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DLN: 93493136052462

Department of the Treasury

### **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)

OMB No 1545-0047

Internal	Revenue	e Service	F The organization may have	ve to use a copy of this return to sat	isty state reporti	ng requirei	ments	Inspection	
A Fo	r the	2010 ca		ning 07-01-2010 and ending 06-30	)-2011				
<b>B</b> Che	eck ıf a	applicable	C Name of organization PUNAHOU SCHOOL			D Em	ployer	identification number	
Add	dress cl	hange				99-	0073	523	
Naı	me cha	inge	Doing Business As			E Tele	phone	number	
Init	ial retu	ım	Number and street (or P O box	If mail is not delivered to street address)	Room/suite	(80	8194	4-5711	
— Ter	mınate	ed	1601 PUNAHOU STREET	,		(00)	0,54	<del></del>	
— <sub>Am</sub>	ended	return	City or town, state or country, ai	nd ZIP + 4		— <b>G</b> Gros	ss receip	ots \$ 137,528,273	
_		n pending	HONOLULU, HI 96822						
API	Jilcatioi	ii pending	- 1 1 1 6	1 66					
			F Name and address of p JILL KAWANO	orincipal officer	H(a) Is t	his a group retui	rn for affil	lates? Yes No	
			1601 PUNAHOU STREET	-	H(b) Are	all affiliates	ıncluded	7 Fyes F No	
			HONOLULU, HI 96822		` `			t (see instructions)	
<b>.</b> To	v ovon	npt status	F 501/->/2> F 501/->/ >	¶ (insert no )	<b>I</b>	oup exemp			
		<u> </u>		(Insert no )   4947(a)(1) or   527					
J W	ebsite	e:► WW	W PUNAHOU EDU						
<b>K</b> Forr	n of or	ganızatıon	Corporation Trust Associa	ation Other 🕨	<b>L</b> Year of	formation 1	1853	<b>M</b> State of legal domicile HI	
Pa	rt I	Sumi	mary		•				
Activities & Governance	2 3 4 5 6	Number o Number o Total nur Total nur	is box	discontinued its operations or disponenting body (Part VI, line 1a) rs of the governing body (Part VI, line 2 in calendar year 2010 (Part V, line 2 in finecessary)	 ne 1b) 2a)		3 4 5 6 7a	19 15 2,013 5,000 180,830	
	ь	Net unrel	lated business taxable incom	e from Form 990-T, line 34			7b	0	
					Р	rior Year		Current Year	
	8	Contrib	butions and grants (Part VIII	, line 1 h)		14,370	,032	17,470,778	
를	9	Progra	m service revenue (Part VIII		73,997,0		76,349,405		
Revenue	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		2,026	,638	9,501,795	
±	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e	)	2,204	,748	2,333,313	
	12		_	11 (must equal Part VIII, column (A	(), line	02 500	470	105 655 201	
	40					92,598		105,655,291	
	13 14		, ,	art IX, column (A), lines 1-3)		4,010	,702	4,420,468	
	15			t IX, column (A ), line 4 ) byee benefits (Part IX, column (A ), li			-	0	
\$	15	5-10)		yee benefits (Fart 1X, Column (A), ii	illes	61,016	,021	62,965,534	
æ 93	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0	0	
Expenses	ь	Total fur	ndraising expenses (Part IX, column	(D), line 25) • 2,422,285					
	17	Other	expenses (Part IX, column (A	), lines 11a-11d, 11f-24f)		21,674	,594	23,195,533	
	18	Total e	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line	25)	86,701	,317	90,581,535	
	19	Reveni	ue less expenses Subtract lu	ne 18 from line 12		5,897	,162	15,073,756	
Net Assets or Fund Balances					Beginn	ing of Curr Year	ent	End of Year	
9.44 19.44 19.44	20	Totala	occata (Part V. Juna 16)			333,390	084	363,662,293	
A B	20 21					45,380		47,501,029	
5 E	22			ct line 21 from line 20	•	288,009		316,161,264	
	1211		ature Block	ctime 21 nom me 20	•	200,000	,200	310,101,204	
Unde know	r pena	lties of pe and belief	erjury, I declare that I have exam	nined this return, including accompany te. Declaration of preparer (other than		on all inforn	nation		
c:		Signa	ture of officer			2012-05-14 Date			
Sign Hero		[ ]							
	-		OR PRINT TREASURER or print name and title						
	I	Print/Type	<u>'</u>	Preparer's signature	Date	Check if s	elf-	PTIN	
Deta		preparer's	name Rachel C Antal	Rachel C Antal	Date	employed		I I III	
Paid Prop	<sub>arar</sub>	Fırm's nan	ne F KPMG LLP					Firm's EIN	
Prepa Use (		Fırm's add	Iress PO BOX 4150					Phone no 🕨 (808) 540-	
	City		Honolulu, HI 968124150					2800	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . .

