

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

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

2009

Open to Public Inspection

\ Fo	r the 2	2009 ca	lendar yea	r, or tax year beginning 07	-01-2009	and ending 06-30-20	10						
C he	eck if ap	pplicable	Please	C Name of organization PUNAHOU SCHOOL					D Employer id	dentific	ation number		
- Add	Iress ch	ange	use IRS label or						99-00735				
– Nar	ne char	nge	print or type. See	Doing Business As					E Telephone i				
_ Init	ıal retur	rn	Specific	Number and street (or P O b	ox if mail is no	ot delivered to street add	ress) Roo	m/suite	(808) 944				
– Ter	mınated	d	Instruc- tions.	1601 PUNAHOU STREET					G Gross receipt	s \$ 127,	/80,918		
– Am	ended r	return		City or town, state or country	, and ZIP + 4		ı						
– App	lication	pending		HONOLULU, HI 96822									
			F Nar	ne and address of principal	officer		H(a)	Ic th	 s a group retu	rn for			
			JILL KA	A WA NO			''(")	affilia			┌ Yes ┌ No		
				PUNAHOU STREET LULU, HI 96822									
							Н(Б)		l affiliates inclu		☐ Yes ☐ No		
Ta	x-exem	pt status	▽ 501(c))(3) ◄ (insert no)	(a)(1) or Γ	527	H(c)		o," attach a lıs ıp exemptıon r				
w	ebsit e	•: ⊫ - WW	WPUNAH	OU FDU			۱۱(°)						
							1						
				tion Trust Association C	Other 🟲		LY	ear of fo	rmation 1853	M State	of legal domicile HI		
Ра	1t I	Sumr Briefly d		e organization's mission or	most signif	icant activities							
	•	•		OLIS A PRIMARY AND S	_		RECOG	NIZED	FOR ITS ACA	DEMI	C EXCELLENCE,		
D.				RAMS, AND EXTRACURRI	CULARAC	TIVITIES MORETI	HAN 37!	50 STU	DENTS ATTE	ND TH	ESCHOOLIN		
ankellialine.		ATHLETIC PROGRAMS, AND EXTRACURRICULAR ACTIVITIES MORE THAN 3750 STUDENTS ATTEND THE SCHOOL IN GRADES K-12											
<u> </u>													
<u> </u>													
	2	Check t	hıs box 叶	f the organization discor	ntınued its o	perations or dispose	ed of mor	e than	25% of its net	asset	s		
6 ^	3	Number	of voting r	members of the governing b	oody (Part V	I, line 1a)				з	19		
Houmuno	4	Number	ofindeper	ndent voting members of th	e governing	body (Part VI, line 1	1b) .			4	16		
	5	Total nu	ımber of er	nployees (Part V , line 2a)						5	1,96		
Ì	6	Total nu	ımber of vo	olunteers (estimate if neces	ssary) .					6	5,000		
	7a	Total gr	oss unrela	ted business revenue from			;	7a	-242,829				
	ь	Net unre	elated busi	ness taxable income from			;	7b	-242,829				
								Prio	r Year		Current Year		
	8	Contril	butions and	d grants (Part VIII, line 1h	1)				11,522,658		14,370,032		
₫	9			revenue (Part VIII, line 2g			. —		71,227,637		73,997,061		
Revenue	10			ne (Part VIII, column (A),					7,547,750		2,026,638		
æ	11			art VIII, column (A), lines					2,170,208		2,204,748		
	12	Totalr	evenue—a	dd lines 8 through 11 (mus	t equal Part	: VIII, column (A), lı	ne						
				<u> </u>					92,468,253		92,598,479		
	13			ar amounts paid (Part IX, c		·			3,706,553		4,010,702		
	14			or for members (Part IX, co				0					
Ø	15	Salarıe 10)	es, other co	ompensation, employee bei	nefits (Part	IX, column (A), lines	5-	- 59,303,389 61,016,02:					
Expenses	16a	•	sional fund	raising fees (Part IX, colur	mn (A.) line	110)			0		01,010,021		
Φ ≏	_					•							
Д	b			enses (Part IX, column (D), line				22.694.242					
	17			(Part IX, column (A), lines				22,684,243 21,674,59					
	18			Add lines 13–17 (must equ			<u> </u>		85,694,185		86,701,317		
_ ep	19	Keveni	ue iess ext	penses Subtract line 18 fro	om ime 12		D -	odina!	6,774,068		5,897,162		
5 Q 3 E								_	g of Current ear	I	End of Year		
7 E	20	Totala	ıssets (Paı	rt X, line 16)					312,359,609		333,390,084		
net have to us Fend Balances	21			Part X, line 26)					37,800,816		45,380,878		
Ē	22			d balances Subtract line 2				2	274,558,793		288,009,206		
Par	t II		ature Bl						·		· · · · · · · · · · · · · · · · · · ·		
أكس		Under pe	enalties of pe	глигу, I declare that I have exan									
		and belie	ef, it is true,	correct, and complete Declaration	on of preparer	(other than officer) is bas	sed on all	ınformatı	on of which prepare	arer has	any knowledge		
Sign	1	<u></u>						2011	OF 16				
lere		Signa	ature of office	er				2011- Date	03-10				
		1111	KAMANO ACC	SISTANT TREASURER									
			or print nam										
		Dran-	- k			ate	Check if		Preparer's iden	tifvina r	umber		
اد¦ہ(Preparer' signature					self-		(see instruction				
Paid Prone	arer's			- L KDMC !! B			empolye	u * 					
repa Jse (ıf self-en		KPMG LLP					EIN Þ				
, (-iiiy	address,	and ZIP + 4	PO BOX 4150					Di.	(000) =	10, 2000		
				Honolulu, HI 968124150					Phone no 🕨	· ·			
1	. L . T D (c thic ratio	rn with the preparer chewin	-6-4-2 (as E Na		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PUNAHOU IS COMMITTED TO PROVIDE AN ENVIRONMENT WHERE STUDENTS CAN DEVELOP MORAL AND SPIRITUAL VALUES CONSISTENT WITH THE CHRISTIAN PRINCIPLES ON WHICH PUNAHOU WAS FOUNDED, AFFIRMING THE WORTH AND DIGNITY OF EACH INDIVIDUAL, DEVELOP INTELLECTUAL, ACADEMIC AND PHYSICAL POTENTIAL TO THE FULLEST DEGREE, PREPARING THEM FOR COLLEGE AND FOR CHALLENGES FACING THEM NOW AND IN THE FUTURE, DEVELOP AND ENHANCE CREATIVITY AND APPRECIATION FOR THE ARTS, APPRECIATE CULTURAL DIVERSTIY AND DEVELOP SOCIAL RESPONSIBILTY FOUNDED IN 1841, PUNAHOU SCHOOL IS THE LARGEST INDEPENDENT SCHOOL IN AMERICA IT IS A PRIVATELY OPERATED SCHOOL SERVING CHILDREN FROM EVERY RACIAL, RELIGIOUS, SOCIAL AND ECONOMIC GROUP IN HAWAII PUNAHOU HAS FACULTY AND ACADEMIC SUPPORT STAFF OF APPROXIMATELY 600, SERVING ABOUT 3,750 STUDENTS FROM KINDERGARTEN TO GRADE 12 THE SCHOOL IS DIVIDED INTO TWO MAJOR DIVISIONS THE JUNIOR SCHOOL (KINDERGARTEN TO GRADE 8) AND THE ACADEMY (GRADES 9 TO 12), EACH WITH ITS OWN PRINCIPAL IN ADDITION,

