		X

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.* STMT 21

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

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

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.* NOT APPLICABLE

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) 2001	(b) 2000	(c) 1999	(d) 1998	(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 1998 through 2001 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:

(2001) _____ (2000) _____ (1999) NOT APPLICABLE (1998) _____

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

(2001) _____ (2000) _____ (1999) _____ (1998) _____

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 1998 through 2001, 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)

			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?	31		
	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?	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)** 2002	**(b)** 2001	**(c)** 2000	**(d)** 1999	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

SCHEDULE D (Form 1041)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041 (or Form 5227). See the separate instructions for Form 1041 (or Form 5227).

OMB No 1545-0092

2002

Name of estate or trust

KE ALII PAUAHI FOUNDATION

Employer identification number

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

	(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 31)	(f) Gain or (Loss) (col (d) less col (e))
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 2001 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f). Enter here and on line 14 below ▶	5	

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 31)	(f) Gain or (Loss) (col (d) less col (e))	(g) 28% Rate Gain or (Loss) *(see instr below)
6							
	SEE STATEMENT 1			19,492,450.	19,922,213.	-429,763.	NONE

7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7		
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8		
9	Capital gain distributions	9		
10	Gain from Form 4797, Part I	10		
11	Long-term capital loss carryover Enter in both columns (f) and (g) the amount, if any, from line 14, of the 2001 Capital Loss Carryover Worksheet	11	( )	( )
12	Combine lines 6 through 11 in column (g)	12		
13	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f) Enter here and on line 15 below ▶	13	-429,763.	

***28% rate gain or loss** includes **all** "collectibles gains and losses" (as defined on page 31 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 30 of the instructions).

Part III Summary of Parts I and II

			(1) Beneficiaries' (see page 32)	(2) Estate's or trust's	(3) Total
14	**Net short-term gain or (loss)** (from line 5 above)	14			
15	**Net long-term gain or (loss):**				
a	Total for year (from line 13 above)	15a			-429,763.
b	28% rate gain or (loss) (from line 12 above)	15b			
c	Qualified 5 - year gain	15c			
d	Unrecaptured section 1250 gain (see line 17 of the worksheet on page 33)	15d			
16	**Total net gain or (loss).** Combine lines 14 and 15a ▶	16			-429,763.

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

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 16, column (3) **or**
b $3,000 . . . . . 17 (3,000).

*If the loss on line 16, 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 34 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 16 in column (2) are gains, and Form 1041, line 22 is more than zero.)

Note: *If line 15b, column (2) or line 15d, column (2) is more than zero, complete the worksheet on page 35 of the instructions to figure the amount to enter on lines 20 and 38 below and skip all other lines below. Otherwise, go to line 18.*

18	Enter taxable income from Form 1041, line 22		18	
19	Enter the **smaller** of line 15a or 16 in column (2)	19		
20	If the estate or trust is filing Form 4952, enter the amount from line 4e; otherwise, enter -0- ▶	20		
21	Subtract line 20 from line 19. If zero or less, enter -0-		21	
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	
23	Figure the tax on the amount on line 22. Use the 2002 Tax Rate Schedule on page 21 of the instructions			23
24	Enter the **smaller** of the amount on line 18 or $1,850		24	
	If line 24 is greater than line 22, go to line 25. Otherwise, skip lines 25 through 31 and go to line 32.			
25	Enter the amount from line 22		25	
26	Subtract line 25 from line 24 If zero or less, enter -0- and go to line 32		26	
27	Enter the estate's or trust's allocable portion of qualified 5-year gain, if any, from line 15c, column (2)	27		
28	Enter the **smaller** of line 26 or line 27		28	
29	Multiply line 28 by 8% (08)			29
30	Subtract line 28 from line 26		30	
31	Multiply line 30 by 10% (.10)			31
	If the amounts on lines 21 and 26 are the same, skip lines 32 through 35 and go to line 36.			
32	Enter the **smaller** of line 18 or line 21		32	
33	Enter the amount, if any, from line 26		33	
34	Subtract line 33 from line 32		34	
35	Multiply line 34 by 20% (20)			35
36	Add lines 23, 29, 31, and 35			36
37	Figure the tax on the amount on line 18. Use the 2002 Tax Rate Schedule on page 21 of the instructions			37
38	**Tax on all taxable income (including capital gains).** Enter the **smaller** of line 36 or line 37 here and on line 1a of Schedule G, Form 1041			38

KE ALII PAUAHI FOUNDATION 94-3263044

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
VARIOUS EXTERNALLY MANAGED FUNDS	VAR	VAR	19,308,103.	19,922,213.	-614,110.
GAIN FROM GOLDMAN SACHS INVESTMENT			184,347.		184,347.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			19,492,450.	19,922,213.	-429,763.
Totals			19,492,450.	19,922,213.	-429,763.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	499,572.
DONATED SERVICES	427,000.
TOTAL	926,572.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
GAIN FROM GOLDMAN SACHS INVESTMENT	184,347.
TOTAL	184,347.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
INFORMATION AVAILABLE UPON REQUEST		SCHOLARSHIPS	138,763.
		TOTAL CONTRIBUTIONS PAID	138,763.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACT SERVICES	356,018.	132,713.	110,121.	113,184.
PROFESSIONAL SERVICES	188,190.	4,617.	69,472.	114,101.
FACILITY RENTAL	104,823.	68,083.	18,404.	18,336.
MEMBERSHIPS	3,855.	525.	1,050.	2,280.
MISCELLANEOUS	42,580.	2,299.	591.	39,690.
INSURANCE	40,476.		40,476.	
UTILITIES	60,519.	60,287.		232.
TOTALS	796,461.	268,524.	240,114.	287,823.