Form	990 (2010)				Page
Par	Statement of Program Check if Schedule O contains				দ
1	Briefly describe the organization's r	nission			
CON EAC THEI APPI PUN CHIL ACA THE	AHOU IS COMMITTED TO PROVID SISTENT WITH THE CHRISTIAN PER INDIVIDUAL, DEVELOP INTELLE OF FOR CHALLE OF THE ARTS, APPREADOUS SCHOOL IS THE LARGEST INTELLE OF THE ARTS, APPREADOUS SCHOOL IS DIVIDED INTO TWO MESS TO 12), EACH WITH ITS OWN	RINCIPLES ON WHICE CTUAL, ACADEMIC NGES FACING THEM CLIATE CULTURAL D NDEPENDENT SCHO GIOUS, SOCIAL AND XIMATELY 600, SEF	CH PUNAHOU WAS F AND PHYSICAL POT I NOW AND IN THE F DIVERSTIY AND DEV OL IN AMERICA IT DECONOMIC GROUP RVING ABOUT 3,750 THE JUNIOR SCHOO	OUNDED, AFFIRMING THE FENTIAL TO THE FULLES TUTURE, DEVELOP AND E ELOP SOCIAL RESPONSI IS A PRIVATELY OPERAT PIN HAWAII PUNAHOU F STUDENTS FROM KINDE	E WORTH AND DIGNITY OF T DEGREE, PREPARING NHANCE CREATIVITY AND BILTY FOUNDED IN 1841, ED SCHOOL SERVING HAS FACULTY AND RGARTEN TO GRADE 12
2	Did the organization undertake any the prior Form 990 or 990-EZ?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service				
3	Did the organization cease conduction services?			onducts, any program	☐ Yes ☑ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section $501(c)(3)$ and $501(c)(4)$ or allocations to others, the total expe	ganızatıons and secti	on 4947(a)(1) trusts	are required to report the a	
4a	(Code ) (Expenses	\$ 67,645,164	ıncludıng grants of \$	4,420,468 ) (Revenue \$	70,311,671 )
	ACADEMIC CURRICULUM - PUNAHOU SCH PERCENT OF PUNAHOU GRADUATES GO OF GRADE 8, AND THE ACADEMY, GRADES 9-OVERSEEING APPROXIMATELY 2,000 STUD OF THESE GROUPS OF CHILDREN SUPPLE CASE MIDDLE SCHOOL WAS COMPLETED IN DESIGNED SPECIFICALLY TO MEET THE INTERVELOPMENTAL PERIOD THROUGH MORE GATHERING SPACES DESIGNED TO ENCOUR REQUIREMENTS INCLUDE CREDITS IN ENCOMMUNITY SERVICE	N TO ATTEND COLLEGE CU 12 THE JUNIOR SCHOOL ( ENTS THESE SMALLER, SE MENTAL EDUCATION, SUCION 1 2005 FOR GRADES 6-8 FELLECTUAL AND SOCIAL N INTIMATE ORGANIZATION RAGE COLLABORATION AN	JRRENTLY, PUNAHOU IS D K-8) IS COMPOSED OF TH EF-CONTAINED SECTIONS H AS OUTDOOR AND CAMP THIS EXPANDED AREA OF ( IEEDS OF EARLY ADOLESCE IAL STRUCTURES, FACILITI D INTEGRATED LEARNING	IVIDED INTO THE JUNIOR SCHOO REE SECTIONS WITH A PRINCIPA FOR K-2, 3-5 AND 6-8 ARE DESI EXPERIENCES, ARE ALSO OFFER CAMPUS WAS DESIGNED TO SUPP ENTS THE LEARNING ENVIRONME ES MORE OPEN TO THE ENVIRON IN THE ACADEMY, COLLEGE PRE	L, KINDERGARTEN THROUGH L AND FIVE SUPERVISORS GNED TO MEET THE SPECIAL NEEDS ED IN THE JUNIOR SCHOOL THE ORT AN EDUCATION PROGRAM INT RECOGNIZES THIS MENT AND CLASSROOM AND PARATORY GRADUATION
4b	(Code ) (Expenses	\$ 4,865,879	ıncludıng grants of \$	) (Revenue \$	3,448,389 )
	SUMMER SCHOOL OFFERS A VARIED AND I AND ENJOYMENT IN SPECIAL AREAS THAT	ENRICHED PROGRAM IN A	CADEMICS, SPORTS, MUSI	C AND DANCE THE PROGRAMS S	
 4с	(Code ) (Expenses	\$ 3,233,652	ıncludıng grants of \$	) (Revenue \$	2,566,254 )
<b>-</b> -€	CO-CURRICULAR ACTIVITIES ARE AN ESSE CONFIDENCE AND LEADERSHIP WITH A FI VARIETY OF MEDIA SERVCIES, TECHNOLOG	NTIAL PART OF THE PUNA OCUS ON EXPERIENTIAL, H	HOU EXPERIENCE, HELPIN HANDS-ON, AND COLLABOR	G STUDENTS DEVELOP A SENSE C ATIVE LEARNING, THE CURRICUL	F RESPONSIBILITY, COMMITMENT,
4d	Other program services (Describe	,		•	
	(Expenses \$ 2,691,78	4 including grants o	of \$	) (Revenue \$	23,091 )
4e	Total program service expenses►\$	78,436,47	'9		

Part TV	Checklist of	Required	Schedules
	CHCCKH3COL	IXCUUII CU	Scriculics

			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 (see instruction)? 📆	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 1	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? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
С	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a		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> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	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 (see instructions)	17		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		No
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 lines 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		
С	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		No
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		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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 Ma	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		No
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		No
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$ ?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠.١	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 116			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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	10	103	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	За	Yes	
b	year?	3b	Yes	
4a	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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	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		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		
7 a	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	7a		Νo
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		
d	file Form 8282?	<b>7</b> c	Yes	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		No_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	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
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		No No
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		No_
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
_	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**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 at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
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 governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
Ū	year by the following			
а	The governing body?	8a	Yes	
b	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		.,	
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12-	V	
12	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?			
	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 15a or 15b, 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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its 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	ection 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			

│ Own website │ Another's website │ Upon 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 the organization ► PUNAHOU SCHOOL 1601 PUNAHOU STREET

HONOLULU, HI 96822 (808) 944-5711

# <u>Part VIII</u> 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

- 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, if any 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, and 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 neither the organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Highest compensated employee  Key employee		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours		(ition that a			11		Rep comp	(D) ortable ensation	(E) Reportable compensation		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organı	om the zation (W- 99-MISC)	from related organizations (W- 2/1099- MISC)	5	compensation from the organization ar related organizations	
See A	Addıtıonal Data Table	,												
				<del>                                     </del>										
				<u> </u>										
				<del>                                     </del>										
				<del>                                     </del>										
				<del>                                     </del>								_		
				<u> </u>										
				<u> </u>		-								
				<del>                                     </del>										
				$\vdash$		-								
1b	Sub-Total			<u> </u>				<u> </u>						
	Total from continuation sheets						<u> </u>					_		
d	Total (add lines 1b and 1c) .							Þ		1,982,016		0	207,717	
2	Total number of individuals (inc \$100,000 in reportable compe	_					above	) who	receive	ed more tha	n			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete So					ey e	mploy •	ee, o	r highes	t compens	ated employee	3		No
4	For any individual listed on line organization and related organization and related organizations.													
5	Did any person listed on line 1a	receive or accr		• nenes	• etion	• fror	n anv	• unrel	ated or	· · ·	r individual for	4	Yes	
3	services rendered to the organi										·	5		No
	ection B. Independent Cor													
1	Complete this table for your five \$100,000 of compensation from			ındep	end	ent c	ontra	ctors	that re	ceived more	e than			
	Na	(A) ame and business ad	dress							Descr	(B) iption of services		(C Comper	
PO B	BRIDGE ASSOCIATES DX 10317 NDALE, NY 115550317									CONSULTING	SERVICES			298,946
TORKILDSON KATZ MOORE ASSOCIAT 700 BISHOP STREET 15TH FLOOR HONOLULU, HI 968134187  LEGAL SERVICES							145,018							
												$\dashv$		
										1				