2	Did the organization un the prior Form 990 or 9			ervices during the year	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on Sc	hedule O			
3	Did the organization ce services?		nake significar	=	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedu	ıle O			
4		501(c)(4) organızatı	ons and secti	on 4947(a)(1) trusts a	largest program services bare required to report the amservice reported	•
4a	(Code) (Expenses \$	63,457,703	including grants of \$	4,010,702) (Revenue \$	68,056,059)
	PERCENT OF PUNAHOU GR GRADE 8, AND THE ACADE! OVERSEEING APPROXIMATE OF THESE GROUPS OF CHI FACILITES WERE COMPLET SUPPORT AN EDUCATION F ENVIRONMENT RECOGNIZE ENVIRONMENT AND CLASS!	ADUATES GO ON TO ATT MY, GRADES 9-12 THE J ELY 2,000 STUDENTS TH LDREN SUPPLEMENTAL E ED IN 2005 FOR GRADES PROGRAM DESIGNED SPE IS THIS DEVELOPMENTAL ROOM AND GATHERING S IN REQUIREMENTS INCLL	END COLLEGE CUNIOR SCHOOL (ESE SMALLER, SE EDUCATION, SUC 6 6-8 IN THE CAS CIFICALLY TO ME PERIOD THROUG SPACES DESIGNEI JDE CREDITS IN I	URRENTLY, PUNAHOU IS DI (K-8) IS COMPOSED OF THI ELF-CONTAINED SECTIONS H AS OUTDOOR AND CAMP E MIDDLE SCHOOL AT PUNA EET THE INTELLECTUAL AND SH MORE INTIMATE ORGAN D TO ENCOURAGE COLLABO	SCHOOL OFFERING EDUCATIONAL MIDED INTO THE JUNIOR SCHOOL REE SECTIONS WITH A PRINCIPAL FOR K-2, 3-5 AND 6-8 ARE DESIGNED FOR K-2, 3-5 AND 6-8 ARE DESIGNED FOR THIS EXPANDED AREA OF CONTROL OF SOCIAL NEEDS OF EARLY ADOLES IZATIONAL STRUCTURES, FACILITY OR ATTON AND INTEGRATED LEARN. STUDIES, MATHEMATICS, FOREIG	, KINDERGARTEN THROUGH AND FIVE SUPERVISORS NED TO MEET THE SPECIAL NEEDS D IN THE JUNIOR SCHOOL NEW AMPUS WAS DESIGNED TO SCENTS THE LEARNING IES MORE OPEN TO THE ING IN THE ACADEMY, COLLEGE
	(Code) (Expenses \$	4,460,424	ıncludıng grants of \$) (Revenue \$	3,345,246)
40	•	A VARIED AND ENRICHE	D PROGRAM IN A	CADEMICS, SPORTS, MUSIC	C AND DANCE THE PROGRAMS ST	
4c	(Code) (Expenses \$	3,119,820	including grants of \$) (Revenue \$	2,569,739)
		RSHIP WITH A FOCUS O	N EXPERIENTIAL,	HANDS-ON, AND COLLABOR	G STUDENTS DEVELOP A SENSE OF RATIVE LEARNING, THE CURRICUL AM	
	0.11	(5)				
4d	Other program service (Expenses \$	•	•		or Description) (Revenue \$	26,017)
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	luding grants o	<u>'</u>) (Revenue \$	20,017)
4e	Total program service	expenses►\$	73,654,19	02		

art IV	Checklist of	Peguired	Schedules
	CHECKHISLUI	Reuulleu	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
--------	------------	-----------	----------	--------------	---------	------------

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 105 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-	Yes	
h	return?	3a 3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ, EI See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νc
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			NO
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

HONOLULU, HI 96822 (808) 944-5711

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was			No
5	filed? Did the organization become aware during the year of a material diversion of the organization's assets?	4 5		N o N o
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			110
,	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		V	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
42-	Describes an arrange by the second se	12a	Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	res	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		140
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶HI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website Vupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th PUNAHOU SCHOOL 1601 PUNAHOU STREET	e orga	nızatıor	1 ▶

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Fori	n 990 (2009)			Page
1b	Total	0		238,23
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶44			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No.
<u>S</u>	ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B)		((
	Name and business address Description of services	\rightarrow	Compe	nsation
PO E	BRIDGE ASSOCIATES 90X 10317 CONSULTING SERVICES 90XDALE, NY 115550317			387,733
700	KILDSON KATZ MOORE ASSOCIAT BISHOP STREET 15TH FLOOR CULU, HI 968134187 LEGAL SERVICES			144,753
		\longrightarrow		
_				
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2			

Form **990** (2009)