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

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

KE ALI'I PAUAHI 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 AND GRANTS FOR EDUCATIONAL PURPOSES.	138,763.	1,382,234.
TOTAL	138,763.	1,382,234.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: KAMEHAMEHA SCHOOLS

BEGINNING BALANCE DUE	685,524.
ENDING BALANCE DUE	372,853.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	685,524.
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	372,853.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
CORPORATE & GOVERNMENT BONDS	2,822,890.	6,574,550.
COMMON STOCK	2,824,914.	NONE
MUTUAL FUNDS-EQUITY & BOND	1,116,803.	NONE
TOTALS	6,764,607.	6,574,550.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
INVESTMENT RECEIVABLE	61,049.	NONE
TOTALS	61,049.	NONE

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: KUKUI INC

BEGINNING BALANCE DUE	781,829.
ENDING BALANCE DUE	NONE
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	781,829.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	NONE

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
ACCRUED PENSION LIABILITY	723,083.	434,060.
TOTALS	723,083.	434,060.

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

DESCRIPTION	AMOUNT
GAIN FROM GOLDMAN SACHS INVEST	184,347.
TOTAL	184,347.

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
C. WONG 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	PRESIDENT 1 HR			
R. FREITAS 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	VICE PRESIDENT 40 HRS	164,123.	4,043.	NONE
W. CHIN 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	TREASURER 40 HRS	118,729.	12,431.	NONE
R. KIHUNE 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HR			
D. ING 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HR			
C. LAU 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HR			
D. PLOTTS 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HR			
N. THOMPSON 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HR			

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
S. REZENTES 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	SECRETARY 1 HR			
GRAND TOTALS		282,852.	16,474.	NONE

FORM 990, PART V - COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KAMEHAMEHA SCHOOLS 99-0073480				
C. WONG 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	PRESIDENT 1 HR	190,161.	15,899.	NONE
KAMEHAMEHA SCHOOLS 99-0073480				
D. ING 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HR	101,000.	NONE	NONE
KAMEHAMEHA SCHOOLS 99-0073480				
C. LAU 567 SOUTH KING STREET, SUITE 200 HONOLULU, HI 96813	DIRECTOR 1 HR	104,000.	NONE	NONE
	GRAND TOTALS	395,161.	15,899.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

THE ORGANIZATION ADMINISTERED KAMEHAMEHA SCHOOLS' SCHOLARSHIP PROGRAM.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

PAYMENTS OF COMPENSATION WHICH ARE REASONABLE AND NOT EXCESSIVE HAVE BEEN MADE BY KE ALI'I PAUAHI FOUNDATION TO VARIOUS OFFICERS AND EMPLOYEES FOR SERVICES PURSUANT TO KE ALI'I PAUAHI FOUNDATION'S EXEMPT FUNCTION. OTHER THAN THESE PAYMENTS, KE ALI'I PAUAHI FOUNDATION KNOWS OF NO SIGNIFICANT TRANSACTIONS BETWEEN IT 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 4

KE ALI'I PAUAHI FOUNDATION PROVIDES MERIT AND NEED BASED SCHOLARSHIPS AND GRANTS TO STUDENTS OF KAMEHAMEHA SCHOOLS IN ORDER TO INCREASE THE THE OPPORTUNITES AVAILABLE TO STUDENTS IN THEIR PURSUIT OF EDUCATION GIVING PREFERENCT 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.

• 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	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	KE ALII PAUAHI 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):

[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) _____ . 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 05/17/2004 .

5 For calendar year _____ , or other tax year beginning 07/01/2002 and ending 06/30/2003

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 ▶ _____ Title ▶ AGENT-CPA Date ▶ 1/21/04

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 _____

EXTENSION APPROVED

FEB 19 2004

By _____

Director

LINDA WEISKOPF, Acting DIRECTOR, SUBMISSION PROCESSING, OGDEN

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

Type or print	Name	
	KPMG LLP	KPMG
	Number and street (include suite, room, or apt. no.) Or a P.O. box number	P.O. Box 4150
	P.O. BOX 4150	Honolulu, Hawaii 96812-4150
	City or town, province or state, and country (including postal or ZIP code)	Emp. Ident. No.: 13-5565207
	HONOLULU, HI 96812-9972	

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	KE ALI'I PAUAHI FOUNDATION	94-3263044
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	567 SOUTH KING STREET, SUITE 150	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HONOLULU, HAWAII 96813	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] 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 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year 20 ____ or

▶ [X] tax year beginning JULY 1, 20 02, and ending JUNE 30, 20 03.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $

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

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 ▶ William Aila Jr. Title ▶ TREASURER Date ▶ 10/30/03

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

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