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

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

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,420,468	4,420,468		
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	1,334,844	528,540	806,304	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	273,023	273,023		
7	Other salaries and wages	43,625,745	37,679,869	4,587,878	1,357,998
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	3,360,314	2,916,346	339,816	104,152
9	Other employee benefits	11,021,537	9,941,986	847,686	231,865
10	Payroll taxes	3,350,071	2,857,276	391,958	100,837
а	Fees for services (non-employees) Management	0			
b	Legal	253,289		252,774	515
C	Accounting	90,837		90,837	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	394,580		394,580	
g	Other	1,255,108	343,941	783,128	128,039
12	Advertising and promotion	263,341	194,993	13,283	55,065
13	Office expenses	1,034,700	350,931	391,850	291,919
14	Information technology	1,596,934	1,362,025	186,841	48,068
15	Royalties	7,837	7,837		
16	Occupancy	2,616,846	2,546,369	65,160	5,317
17	Travel	1,152,775	1,059,483	49,992	43,300
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	51.765	40.770	
19	Conferences, conventions, and meetings	86,863	51,765	12,770	22,328
20	Interest	0			
21 22	Depreciation, depletion, and amortization	8,504,606	8,275,559	211,767	17 290
23	Insurance	0,304,606	8,273,339	211,767	17,280
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	0			
а	OPERATION OF PHYSICAL PLANT	914,521	889,891	22,772	1,858
ь	ADMINISTRATION EXPENSE	287,119		273,375	13,744
С	INSTRUCTIONAL EXPENSE	2,908,540	2,908,540		
d	CAFETERIA EXPENSE	1,302,330	1,302,330		
e	ATHLETIC EXPENSE	365,660	365,660		
f	All other expenses	159,647	159,647		
25	Total functional expenses. Add lines 1 through 24f	90,581,535	78,436,479	9,722,771	2,422,285
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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	ı		8,191,594	1	1,930,544
	2	Savings and temporary cash investments			6,034,607	2	41,745,840
	3	Pledges and grants receivable, net		5,270,686	3	7,885,428	
	4	Accounts receivable, net		500,059	4	160,827	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
sts		Schedule L			6		
Assets	7	Notes and loans receivable, net			308,515	7	298,664
Ą	8	Inventories for sale or use			220,886	8	169,462
	9	Prepaid expenses and deferred charges		1,694,452	9	1,815,246	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	221,945,920			
	ь	Less accumulated depreciation	10b	96,032,739	128,471,523	<b>10</b> c	125,913,181
	11	Investments—publicly traded securities		70,711,368	11	64,117,284	
	12	Investments—other securities See Part IV, line 11			93,480,389	12	98,467,046
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11			18,506,005	15	21,158,771
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			333,390,084	16	363,662,293
	17	Accounts payable and accrued expenses .			24,877,719	17	20,337,814
	18	Grants payable		18			
	19	Deferred revenue	6,962,637	19	6,686,674		
	20	Tax-exempt bond liabilities		20			
Sej	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .	•	8,500,000	23	13,600,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D	•		5,040,522	25	6,876,541
	26	<b>Total liabilities.</b> Add lines 17 through 25			45,380,878	26	47,501,029
Balances		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	plete	lines 27			
an	27	Unrestricted net assets			197,893,461	27	216,319,685
83	28	Temporarily restricted net assets			37,807,580	28	41,059,085
됟	29	Permanently restricted net assets			52,308,165	29	58,782,494
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd cor	nplete			
ö		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			288,009,206	33	316,161,264
	34	Total liabilities and net assets/fund balances			333,390,084	34	363,662,293

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		105,6	555,29
2	Total expenses (must equal Part IX, column (A), line 25)	2		581,53	
3	Revenue less expenses Subtract line 2 from line 1	3		15,0	73,75
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		288,0	09,20
5	Other changes in net assets or fund balances (explain in Schedule O)	5		13,0	78,30
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		316,1	L61,26
Par	The Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 t 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 is on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
	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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493136052462