Form 9								Page 9
	/	Statement o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ints ints	1a	Federated camp						
gra	b	Membership du						
ffs, ∃	C .	Fundraising eve		153,911				
<u> </u>	d e	Government grants	ations 1d s (contributions) 1e					
ons sin	- F	_	ons, gifts, grants, and 1f	14,216,121	-			-
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	t included above butions included in					
and	h	lines 1a-1f \$ Total. Add lines	3 1a-1f	▶	14,370,032			
				Business Code				
nue	2a	TUITION & FEES		900,099	71,448,142	71,448,142		
₽e Z	ь	INSTRUCTIONAL SE	ERVICES	900,099	2,548,919	2,548,919		
956	С							
Seri	d							
E S	e	A.II I						
Program Serwce Revenue	"	All other progra	ım service revenue					
	g		s 2a-2f		73,997,061			
	3		ome (including dividend ar amounts)	. F	2,981,340		-237,350	3,218,690
	4		tment of tax-exempt bond p	· · ·	0			2,221,000
	5	Royalties		▶	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	125,530					
	b	Less rental expenses	250,586					
	C	Rental income or (loss)	-125,056					
	d	Net rental inco	me or (loss)		-125,056		0	-125,056
	7a	Gross amount	(i) Securities 31,960,230	(II) O ther 6,250				
	/a	from sales of assets other than inventory	31,300,230	0,230				
	Ь	Less cost or other basis and sales expenses	32,921,182	0				
	С	Gain or (loss)	-960,952	6,250				
	d		s)		-954,702		-5,479	-949,223
Other Revenue	8a	\$ 153 of contributions See Part IV , line	luding ,911 reported on line 1c)	1,987,900				
₩ E	ь	Less direct ex	penses b	1,767,491				
Õ	С		loss) from fundraising (events 🛌	220,409			220,409
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b loss) from gaming activ	/ities	0			
	10a	Gross sales of returns and allo	inventory, less					
	b c	_	a pods sold b loss) from sales of inve	194,623 243,180 entory •	-48,557			-48,557
		Miscellaneous	s Revenue	Business Code	2			
		CAFETERIA		900,099	2,157,952			2,157,952
	b							
	C	Λ II α*bα = =						
	d e	All other revenues Total. Add lines	ı		2 457 052			
				▶ .	2,157,952			
	12	fotal revenue.	See Instructions	. •	92,598,479	73,997,061	-242,829	4,474,215 Form 990 (2009)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,010,702	4,010,702						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	.,,						
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	1,478,571	513,225	765,321	200,025				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	42,852,702	37,189,349	4,503,866	1,159,487				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,303,701	2,857,155	358,154	88,392				
9	Other employee benefits	10,057,767	9,144,120	724,261	189,386				
10	Payroll taxes	3,323,280	2,833,761	389,156	100,363				
11	Fees for services (non-employees)								
а	Management	0							
ь	Legal	166,121		164,725	1,396				
c	Accounting	79,935		79,935					
d	Lobbying	0							
е	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	529,425		529,425					
g	Other	1,142,622	324,832	693,827	123,963				
12	Advertising and promotion	282,327	203,486	22,269	56,572				
13	Office expenses	1,063,740	435,686	396,877	231,177				
14	Information technology	1,469,724	1,253,233	172,105	44,386				
15	Royalties	570	570						
16	Occupancy	2,191,383	2,130,383	56,398	4,602				
17	Travel	670,090	599,484	41,849	28,757				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	147,218	95,467	23,682	28,069				
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	7,654,557	7,441,482	197,000	16,075				
23	Insurance	0							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	OPERATION OF PHYSICAL PLANT	1,287,036		1,287,036					
b	ADMINISTRATION EXPENSE	368,589		350,242	18,347				
c	INSTRUCTIONAL EXPENSE	2,920,243	2,920,243						
d	CAFETERIA EXPENSE	1,136,825	1,136,825						
e	ATHLETIC EXPENSE	390,841	390,841						
f	All other expenses	173,348	173,348						
25	Total functional expenses. Add lines 1 through 24f	86,701,317	73,654,192	10,756,128	2,290,997				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			22,182,506	1	8,191,594
	2	Savings and temporary cash investments			5,163,891	2	6,034,607
	3	Pledges and grants receivable, net			1,403,817	3	5,270,686
	4	Accounts receivable, net			139,922	4	500,059
	5	Receivables from current and former officers, directors, trustee	s, kev	employees, and			
		highest compensated employees Complete Part II of		. , ,			
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
s		Schedule L				6	
ssets	7	Notes and loans receivable, net			317,876	7	308,515
8	8	Inventories for sale or use			238,644	8	220,886
⋖	9	Prepaid expenses and deferred charges			1,290,669	9	1,694,452
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	217,007,454			
	ь	Less accumulated depreciation	10ь	88,535,931	113,160,304	10 c	128,471,523
	11	Investments—publicly traded securities		70,949,353	11	70,711,368	
	12	Investments—other securities See Part IV, line 11	80,005,697	12	93,480,389		
	13	Investments—program-related See Part IV , line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	17,506,930	15	18,506,005		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			312,359,609	16	333,390,084
	17	Accounts payable and accrued expenses .			21,098,196	17	24,877,719
	18	Grants payable				18	
	19	Deferred revenue			6,412,994	19	6,962,637
10	20	Tax-exempt bond liabilities				20	
<u>. a</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		•	4,300,000	23	8,500,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			5,989,626	25	5,040,522
	26	Total liabilities. Add lines 17 through 25		37,800,816	26	45,380,878	
ر. د		Organizations that follow SFAS 117, check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	olet e l	lines 27			
ž		through 29, and lines 33 and 34.			404 050 000		407.000.404
<u> </u>	27	Unrestricted net assets			181,058,229		197,893,461
ă	28	Temporarily restricted net assets	43,509,883	28	37,807,580		
Fund Balances	29	Permanently restricted net assets			49,990,681	29	52,308,165
FI		Organizations that do not follow SFAS 117, check here ► arlines 30 through 34.	na con	npiete			
ō	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ds s	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net #	33	Total net assets or fund balances			274,558,793	33	288,009,206
ž	34	Total liabilities and net assets/fund balances			312,359,609	-	333,390,084
ı	L	Total habilities and het assets/land balances			012,000,000	J4	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

MB NO 1545-004

2009

Open to Public
Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

PUNAHOU SCHOOL

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

99-0073523 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in Name of (ii) (described on organization in col (i) listed in A mount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? organization or IRC section document? (see Yes No Yes No Yes instructions))