OMB No 1545-0047

MB NO 1345-00

2010

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

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

	,	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>											
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	<b>)(A)(ii).</b> (At	tach Sched	dule E )						
3	Γ	A hosp	ital or a coo	perative hospital ser	vice organiz	atıon desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(iii).				
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	a hospital des	cribed in <b>se</b>	ection 170(b)(	1)(A)(	iii). Ente	r the	
5	Γ	-	•	erated for the benefit A)(iv). (Complete Pa	_	or univers	ity owned or	operated by	a government	al unit	describe	ed in	
5	Г			local government or		al unit des	cribed in <b>sect</b>	ion 170(b)(	1)(A)(v).				
,	Γ	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)											
3	Γ	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )											
9	$\Gamma$	An orga	anization tha	at normally receives	(1) more th	an 331/3%	of its suppor	t from contr	ibutions, mem	bershi	p fees, a	nd gro	ss
		receipt	s from actıv	ities related to its ex	empt function	ns—subje	ct to certain e	exceptions,	and (2) no mo	re thar	า 331/3%	of	
				oss investment incor									
		acquire	d by the org	janızatıon after June	30,1975 S	ee <b>section</b>	<b>509(a)(2).</b> (0	Complete Pa	art III )				
0	$\Gamma$	An orga	anızatıon org	ganized and operated	exclusively	to test for	public safety	See <b>sectio</b>	n 509(a)(4).				
L	Γ	An orga	anızatıon org	ganized and operated	exclusively	for the ber	nefit of, to per	form the fur	nctions of, or t	o carry	out the	purpos	ses of
		the box		ly supported organization besthe type of supp <b>b</b> Type II	ortıng organı	zatıon and		es 11e thro	ugh 11h		i <b>on 509(</b> Type II		
:	Γ	other th	nan foundatı 509(a)(2)	ox, I certify that the on managers and oth	ner than one	or more pu	blicly suppor	ted organiza	ations describe	ed in s	ection 50	9(a)(	1) or
: J		check t	his box	received a written de 2006, has the organi						iii sup	porting c	rganiz	
		followin	g persons?										
				rectly or indirectly co								Yes	No
					a tha cunnar			persons de	scribed in (ii)				<del></del>
		(ii) a fa									11g(i)		
					oed in (i) abo	ve?	zation?	persons de	scribed in (ii)		11g(ii)		
			5% control	er of a person describ led entity of a persor	ped in (i) abo n described i	ve? n (ı) or (ıı)	zation? above?	persons de	scribed in (ii)				
h			5% control	er of a person describ	ped in (i) abo n described i	ve? n (ı) or (ıı)	zation? above?	persons de	scribed in (ii)		11g(ii)		
s	(i) Name uppo ganız	Provide	5% control	er of a person describled entity of a person grifformation about  (iii)  Type of organization (described on lines 1- 9 above or IRC section	ped in (i) abo n described i	ve? n (i) or (ii) ed organiza e on in eed in rning	zation? above?	) otify the tion in f your	(vi)  Is th  organizat  col (i) org	e :ion in janized	11g(ii) 11g(iii)	A mo	vii) unt of port
s	Name uppo	Provide Provide of rted	5% control the following	er of a person describled entity of a person graph information about  (iii)  Type of organization (described on lines 1-9 above	(iv) Is the organization (i) list your gove	ve? n (i) or (ii) ed organiza e on in eed in rning	above? tion(s)  (v) Did you no organiza col (i) o	) otify the tion in f your	(vi) Is th organizat col (i) org	e :ion in janized	11g(ii) 11g(iii)	A mo	rii) unt of
s	Name uppo	Provide Provide of rted	5% control the following	er of a person describled entity of a person graph information about  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	led in (i) about the supporter (iv)  Is the organizati col (i) list your gove docume	ve? n (i) or (ii) ed organiza e on in eed in rning nt?	above? tion(s)  (v) Did you no organiza col (i) o suppo	) otify the tion in f your ort?	(vi) Is th organizat col (i) org in the U	e ion in ianized S?	11g(ii) 11g(iii)	A mo	rii) unt of
s	Name uppo	Provide Provide of rted	5% control the following	er of a person describled entity of a person graph information about  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	led in (i) about the supporter (iv)  Is the organizati col (i) list your gove docume	ve? n (i) or (ii) ed organiza e on in eed in rning nt?	above? tion(s)  (v) Did you no organiza col (i) o suppo	) otify the tion in f your ort?	(vi) Is th organizat col (i) org in the U	e ion in ianized S?	11g(ii) 11g(iii)	A mo	rii) unt of
s	Name uppo	Provide Provide of rted	5% control the following	er of a person describled entity of a person graph information about  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	led in (i) about the supporter (iv)  Is the organizati col (i) list your gove docume	ve? n (i) or (ii) ed organiza e on in eed in rning nt?	above? tion(s)  (v) Did you no organiza col (i) o suppo	) otify the tion in f your ort?	(vi) Is th organizat col (i) org in the U	e ion in ianized S?	11g(ii) 11g(iii)	A mo	rii) unt of
s	Name uppo	Provide Provide of rted	5% control the following	er of a person describled entity of a person graph information about  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	led in (i) about the supporter (iv)  Is the organizati col (i) list your gove docume	ve? n (i) or (ii) ed organiza e on in eed in rning nt?	above? tion(s)  (v) Did you no organiza col (i) o suppo	) otify the tion in f your ort?	(vi) Is th organizat col (i) org in the U	e ion in ianized S?	11g(ii) 11g(iii)	A mo	rii) unt of
s	Name uppo ganız	Provide Provide of rted	5% control the following	er of a person describled entity of a person graph information about  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	led in (i) about the supporter (iv)  Is the organizati col (i) list your gove docume	ve? n (i) or (ii) ed organiza e on in eed in rning nt?	above? tion(s)  (v) Did you no organiza col (i) o suppo	) otify the tion in f your ort?	(vi) Is th organizat col (i) org in the U	e ion in ianized S?	11g(ii) 11g(iii)	A mo	rii) unt of

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	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)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

**EIN:** 99-0073523

Name: PUNAHOU SCHOOL

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	(( tion ( hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> 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	
ETHAN DB ABBOTT CHAIR OF THE BOARD	1 0	Х		Х				0	0	0	
W DAVID P CAREY III TRUSTEE	1 0	Х						0	0	0	
STEPHEN B CASE	1 0	X						0	0	0	
TRUSTEE HAN H SONNY CHING	1 0	X						0	0	0	
TRUSTEE MARGARET M COLE										_	
TRUSTEE MARY M COOKE	1 0	Х						0	0	0	
SECRETARY	1 0	Х		Х				0	0	0	
WENDY B CRABB TRUSTEE	1 0	Х						0	0	0	
JUDITH M DAWSON TRUSTEE	1 0	Х						0	0	0	
MARK H FUKUNAGA SECOND VICE CHAIR - FINANCE	1 0	Х		Х				0	0	0	
RONALD D HIGGINS II TRUSTEE	1 0	Х						0	0	0	
CLAIRE O JOHNSON FIRST VICE CHAIR	1 0	Х		Х				0	0	0	
CONSTANCE H LAU TRUSTEE	1 0	Х						0	0	0	
WARREN KK LUKE TRUSTEE	1 0	Х						0	0	0	
DUNCAN MACNAUGHTON TRUSTEE	1 0	Х						0	0	0	
RANDOLPH G MOORE TRUSTEE	1 0	Х						0	0	0	
PIERRE M OMIDYAR TRUSTEE	1 0	Х						0	0	0	
MICHAEL A PIETSCH TRUSTEE	1 0	Х						0	0	0	
JEFFREY N WATANABE TRUSTEE	1 0	Х						0	0	0	
KATHLEEN SULLIVAN WO ASSISTANT SECRETARY	1 0	Х		Х				0	0	0	
JAMES K SCOTT PRESIDENT	400			Х				398,865	0	35,465	
JOHN D FIELD JR VICE PRESIDENT & TREASURER	40 0			Х				261,786	0	15,907	
JILL M KAWANO ASST TREASURER & CONTROLLER	400			Х				125,401	0	12,683	
KEVIN E CONWAY PRINCIPAL - ACADEMY	400				х			277,132	0	21,308	
MICHAEL T WALKER PRINCIPAL - JUNIOR SCHOOL	400				х			222,768	0	28,218	
BARBARA Y MORGAN SR DIR LEGACY PLANNING SVCS	400					x		143,629	0	22,497	

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

(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week Or clir		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)				
JOHN R OVERTON II DIRECTOR - PHYSICAL PLANT	400					х		136,191	0	22,305	
JEANEY GARCIA ATHLETICS DIRECTOR	400					х		146,338	0	7,797	
BETSY HATA DIRECTOR-ADMISSION & FIN AID	400					х		135,566	0	20,093	
PAULA G HODGES ACADEMY ASSISTANT PRINCIPAL	400					х		134,340	0	21,444	