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136066381

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization IAHOU SCHOOL		Employer identification number	
PUN	AHOO SCHOOL		99-0073523	
Pa	rt I Organizations Maintaining Donor A		inds or Accounts. Complete if t	he
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	3	(b) I and and other accounts	
- 2	Aggregate contributions to (during year)	94,090		
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		_	
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	or advised	0
6 Pa	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bei conferring impermissible private benefit Tt II Conservation Easements. Complete	nefit of the donor or donor advisor, or for any	y other purpose	o
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	organization (check all that apply) cion or pleasure) Preservation of an I Preservation of a ce	historically importantly land area ertified historic structure	
	easement on the last day of the tax year	Γ	Held at the End of the Year	
а	Total number of conservation easements	-	2a	
ь	Total acreage restricted by conservation easements	s	2b	
c	Number of conservation easements on a certified his	 -	2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
3 4	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conserv		d by the organization during	
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, handl	— ling of violations, and ☐ Yes ☐ N	0
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year ▶	
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during the year ► \$	_
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sect	rion Yes N	o
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s		
Par	Complete if the organization answered		or Other Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	d for public exhibition, education or research	h ın furtherance of public service,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	•	
	(i) Revenues included in Form 990, Part VIII, line 1	1	▶ \$	_
	(ii) Assets included in Form 990, Part X		▶ \$	_
2	If the organization received or held works of art, hist following amounts required to be reported under SFA			_
а	Revenues included in Form 990, Part VIII, line 1		▶ \$	

b Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009								Page 2
Par	t 🚻 Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or	Othe	r Similar	Asset	S (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the following th	at are a signific	cant u	use of its coll	ection		
а	Public exhibition		d Loan or	exchange pro	grams	5			
b	Scholarly research		e Γ Other						
С	Preservation for future generations								
4	Provide a description of the organization's content XIV	ollections and explai	n how they further	the organizatio	n's e	xempt purpos	se in		
5	During the year, did the organization solicite assets to be sold to raise funds rather than					nılar	┌ ʏ	es	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				ed "\	es" to Forn	า 990,		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary for contributi	ons or other as	sets	not	ΓY	es	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	ollowing table						
							A mour	ıt	
с	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F	•	21?				ΓY	es	No
b							_		
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year	(b)Prior Year	' to Form 990 (c)Two Years Ba				Four V	oars Back
La	Beginning of year balance	163,804,927	183,820,790	(c) Two Tears Be	ick (c	Tyrinee rears be	ick (e)	i Oui i	cars back
b	Contributions	2,776,231	3,086,361						
c	Investment earnings or losses	5,541,002	-22,874,584						
d	Grants or scholarships	235,152	227,640						
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	171,887,008	163,804,927						
2	Provide the estimated percentage of the year	r end balance held a	s						
а	Board designated or quasi-endowment 🕨	53.224 %							
b	Permanent endowment 🕨 30.934 %								
С	Term endowment ► 17.843 %								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administer	ed for	the	_		
	organization by					Г.		Yes	No
	(i) unrelated organizations						3a(i)		No
ь	(ii) related organizations				•	· · · <u> </u>	Ba(ii)		No I
4	Describe in Part XIV the intended uses of th	•			•		30		<u></u>
	rt VI Investments—Land, Building			0. Part X. line	e 10.				
	Description of investment		(a) Cost or other basis (investment)	ner (b)Cost or	other	(c) Accumula		d) Bo	ok value
 1a	Land			Sr	0,498				500,498
	Buildings			132,43			354	8	4,354,376
	Leasehold improvements		·	- 	17,773		_		6,327,824
	Equipment				32,396		_		0,560,583
	Other				17,057				6,728,242
	II. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colum	- un (B), lune 10(c))		.,,037		313		8,471,523
		JJJ, raic A, colum	(5), 10(0).)		•				90) 200

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) Financial derivatives		Cost or end-of-year market value
Closely-held equity interests		
Other		
INVESTMENT IN LTD PARTNERSHIPS	93,480,389	F
Total (Column (h) should equal Form 990, Part X, col (R) line 12.)	02.400.200	
Total (Column (D) Should Equal (of m 350), full N, cor (D) mile 12)	33,100,303	
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
BENEFICIAL INTEREST IN		18,506,005
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		▶ 18,506,005
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
DEPOSITS HELD IN CUSTODY	814,696	
CAPITAL LEASE	961,038	
LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	1,977,115	
OTHER LIABILITIES	1,287,673	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	5,040,522	

	Reconcination of change in Net Assets from Form 990 to Financial Statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	92,598,479
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	86,701,317
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,897,162
4	Net unrealized gains (losses) on investments	4	8,772,679
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,219,428
9	Total adjustments (net) Add lines 4 - 8	9	7,553,251
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,450,413
Par	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	104,644,878
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	10,086,147
3	Subtract line 2e from line 1	3	94,558,731
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 529,425		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-1,960,252
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	92,598,479
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	91,194,465
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses		
d	Other (Describe in Part XIV) 2d 5,022,573	1	
e	Add lines 2a through 2d	2e	5,022,573
3	Subtract line 2e from line 1	3	86,171,892
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 529,425		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	529,425
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	86,701,317
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
RECONCILIATION OF CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	OTHER ADJUSTMENTS ARE AS FOLLOWS CHANGE IN VALUE OF SPLIT-INT AGR 1,070,288 ACCOUNTING ADJ FOR FASB 158 (2,761,316) BOOK/TAX DIFFERENCE FROM PARTNERSHIPS 471,600 TOTAL (1,219,428)
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 2D	OTHER ADJUSTMENTS ARE AS FOLLOWS CHANGE IN VALUE OF SPLIT-INT AGR 1,070,288 BOOKSTORE EXPENSES NET ON 990 243,180 TOTAL 1,313,468
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 4B	OTHER ADJUSTMENTS ARE AS FOLLOWS CARNIVAL EXPENSES NET ON 990 (1,767,491) RENTAL EXPENSES NET ON 990 (250,586) GAIN DISTRIBUTED FROM PARTNERSHIPS (612,729) BOOK/TAX DIFFERENCE FROM PARTNERSHIPS 141,129
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	OTHER ADJUSTMENTS ARE AS FOLLOWS CARNIVAL EXPENSES NET ON 990 1,767,491 RENTAL EXPENSES NET ON 990 250,586 BOOKSTORE EXPENSES NET ON 990 243,180 ACCOUNTING ADJ FOR ADOPTION OF FASB 158 2,761,316 TOTAL 5,022,573
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	IN JUNE 2006, THE FASB ISSUED ASC TOPIC 740-10 (INTEREPRETATION 48), INCOME TAXES (ASC TOPIC 740), WHICH PRESCRIBES A "MORE-LIKELY THAN-NOT" RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE (THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE RESOLUTION WITH TAX AUTHORITIES) FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION EXPECTED TO BE TAKEN IN A TAX RETURN THE SCHOOL ADOPTED ASC TOPIC 740 AS OF JULY 1, 2009 AND THE ADOPTION DID NOT HAVE ANY IMPACT ON THE ACCOMPANYING FINANCIAL STATEMENTS
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE PRIMARY PURPOSE OF THE ENDOWMENT FUNDS FOR PUNAHOU SCHOOL IS THE CREATION AND MAINTENANCE OF SCHOLARSHIPS IN ORDER TO HELP ALLEVIATE THE COST OF EDUCATING THEIR STUDENTS