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

4d. Other program	services	•	•	•	
(Code ATHLETICS	) (Expenses \$	2,086,896	including grants of \$	) (Revenue \$	23,091 )
(Code MUSIC & THEATER	) (Expenses \$ R PROGRAMS	522,237	including grants of \$	) (Revenue \$	)
(Code STUDENT ACTIVI	) (Expenses \$ TIES	82,651	including grants of \$	) (Revenue \$	)

DLN: 93493136052462

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 NAHOU SCHOOL		Employer identification number
PUI	WAITOU SCHOOL		99-0073523
Pa	rt I Organizations Maintaining Donor A		nds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	(b) I alias alia ocher accounts
2	Aggregate contributions to (during year)	48,170	_
3	Aggregate grants from (during year)	315,438	
4	Aggregate value at end of year	5,881,472	
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		radvised
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	nefit of the donor or donor advisor, or for any	y other purpose
	rt II Conservation Easements. Complete		Form 990, Part IV, line 7.
2	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 easement on the last day of the tax year	ion or pleasure)	ertified historic structure
	casement on the last day of the tax year	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	5	2b
c	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfer the taxable year -	erred, released, extinguished, or terminated	l by the organization during
4	Number of states where property subject to conserv	ation easement is located ►	_
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ing of violations, and <b>Yes No</b>
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	ng, 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	on <b>∀es                                   </b>
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	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o "Yes" to Form 990, Part IV, line 8.	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 fire	l for public exhibition, education or research	h in 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		<b>»</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tre	asures, or (	<u>Othe</u>	<u>r Similar</u>	Ass	ets (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	ne foll	lowing tha	at are a signific	ant u	ise of its co	llectio	n	
а	Public exhibition		d	Γ	Loan or	exchange prog	grams	;			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w the	y further t	the organizatio	n's ex	xempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						ed "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons or other as	sets	not	Г	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the	follow	/ing ta	able			T	Α		
_	B						-		Amo	unt	
۲ C	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 Fo		21/						ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete i		200	or	ad "Vac"	to Form 000	) Day	rt IV Juno	10		
ΡŒ	Endowment Funds. Complete	(a)Current Year		)Prior		(c)Two Years Ba		(d)Three Ye	210	(a)Four V	ears Back
_			(D					Back		(e)roul i	ears back
1a	Beginning of year balance	171,887,008			3,804,927	183,820,					
b	Contributions	3,807,807			2,776,231	3,086,					
С .	Investment earnings or losses	12,835,626 243,750			235,152	-22,874,	,584				
d	Grants or scholarships	243,730			235,152	227,	,640		-		
e	Other expenditures for facilities and programs						_				
f	Administrative expenses	199 296 601		171	997.009	162.904	027		-		
g	End of year balance	188,286,691		17.	1,887,008	163,804	,927				
2	Provide the estimated percentage of the yea		ıs								
а	Board designated or quasi-endowment 🕨	50 188 %									
b	Permanent endowment ► 31 575 %										
c	Term endowment ► 18 236 %										
За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	are held a	ınd admınıster	ed for	the		Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		No
b	If "Yes" to 3a(II), are the related organization								3b		İ
4	Describe in Part XIV the intended uses of the	e organization's end	lowm	ent fu	ınds						
Par	t VI Investments—Land, Buildings	, and Equipme	nt. S	ee F	orm 990	), Part X, line	<u> 10.</u>	T			
	Description of investment				Cost or oth (investme			(c) Accumu depreciati		( <b>d</b> ) Bo	ok value
1a	Land					50	0,498				500,498
b	Buildings					156,40	0,477	51,97	8,438	10	4,422,039
C	Leasehold improvements					17,55	6,116	7,76	8,240		9,787,876
d	Equipment		•			46,22	4,140	35,56	9,099	1	0,655,041
	Other		•			•	4,689	1	6,962		547,727
ota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colun	nn (B)	), line	10(c).) .						5,913,181
								Sched	ule D (	Form 9	90) 2010

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of elia-o	i-year market value
(2)Closely-held equity interests			
(3)Other			
(A) INVESTMENT IN LTD PARTNERSHIPS	98,467,046		F
Table (California (b) about a supel Fairs 000 Dark V and (D) to a 12 )	09.467.046		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See	98,467,046	12	
			od of valuation
(a) Description of investment type	(b) Book value		f-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, Im			(b) Book value
(1) BENEFICIAL INTEREST IN	LIOII		21,158,771
(1) BENEFICIAL INVENEST IN			21,130,771
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			21,158,771
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	875,615		
CAPITAL LEASE	1,211,465		
LIABILITY UNDER SPLIT-INTEREST	3,151,588		
OTHER LIABILITIES	1,637,873		
	-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	6,876,541		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	105,655,29
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	90,581,53
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	15,073,75
4	Net unrealized gains (losses) on investments	4	12,554,17
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	524,124
9	Total adjustments (net) Add lines 4 - 8	9	13,078,30
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	28,152,05
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	117,560,45
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	15,948,098
3	Subtract line <b>2e</b> from line <b>1</b>	3	101,612,360
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 394,580		
Ь	Other (Describe in Part XIV)		
_ C	Add lines <b>4a</b> and <b>4b</b>	4c	4,042,93
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 Don Do	105,655,29
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	урег ке	89,408,40
-	statements	1	09,400,400
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV) 2d 2,609,413	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,609,41
3	Subtract line <b>2e</b> from line <b>1</b>	3	86,798,98
4	Amounts 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 394,580	-	
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	3,782,54
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	90,581,53

#### Part XIV Supplemental Information

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 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

Identifier	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 2,938,376 ACCOUNTING ADJ FOR FASB 158 3,387,968 FMV ADJUSTMENTS (15,562) BOOK/TAX DIFFERENCE FROM PARTNERSHIPS (5,786,658)
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 2D	OTHER ADJUSTMENTS ARE AS FOLLOWS CHANGE IN VALUE OF SPLIT-INT AGR 2,938,376 FMV ADJUSTMENTS (15,562) BOOKSTORE EXPENSES NET ON 990 214,348 LOSS ON DISPOSAL OF FIXED ASSETS 256,758TOTAL 3,393,920
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 4B	OTHER ADJUSTMENTS ARE AS FOLLOWS CARNIVAL EXPENSES NET ON 990 (1,910,968) RENTAL EXPENSES NET ON 990 (227,339) GAIN DISTRIBUTED FROM PARTNERSHIPS 4,049,868 BOOK/TAX DIFFERENCE FROM PARTNERSHIPS 1,736,790 TOTAL 3,648,351
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	OTHER ADJUSTMENTS ARE AS FOLLOWS CARNIVAL EXPENSES NET ON 990 1,910,968 RENTAL EXPENSES NET ON 990 227,339 BOOKSTORE EXPENSES NET ON 990 214,348 LOSS ON DISPOSAL OF FIXED ASSETS 256,758
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	IN JUNE 2006, THE FASB ISSUED ASC TOPIC 740-10 (INTEREPRETATION 48), INCOME TAXES - OVERALL, (ASC TOPIC 740), WHICH PRESCRIBES A "MORE-LIKELY THANNOT" 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
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 4B	ACCOUNTING ADJ FOR ADOPTION OF FASB 158 \$3,387,968

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136052462

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶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.