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

PUNAHOU SCHOOL

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	99-0073523			
			YES	NO
1	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?	1	Yes	
2	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?	2	Yes	
3	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 STATED IN PERIODIC NEWSPAPER ADVERTISEMENT	3	Yes	
4	Does the organization maintain the following?	7		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
С	Employment of faculty or administrative staff?	5с		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		No
Ь	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 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," explain on Schedule O (Form	6a 6b	Yes	No
	990)	'	1 162	ı

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136066381

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** PUNAHOU SCHOOL

						99-0073523	3
Pa	Form 990-EZ file	ctivities. Comple ers are not require				to Form 990, Part IV	/, line 17.
1	Indicate whether the org	anızatıon raısed fund	s through a	any of the	following activities Ch	eck all that apply	
а	Mail solicitations			е	Solicitation of no	n-government grants	
Ь	Internet and e-mails	solicitations		f	Solicitation of go	vernment grants	
c	Phone solicitations			g	Special fundraisii	ng events	
d	In-person solicitatio	ns					
2a	Did the organization have or key employees listed						Г _{Yes} Г No
b	If "Yes," list the ten high to be compensated at lea						
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No		,	
_	_			_			
Tota	al						
3	List all states in which	the organization is re	egistered o	rlicense	d to solicit funds or has	been notified it is exem	pt from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1 CARNIVAL (event type)	(b) Event #2 (event type)	(c) O ther Events 0 (total number)	(d) Tot (Add col co		
₽	1	Gross receipts	2,141,81	1			2,14	1,811
Revenue	2	Less Charitable	153,91	1			15	3,911
<u>~</u>	3	Gross income (line 1 minus line 2)	1,987,900	0			1,98	7,900
	4	Cash prizes						
မွာ	5	Non-cash prizes	19,95	5			19	9,956
Expenses	6	Rent/facility costs						
	7	Food and beverages	207,78	5			207	7,785
Direct	8	Entertainment						
Δ	9	Other direct expenses .	1,539,750	o			1,539	9,750
	10	Direct expense summary Add lin	es 4 through 9 ın columi	n (d)	•		1,767	7,491
	11	Net income summary Combine III						0,409
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	irt IV, line 19, or repo	orted mor	e than	1
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
စ္	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	│ Yes%	│ Yes% │ No			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7			T	
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		e any of the organization's gaming /es," Explain	licenses revoked, suspe	nded or terminated during	the tax year?	10a		
11 12	Is th	s the organization operate gaming a he organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust o	r a member of a partners h	ip or other entity	. 11		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

DLN: 93493136066381

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public Inspect ion

Internal Revenue Service Name of the organization **Employer identification number** PUNAHOU SCHOOL 99-0073523 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Enter total number of section 501(c)(3) and government organizations

Part III	Grants and Other Assistance to Individuals in the United State	Complete if the organization	answered "Yes"	to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	513	4,010,702	0		
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANT FUNDS	FORM 990, SCHEDULE I, PART I, LINE 2	GRANT FUNDS CONSIST ALMOST ENTIRELY OF SCHOLARSHIPS AND FINANCIAL AID, WHICH ARE GIVEN TO STUDENTS IN THE FORM OF TUITION REDUCTIONS OR WAIVERS FUNDS ARE ALSO SET ASIDE FOR THE REIMBURSEMENT OF SCHOOL SUPPLIES FOR SOME STUDENTS THESE STUDENTS MUST SUBMIT RECEIPTS DETAILING THEIR PURCHASES SO THAT PUNAHOU CAN VERIFY THAT AMOUNTS SUBMITTED FOR REIMBURSEMENT CONSIST ENTIRELY OF APPROVED EXPENDITURES

DLN: 93493136066381

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

FOI	VALIOU SCHOOL	99-0073523			
Pa	rt I Questions Regarding Compensatio				
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	▼ Housing allowance or residence for personal use			
	✓ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to i officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the company of the c	hat apply			
	Compensation committee Independent compensation consultant	✓ Written employment contract✓ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
	, Tomi 550 of other organizations	Approval by the bound of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		No
ь	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	vased compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	. line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of		7		No
8	Were any amounts reported in Form 990, Part VII, provided in subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8 did the organization also follow th	e rehuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
JAMES K SCOTT	(I) (II)	321,227 0	50,000 0	10,800	20,302 0	9,998 0	412,327 0	
JOHN D FIELD JR	(I) (II)	191,333	0	31,200 0	15,307 0	0	237,840	
KEVIN E CONWAY	(I) (II)	209,417 0	0	31,200 0	16,753 0	3,932 0	261,302 0	
MICHAEL T WALKER	(I) (II)	210,083	0	7,200 0	16,807 0	9,998 0	244,088	
COLLEEN F SOTOMURA	(I) (II)	172,333 0	0	0	13,787 0	10,726 0	196,846 0	
BARBARA Y MORGAN	(I) (II)	147,000	0	0	14,700 0	7,537 0	169,237 0	
JOHN R OVERTON	(I) (II)	139,094	0	0	11,127 0	9,998 0	160,219 0	
MARGUERITE ASHFORD-HIRANO	(I) (II)	136,831	0	0	13,683 0	11,072 0	161,586 0	
BETSY HATA	(ı) (ıı)	132,833	0	0	13,283	6,262 0	152,378 0	
PAULA G HODGES	(ı) (ıı)	132,596 0	0 0	0	13,260 0	7,489 0	153,345 0	(
	'							
	!							
	'							
	'	'						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 1A	FIRST-CLASS TRAVEL IS PROVIDED TO KEVIN CONWAY, ACADEMY PRINCIPAL, FOR HEALTH RELATED ISSUES, AND IS NOT TREATED AS TAXABLE COMPENSATION SPOUSAL TRAVEL FOR SCHOOL-RELATED EVENTS IS PROVIDED FOR THE PRESIDENT ONLY, AND IS NOT TREATED AS TAXABLE COMPENSATION THE PRESIDENT HAS DISCRETIONARY SPENDING ACCOUNTS FUNDED BY VARIOUS RESTRICTED ENDOWMENTS THAT ARE USED FOR SCHOOL-RELATED EXPENSES OR FINANCIAL AID PURPOSES THIS IS NOT TREATED AS TAXABLE COMPENSATION A HOUSING ALLOWANCE IS PROVIDED TO KEVIN CONWAY AND JOHN FIELD AND IS INCLUDED IN THEIR REPORTABLE COMPENSATION
	PART I, LINE	THE SCHOOL FOLLOWS A WRITTEN EXPENSE REIMBURSEMNT POLICY REQUIRING ALL THREE OF THE FOLLOWING (1) THE EXPENSE MUST BE A SCHOOL-RELATED EXPENSE, (2) SUBSTANTIATION RECEIPTS ARE REQUIRED WITHIN A REASONABLE AMOUNT OF TIME, (3) EXCESS ADVANCES MUST BE RETURNED WITHIN A REASONABLE AMOUNT OF TIME

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136066381

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization PUNAHOU SCHOOL

Employer identification number

Complete if the organizat											orrected?
1 (a) Name of disq	ualified	person			(b) Desc	rıptı	on of trans	action		Yes	No
										_	
					1. 1.6.1		1 11			<u> </u>	ı
2 Enter the amount of tax impos	ed on ti	ne orgar	lization mana	agers or	disqualified pers			ear unde •	r ► ¢		
3 Enter the amount of tax, If any	on line	2 2 2 2		• • ad bu +b					• s		
3 Enter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .	•			· »		
Part III Loans to and/or	From	Intere	sted Pers	ons.							
Complete if the organi), Part IV, line 26	, or f	Form 990-l	Z, Part V	, line 38a		
	(b)	oan to						(f)			
(a) Name of interested person and	1	m the	(c) 0 rigi	ınal			e) In	Appro		(g)Writ	
purpose	organi	zatıon?	principal a		(d)Balance due	de	fault?	by boar		agreeme	nt?
	То	From				Ye	s No	Yes	No	Yes	No
	1 10	1 10111				16.	140	163	140	163	140
							+			+	
										+	
										+	
										+	
										-	
T a t a l	l			-	l						
Total				▶ \$	20						
Part III Grants or Assistan Complete if the organic						/ lin	a 27				
Complete if the orga	mzacic				een interested per						
(a) Name of interested pers	on	'	-	•	ganization	5011	(c)A n	nount of g	rant or typ	e of assi	stance
					3						
Part IV Business Transact	ions 1	Involv	ina Intere	sted	Persons.						
Complete if the orga						/, lin	e 28a, 28	b, or 28	c.		
) Relationshi		,	,	,	· ·		(e) S	haring of
(=) Name of interested pares	_		veen interest		(c) A mount of		(d) Doco	rintion of	tra no a o tio	orga	nization's
(a) Name of Interested perso	П		rson and the	:	transaction		(a) Desc	ription of	transactio	re v	enues?
		(organization							Yes	No
CONSTANCE LAU		TRUST	EE		1,668,4		SEE SCHE				Νo
		1					DISCLOS				-
JEFFREY N WATANABE		TRUST	EE		1,668,4		SEE SCHE				Νo
JOHN D FIELD		OFFIC	ED	- 	04.5		SEE SCHE				Νο
DOUN D LIEFD		OFFIC	EK		94,5		DISCLOS				INO
MICHAEL T WALKER		KEY E	MPLOYEE	- 	74 0		SEE SCHE				Νο
TICHALL I WALKER		1,5 , 5	THE LOTEL		74,0	, 50	5 5-11	5522		I	1,10

TRUSTEE

CLAIRE O JOHNSON

83,793 SEE SCHEDULE O

DISCLOSURE

Νo

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136066381

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

NonCash Contributions

► Attach to Form 990. Internal Revenue Service Name of the organization PUNAHOU SCHOOL

Employer identification number

99-0073523

Pa	rt I Types of Property						
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of determ revenues	nıng	
1	Art-Works of art	applicable		1 g			
	Art—Historical treasures						
	Art—Fractional interests	Х	2	1,100	EXPERT OPINION		
4	Books and publications	Х		6,160			
5	Clothing and household	V					
_	goods	X		6,909	COST		
	Cars and other vehicles						
7	Boats and planes						
	Intellectual property		4.4	720.020	CELLING BRIGE		
	Securities—Publicly traded . Securities—Closely held stock .	X	41	728,028	SELLING PRICE		
	Securities—Partnership, LLC,						
	or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Q ualified conservation						
	contribution—Other						
	Real estate—Residential .						
16 17	Real estate—Commercial						
	Collectibles						
	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
	INFO						
25	TECHNOLOGY Other ► (<u>EQUIPMENT</u>)	×	3	11,237	COST		
25	3000 FT OF		,	11,23,			
26	Other ► (LUMBER)	Х	1	7,500	COST		
	FEINWERKBAU						
27	Other ► (AIR RIFLE)	X	1	1,950	COST		
	48 CUBIC YARDS OF						
28	Other ► (TOPSOIL)	Х	1	1,440	COST		
	3/4 CELLO,						
	CASE, AND Other ► (BOW)	×	1	1,300	COST		
	GIFT CERT -		-	1,300	0001		
	PRINTERS						
	Other ► (ROW)	X	1	1,000	FACE VALUE		
	EASEL & 2 ROLLING						
	Other ► (RACKS)	x	1	300	соѕт		
	1,120						
	KIAWE	\		1 01 2	COST		
29	Other ► (LOGS) Number of Forms 8283 received	X hy the era	normation during the tay yes	1,013	[05]		
29	for which the organization compl				29		0
						Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used		
	for exempt purposes for the enti	re holding p	erıod [?]		· · · · · 30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I				
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions? 31	Yes	
32a	Does the organization hire or use	e third parti	es or related organizations	to solicit, process, or sell i	non-cash		
	contributions?				32a		Νo
b	If "Yes," describe in Part II						
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,		
	describe in Part II						