Schools

Name of the organization **Employer identification number** PUNAHOU SCHOOL 99-0073523 Part I YES NO 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 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c 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 Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo 6a b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 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 Part II

#### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
PUBLICATION OF RACIALLY NON-DISCRIMINATORY POLICY	FORM 990, SCHEDULE E, LINE 3	STATED IN PERIODIC NEWSPAPER ADVERTISEMENT

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493136052462

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**SCHEDULE G** 

### **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.

Open to Public Inspection

Name of the organization						Employer ider	itirication number
PUNAHOU SCHOOL						99-0073523	
Part I Fundraising Act	tivities. Complete	e if the o	organiza	tion answered "Yes"	to Form	n 990, Part IV	, line 17.
<ul> <li>Indicate whether the organ</li> <li>Mail solicitations</li> <li>Internet and e-mail so</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have or key employees listed in</li> <li>If "Yes," list the ten highes to be compensated at leas</li> </ul>	ilicitations s a written or oral agre Form 990, Part VII st paid individuals or	ement wi ) or entity entities (	e f g th any ind v in conne (fundraise	Solicitation of nor Solicitation of gov Special fundraisin  Invidual (including office ction with professional ars) pursuant to agreem	n-govern vernmen ng event: rs, direc fundraisi ents und	t grants  t grants  s  tors, trustees  ing services?	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	Yes No				
Total							
							_
3 List all states in which the licensing	organization is regis	tered or	licensed t	o solicit funds or has be	een notif	ied it is exempt	from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			(event type)	(event type)	(total number)	col <b>(c)</b> )
HATE.	1	Gross receipts	2,233,864	·		2,233,864
Revenue	2	Less Charitable contributions	180,337	,		180,337
	3	Gross income (line 1 minus line 2)	2,053,527	,		2,053,527
	4	Cash prizes				
<u>ရှာ</u>	5	Non-cash prizes	14,254			14,254
Expenses	6	Rent/facility costs				
	7	Food and beverages	204,386	5		204,386
Direct	8	Entertainment				
Δ	9	Other direct expenses .	1,692,328	3		1,692,328
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	$\ldots \ldots \ldots \blacktriangleright .$	1,910,968
	11	Net income summary Combine li		•		142,559
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
_	1	Gross revenue				
စ္တ	2	Cash prizes				
Expenses	3	Non-cash prizes				
<u>ភ</u> ប	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes <u>%</u> Г No	Г Yes	┌ Yes	_
		Direct expense summary Add lines				
	8	Net gaming income summary Com	ibine lines 1 and 7 in Colt	ımn (a)	<u> </u>	
9 a		er the state(s) in which the organiza he organization licensed to operate				
b		No," Explain				
10a b		re any of the organization's gaming   Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	formed to administer charitable gaming?									
13	Indicate the percentage of gaming activity operated in									
а	The organization's facility									
b	An outside facility									
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and							
	Name 🟲									
	Address 🟲									
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming							
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$						
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,						
	amount of gaming revenue retain	ned by the third party 🟲 \$								
c	If "Yes," enter name and address	s								
	Name 🟲									
	Address ►									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation I	<b>&gt;</b> \$								
	Description of services provided	<b></b>								
	Director/officer	□ Employee	Independent contractor							
17	Mandatory distributions									
а		er state law to make charitable distribu								
				Tyes No						
b		required under state law distributed t	o other exempt organizations or spent							
D		activities during the tax year \$	reconnect to question on Cohedule C./							
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 						
	Identifier	ReturnReference	Explanation							

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

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<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance

Enter total number of other organizations . . . . . . .

Part III	Grants and Other Assistance to Individuals in the United States. 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>b)</b> Number of recipients	<b>(c)</b> 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
(1) SCHOLARSHIPS	555	4,420,468	0		

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

Identifier	Return Reference	Explanation
PROCEDURES FOR	FORM 990, SCHEDULE I, PART	GRANT FUNDS CONSIST ALMOST ENTIRELY OF SCHOLARSHIPS AND FINANCIAL AID, WHICH ARE GIVEN TO
MONITORING USE OF	I, LINE 2	STUDENTS IN THE FORM OF TUITION REDUCTIONS OR WAIVERS FUNDS ARE ALSO SET ASIDE FOR THE
GRANT FUNDS		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

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OMB No 1545-0047

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#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization PUNAHOU SCHOOL

**Employer identification number** 

99-0073523

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III 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			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 147	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(I)-(III) 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	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) JAMES K SCOTT	(I) (II)	363,065 0	25,000 0	10,800 0	24,500 0	10,965 0	434,330 0		
(2) JOHN D FIELD JR	(I) (II)	230,586 0	0	31,200 0	15,907 0	0 0	277,693 0		
(3) KEVIN E CONWAY	(ı) (ıı)	245,932 0	0 0	31,200 0	17,253 0	4,055 0	298,440 0		
(4) MICHAEL T WALKER	(ı) (ıı)	215,568 0	0 0	7,200 0	17,253 0	10,965 0	250,986 0		
(5) BARBARA Y MORGAN	(ı) (ıı)	143,629 0	0 0	0	14,700 0	7,797 0	166,126 0		
(6) JOHN R OVERTON II	(ı) (ıı)	136,191 0	0	0	11,340 0	10,965	158,496 0		
(7) JEANEY GARCIA	(ı) (ıı)	146,338 0	0 0	0	0	7,797, 0	154,135 0		
(8) BETSY HATA	(ı) (ıı)	135,566 0	0 0	0	13,629 0	6,464 0	155,659 0		
(9) PAULA G HODGES	(ı) (ıı)	134,340 0	0 0	0	13,693 0	7,751 0	155,784 0		
( 10 )									
(11)									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

#### 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

Identifier	Return Reference	Explanation
REGARDING	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 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 REIMBURSEMENT 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) 2010

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#### Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. OMB No 1545-0047