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
NON-CASH DONATIONS DISCLOSURE		The organization is reporting the number of contributions received on Column B of Schedule M For contributions of securities, each separate gift is reported on Column B

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 99-0073523

Name: PUNAHOU SCHOOL

As Filed Data efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

Department of the Treasury

Supplemental Information to Form 990 (Form 990)

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$

OMB No 1545-0047

DLN: 93493136066381

Inspection

Internal Revenue Service Name of the organization PUNAHOU SCHOOL

Form 990 or to provide any additional information. ► Attach to Form 990.

99-0073523

Employer identification number

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	Athletics - Punahou School has been a member of the ILH (Interscholastic League of Honolulu) since 1909 and fields over 115 competitive teams. Students interested in participating on an athletic team can try out for one of 23 different sports beginning in the 7th grade. Student Activities - For many students, Punahou becomes more than just a school, it serves as a community, a neighborhood, a place which provides a large part of their total environment. Thus, the student activities are varied and offer the students to opportunity to get involved in special interest clubs, May Day/Holoku Pageant and curriculum-related travel by athletic teams, speech/debate and musical groups. Theatre Programs - Theatre has a long history at Punahou. Informal classroom activities growing out of a class studies initiate play-acting in early grades. More structured stage experiences are offered in the Grades 5 and 7 Keaka Punahou. Clubs and Thurston Memorial Chapel performances. Theatre opportunities in the Drama Workshop classroom or on the Dillingham stage are offered each semester for seventh and eighth graders. Academy students have the opportunity to perform in a play each semester, or to direct or act in student-initiated productions in the Drama Workshop. Formal Theatre courses are offered in Technical Theatre, Acting and Musical Theatre in the Academy.

ldentifier	Return Reference	Explanation
REVIEW PROCESS FOR FORM 990	FORM 990, PART VI, SECTION B, LINE 11	The Board of Trustees has delegated the review of the Form 990 to the Audit Committee. The organization's Assistant Treasurer & Controller works closely with the outside accounting firm it engages to review the return, and the final draft of Form 990 is also reviewed by the Vice President of Finance and Administration prior to providing the draft to the Audit Committee. The Audit Committee also met with the accounting firm hired to prepare the Form 990. Subsequent to its review, the Audit Committee reports back to the Board regarding its oversight of the Form 990 and the final draft is provided to the entire voting Board before the return is filed.

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	This Conflict of Interest Policy was duly adopted by the Board of Trustees of Punahou School, a Hawaii nonprofit corporation (the School), on June 12, 2007. I Purpose The Board of Trustees recognizes that the Trustees are active participants in the communities in which they live. As such, the Trustees may serve in many capacities with businesses, organizations, agencies and programs that may interest with the interests of the School. While such roles may give rise to a dual interest which is beneficial to all parties, the Trustees must be sensitive to instances that may be perceived to present a conflict between the best interests of the School and the individual interests of the Trustees. Accordingly, the purpose of this Conflict of Interest Policy is to protect the interest of the School, and to assist the Trustees and executive officers in carrying out their fiduciary obligations, when the Trustees or executive officer of the School This policy is intended to supplement but not replace any applicable laws of the State of Haw aig overring conflicts of interest 2 Definitions. Arrangement shall mean any six using mortification or proposed action by a Trustee or in executive officer with respect to an Arrangement with or involving (i) such Trustee or executive officer, (ii) the spouse of such Trustee or executive officer, or (iii) a Related Entity of such Trustee or executive officer. An Arrangement in which no action is taken or proposed to be taken by a Trustee or the executive officer (iii) the spouse of such Trustee or executive officer, or (iii) a Related Entity of such Trustee or executive officer. (ii) the spouse of such Trustee or executive officer, or interest interested Person shall mean any Trustee or executive officer (iii) the spouse of such Trustee or executive officer or executive officer or interest interest Person shall mean any organization in which a Trustee or executive officer or interest interested Person shall mean any organization in which a Trustee or executive officer or interest propos

ldentifier	Return Reference	Explanation
COMPENSATION DETERMINATION	FORM 990, PART VI, SECTION B, LINE 15A & 15B	The Board appoints a Compensation Committee, comprised solely of independent trustees, none of which have a conflict of interest with respect to the compensation arrangement, to be accountable for setting reasonable compensation for each officer or key employee. The President, consistent with the organization's philosophy and principles, and based on performance goals established for the President by the Board and Compensation Committee, develops annual performance goals and criteria to be used by the Compensation Committee in determining merit increases for other officers and key employees. The President acts solely as an advisor in this process, and does not determine, or have a vote with regards to officer or key employee salaries. Appropriate comparability data is obtained from independent experts, i.e., total economic benefits paid by similarly situated organizations (both taxable and tax-exempt) for similar job responsibilities. The most recent comparability study was performed in August 2009. The Committee's written record include the (1) terms of the arrangement with the President and/or officers (including the date the arrangement was approved), (2) a list of members present during the debate on the transaction (and how the members voted when it was approved), (3) a description of the comparable data relied on by the Committee, and (4) any actions taken with respect to consideration of the transaction by members of the committee who had a conflict of interest with respect to the transaction. Key deliberations of the Committee are also documented in minutes which are approved at the next Committee meeting.