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	of the organization							E	mployer ic	lent if ica	tion numbe	r
									9-00735			
Part I											4.0.1	
	Complete if the organizat	ion ans	werea "	Yes" on For	m 990, i	art IV, line 25a (	or 250, 0	or Form	990-EZ, I	art V, II		(c)
1	(a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	cription	of trans	action			ected?
											Yes	No
<b>3</b> F.												
	nter the amount of tax imposection 4958		_			· · · · ·		_	rear under ••••••••••••••••••••••••••••••••••••	s —		
<b>3</b> Er	nter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	e organization .			🕨	\$		
Part :	Loans to and/or I	From	Intore	stad Dare	cone							
rait.	Complete if the organiz					), Part IV, line 26	, or Forr	n 990-E	Z, Part V	, line 38;	a	
		(b) L	oan to					_	(f)			
<b>(a)</b> Na	me of interested person and		m the	(c)O riginal		(d)Balance due	(e) I defau			(g)Written agreement?		
	purpose	organization?		principal a	amount	(a)Buildings due			committee?			
		То	From				Yes	No	Yes	No	Yes	No
								+				
									<u> </u>			
Total					<b>▶</b> \$	<b>.</b>						
Part I	Grants or Assistar Complete if the orga						/ line 2	7				
						een interested per						
	(a) Name of interested pers	on				ganızatıon		( <b>c)</b> Am	ount of gr	ant or ty	pe of assis	tance
			_									
			_									

#### **Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No
(1) CONSTANCE H LAU	TRUSTEE		SEE SCHEDULE L DISCLOSURE		No
(2) JEFFREY N WATANABE	TRUSTEE	· ' '	SEE SCHEDULE L DISCLOSURE		No
(3) SUSAN FIELD	WIFE OF J FIELD, OFFICER	· ·	SEE SCHEDULE L DISCLOSURE		No
(4) WENDY M WALKER	WIFE OF M WALKER,KEY EMP	· ·	SEE SCHEDULE L DISCLOSURE		No
(5) MARI-JO SCHULL	CHILD OF C JOHNSON, TTEE	· ·	SEE SCHEDULE L DISCLOSURE		No
(6) MEGAN ABBOTT	CHILD OF E ABBOTT, TTEE	· ·	SEE SCHEDULE L DISCLOSURE		No

#### **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

DUSINESS TRANSACTIONS (D)  SCHEDULE L, PART IV, COLUMN (D)  THE FOLLOWING PAYMENTS WERE MADE TO THE ORGANIZATION OR COMPANIES THAT THE TRUSTEES WORK FOR, ARE BOARD MEMBERS OF, OR REPRESENT AND NOT TO THE INDIVIDUALS DIRECTLY CONSTANCE H 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 OAH THE TRANSACTION REPRESENTS AMOUNTS PAID AT STANDARD RATES AVAILABLE TO THE PUBLIC FOR ELECTRICITY SERVICES TO HAWAIIAN ELECTRIC COMPANY JEFREY N WATANABE MR WATANABE IS, WHICH IS THE PARENT COMPANY OF HAWAIIAN ELECTRIC COMPANY, THE ONLY ELECTRICITY PROVIDER ON THE ISLAND OF OAHU THE TRANSACTION REPRESENTS AMOUNTS PAID AT STANDARD RATES AVAILABLE TO THE PUBLIC 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 COMPENSATION FROM THE ORGANIZATION PAYMENT AMOUNTS WERE DETERMINED BY INDIVIDUALS WITHOUT A COMPENSATION FROM THE SCHOOL FOR SERVICES AS A NACADEMY MATH TEACHER MICHAELT WALKER MR WALKER'S SPOUSE, WENDY MACIAS-WALKER, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A PSYCHOSOCIAL EDCUATION INSTRUCTOR CLAIRE O JOHNSON MS JOHNSON'S DAUGHTER, MARIA, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A PSYCHOSOCIAL EDCUATION INSTRUCTOR CLAIRE O JOHNSON MS JOHNSON'S DAUGHTER, MARIA, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A 4TH GRADE TEACHER ETHAN BA BABBOTT, RESEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A 4TH GRADE TEACHER ETHAN BA BABBOTT MR ABBOTT'S DAUGHTER, MEGAN ABBOTT, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A KNOREGARTERN TEACHER MEGAN ABBOTT, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A KNOREGARTERN TEACHER	Identifier	Return Reference	Explanation
Schedule L (Form 990 or 990-EZ) 2010	BUSINESS TRANSACTIONS INVOLVING INTERESTED	SCHEDULE L, PART IV, COLUMN	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 H 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 AT STANDARD RATES AVALLABLE TO THE PUBLIC FOR ELECTRICITY SERVICES TO HAWAIIAN ELECTRIC INDUSTRIES, WHICH IS THE PARENT COMPANY OF 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 AT STANDARD RATES AVAILABLE TO THE PUBLIC 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 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 MICHAELT WALKER MR WALKER'S SPOUSE, WENDY MACIAS-WALKER, RECEIVED COMPENSATION FROM THE SCHOOL FOR 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 KINDERGARTEN TEACHER MEGAN ABBOTT, RECEIVED COMPENSATION FROM THE SCHOOL FOR SERVICES AS A KINDERGARTEN TEACHER

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## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization PUNAHOU SCHOOL

**Employer identification number** 

				99-0073523			
Part I Types of Property				-			
	(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining amounts		ontribut	ion
Art—Works of art	Х	3		REPLACEMENT CO	ST		
Art—Historical treasures							
Art—Fractional interests							
Books and publications	Х		13	COST			
Clothing and household	l x		E 0 E 2				
ods			3,833	COST			
Cars and other vehicles							
7 Boats and planes							
Intellectual property							
Securities—Publicly traded	X	62	569,256	AVERAGE MARKE	Г		
Securities—Closely held stock							
L Securities—Partnership, LLC, or trust interests .							
2 Securities—Miscellaneous							
3 Qualified conservation contribution—Historic structures							
Qualified conservation contribution—Other							
5 Real estate—Residential .	Х	4	1 475 000	APPRAISAL			
Real estate—Commercial		<u>'</u>	1,173,000	ATTRAISAL			
Real estate—Other							
Collectibles							
Food inventory							
Drugs and medical supplies							
L Taxidermy							
2 Historical artifacts					-		
3 Scientific specimens							
Archeological artifacts .							
12 CORDS							
OF KIAWE							
<b>5</b> Other ► ( <u>WOOD</u> )	Х	1	300	соѕт			
5-26 PIN VIDEO							
Other►( <u>CABLES</u> )	Х	1	419	COST			
LENOVO							
THINKCENTRE 7 Other⊳(M90Z )	×	1	1 1 1 1 1 1	соѕт			
7000 FT			1,103	0031			
FORMICA							
<b>3</b> Other►( <u>LAMINATE</u> )	Х	1	5,000	COST			
Number of Forms 8283 received for which the organization comple				29			
						Yes	No
<b>0a</b> During the year, did the organizat	ion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
must hold for at least three years	from the	date of the initial contributi	on, and which is not require	d to be used			
for exempt purposes for the entire	e holding p	eriod?			30a		No
<b>b</b> If "Yes," describe the arrangeme	nt ın Part 1	I					
1 Does the organization have a gift	acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
<b>2a</b> Does the organization hire or use	third parti	es or related organizations	to solicit, process, or sell	non-cash			
contributions?					32a	Yes	
<b>b</b> If "Yes," describe in Part II							
3 If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
describe in Part II		, , , , , , , ,		•	1 1		