comply with the Policy

ldentifier	Return Reference	Explanation
INFORMATION AVAILABLE TO PUBLIC	SECTION C, LINE 19	While federal tax laws do not mandate that the organization's governing documents, conflict of interest policy and financial statements be made available for public inspection, the organization makes its financial statements available upon request

ldentifier	Return Reference	Explanation
TRANSACTIONS	SCHEDULE L, PART IV, COLUMN (D)	THE FOLLOWING PAYMENTS WERE MADE TO THE ORGANIZATIONS OR COMPANIES THAT THE TRUSTEES WORK FOR, ARE BOARD MEMBERS OF, OR REPRESENT AND NOT TO THE INDIVIDUALS DIRECTLY CONSTANCE LAU MS LAU IS THE PRESIDENT & CHIEF EXECUTIVE OFFICER OF HAWAIIAN ELECTRIC INDUSTRIES, WHICH IS THE PARENT COMPANY OF HAWAIIAN ELECTRIC COMPANY, THE ONLY ELECTRICITY PROVIDER ON THE ISLAND OF OAHU THE TRANSACTION REPRESENTS AMOUNTS PAID FOR ELECTRICITY SERVICES TO HAWAIIAN ELECTRIC COMPANY JEFFREY N WATANABE MR WATANABE IS THE CHAIRMAN OF HAWAIIAN ELECTRIC INDUSTRIES, WHICH IS THE PARENT COMPANY OF HAWAIIAN ELECTRIC COMPANY, THE ONLY ELECTRICITY PROVIDER ON THE ISLAND OF OAHU THE TRANSACTION REPRESENTS AMOUNTS PAID FOR ELECTRICITY SERVICES TO HAWAIIAN ELECTRIC COMPANY THE PAYMENTS NOTED BELOW REPRESENT COMPENSATION PAID BY THE ORGANIZATION TO FAMILY MEMBERS OF INTERESTED PERSONS FOR SERVICES RENDERED TO THE ORGANIZATION PAYMENT AMOUNTS WERE DETERMINED BY INDIVIDUALS WITHOUT A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION, AND ANY INTERESTED PERSONS RECUSED THEMSELVES IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY DISCLOSED ABOVE JOHN D FIELD MR FIELD'S SPOUSE, SUSAN FIELD, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS AN ACADEMY MATH TEACHER MICHAEL T WALKER MR WALKER'S SPOUSE, WENDY MACIAS-WALKER, RECEIVED COMPENSATION FROM THE SCHOOL FOR HER SERVICES AS A PSYCHOSOCIAL EDCUATION INSTRUCTOR CLAIRE O JOHNSON MS JOHNSON'S DAUGHTER, MARI-JO-SCHULL, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A 4TH GRADE TEACHER

Additional Data

Software ID: Software Version:

EIN: 99-0073523

Name: PUNAHOU SCHOOL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ATHLETICS) (Expenses \$	2,120,513	including grants of \$) (Revenue \$	26,017)
(Code MUSIC & THEATE) (Expenses \$ R PRO GRAMS	411,473	including grants of \$) (Revenue \$)
(Code STUDENT ACTIVI) (Expenses \$	84,259	including grants of \$) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
ETHAN DB ABBOTT CHAIR OF THE BOARD	1 0	х						0	0	0
W DAVID P CAREY III TRUSTEE	10	Х						0	0	0
STEPHEN B CASE TRUSTEE	1 0	х						0	0	0
HAN H SONNY CHING TRUSTEE	1 0	Х						0	0	0
MARGARET M COLE TRUSTEE	1 0	Х						0	0	0
MARY M COOKE SECRETARY	1 0	Х						0	0	0
WENDY B CRABB TRUSTEE	10	Х						0	0	0
JUDITH M DAWSON TRUSTEE	10	Х						0	0	0
MARK H FUKUNAGA VICE PRESIDENT (FINANCE)	10	х						0	0	0
RONALD D HIGGINS II TRUSTEE	10	х						0	0	0
CLAIRE O JOHNSON VICE CHAIR	10	Х						0	0	0
CONSTANCE LAU TRUSTEE	10	Х						0	0	0
WARREN KK LUKE TRUSTEE	1 0	Х						0	0	0
DUNCAN MACNAUGHTON TRUSTEE	10	Х						0	0	0
RANDOLPH G MOORE TRUSTEE	10	Х						0	0	0
PIERRE M OMIDYAR TRUSTEE	10	Х						0	0	0
MICHAEL A PIETSCH TRUSTEE	1 0	Х						0	0	0
JEFFREY N WATANABE TRUSTEE	10	х						0	0	0
KATHLEEN SULLIVAN WO ASSISTANT SECRETARY	1 0	Х						0	0	0
JAMES K SCOTT PRESIDENT	40 0			х				382,027	0	30,300
JOHN D FIELD JR VICE PRESIDENT & TREASURER	40 0			Х				222,533	0	15,307
JILL M KAWANO CONTROLLER & ASST TREASURER	40 0			Х				122,167	0	12,217
KEVIN E CONWAY PRINCIPAL - ACADEMY	40 0				х			240,617	0	20,685
MICHAEL T WALKER PRINCIPAL - JUNIOR SCHOOL	40 0				х			217,283	0	26,805
COLLEEN F SOTOMURA VP - INSTITUTIONAL ADVANCEMENT	40 0				x			172,333	0	24,513

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) (C) A verage Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
BARBARA Y MORGAN SR DIR LEGACY PLANNING SVCS	40 0					х		147,000	0	22,237	
JOHN R OVERTON DIRECTOR - PHYSICAL PLANT	40 0					×		139,094	0	21,125	
MARGUERITE ASHFORD-HIRANO ACADEMY DEAN	40 0					×		136,831	0	24,755	
BETSY HATA DIRECTOR-ADMISSION & FIN AID	40 0					×		132,833	0	19,545	
PAULA G HODGES	40 0					х		132,596	0	20,749	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OPERATION OF PHYSICAL PLANT	1,287,036		1,287,036	
ADMINISTRATION EXPENSE	368,589		350,242	18,347
INSTRUCTIONAL EXPENSE	2,920,243	2,920,243		
CAFETERIA EXPENSE	1,136,825	1,136,825		
ATHLETIC EXPENSE	390,841	390,841		