#### 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.

Identifier	Return Reference	Explanation
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
THIRD PARTIES USED TO SELL NON-CASH DONATIONS	,	THE ORGANIZATION USES A THIRD PARTY BROKERAGE SERVICE TO SELL ALL DONATED STOCK A THIRD PARTY REAL ESTATE PROFESSIONAL WAS USED TO SELL ALL DONATED REAL PROPERTY

Schedule M (Form 990) 2010

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## SCHEDULE R (Form 990)

Name of the organization

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

PUNAHOU SCHOOL

Employer identification number

						99-00/3523			
Part I Identification of Disregarded Entities (Comp	lete ıf the organızat	ıon	answered "Yes	" OI	n Form 990, Pai	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity		(c) Legal domicile (stat or foreign country)	te )	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	elft	the organization	n a	nswered "Yes" o	on Form 990, Part	IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity		<b>(c)</b> gal domicile (state r foreign country)	(d) Exempt Code section		(e) Public chanty status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 conti organ	rolled
								Yes	No
(1) CNW FACULTY BENEFIT TRUST AT PUNAHOU									
PO BOX 3170 DEPT 715	CHAR TRUST		HI		501(C)(3)	11	PUNAHOU SCH		
HONOLULU, HI 968023170 99-0301435									
(2) CF TRUST									
PO BOX 3170 DEPT 715	CHAR TRUST		HI		501(C)(3)	PF	PUNAHOU SCH		
HONOLULU, HI 968023170 99-6002273									

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a) (b) (c) (d) (e) (f) (g) (g) (primary activity (primary a	<b>(a)</b> lame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of tota	al income	Share o	( <b>g)</b> Share of end-of-year assets		n) prtionate tions?	e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		<b>(k)</b> Percentage ownership
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Primary activity  Legal domicile (state or foreign  (c)  Each of total income or more related organization or trust during the tax year.)  (b)  Primary activity  Legal domicile (state or foreign  On trust)  Share of total income or more related organization or trust during the tax year.)										Yes	No			Yes	No	
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Primary activity  Legal domicile (state or foreign  (c)  Each of total income end-of-year own assets  (c)  Corp, S corp, or trust)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Eagal domicile (c)  Eagal domicile (state or foreign  (c)  Eagal domicile (c)  Eagal domicile (state or foreign  (c)  Eagal domicile (c)  Eag																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Eagal domicile (c)  Eagal domicile (state or foreign  (c)  Eagal domicile (c)  Eagal domicile (state or foreign  (c)  Eagal domicile (c)  Eag																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Eagal domicile (c)  Eagal domicile (state or foreign  (c)  Eagal domicile (c)  Eagal domicile (state or foreign  (c)  Eagal domicile (c)  Eag																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Each or trust  (c)  Type of entity (c)  Corp, S corp, or trust)  Share of total income end-of-year assets																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Primary activity  Legal domicile (state or foreign  (c)  Each of total income or more related organization or trust during the tax year.)  (b)  Primary activity  Legal domicile (state or foreign  On trust)  Share of total income or more related organization or trust during the tax year.)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Primary activity  Legal domicile (state or foreign  (c)  Each of total income or more related organization or trust during the tax year.)  (b)  Primary activity  Legal domicile (state or foreign  On trust)  Share of total income or more related organization or trust during the tax year.)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Primary activity  Legal domicile (state or foreign  (c)  Each of total income end-of-year own assets  (c)  Corp, S corp, or trust)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Primary activity  Legal domicile (state or foreign  (c)  Each of total income end-of-year own assets  (c)  Corp, S corp, or trust)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)  (a)  Name, address, and EIN of related organization  (b)  Primary activity  Legal domicile (state or foreign  (c)  Legal domicile (state or foreign  (c)  Primary activity  Legal domicile (state or foreign  (c)  Equipment of the tax year.)  (d)  Direct controlling entity (c)  Corp, S corp, or trust)  Share of total income end-of-year assets																
Name, address, and EIN of related organization  Primary activity  Legal domicile (state or foreign  Direct controlling  Type of entity (C corp, S corp, or trust)  Share of total income end-of-year ow assets	Part IV Identifi	cation of Relate	ted Orga ne or mo	anizations Tax re related organ	able as a Corpora izations treated as	ation or Tr a corporate	r <b>ust</b> (Co	omplete ust dur	e if the org ing the tax	anıza year	tion ar	nswered "\	es" on	Form	990,	Part IV,
	Name, address, an	<b>(a)</b> d EIN of related organi	ızatıon	<b>(b)</b> Primary activity	Legal domicile (state or foreign		Direct con	ntrolling	Type of e (C corp, S	corp,	Share of	<b>(f)</b> f total income	Sha end-o	re of f-year		(h) Percentage ownership

che	edule R (Form 990) 2010		Рa	age <b>3</b>
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
	Purchase of assets from other organization(s)	1g		No
	Exchange of assets	1h		No
	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
		1p		No
Р	Reimbursement paid by other organization for expenses	10		110
q	Other transfer of cash or property to other organization(s)	<b>1</b> q		No
r	Other transfer of cash or property from other organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
_	(a)	(d)		

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) CNW FACULTY BENEFIT TRUST AT PUNAHOU	С	828,524	
(2) CF TRUST	С	94,097	
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	(state or foreign partners country) section 501(c)(3) organizations?		(e) Share of end-of-year assets  (f) Disproprtionate allocations?  (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(l Gene mana part	agıng tner?			
			Yes	No		Yes	No		Yes	No
										-
										+
							++			+
										T

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization
PUNAHOU SCHOOL

Employer identification number
99-0073523

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 opportunities 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 a complete copy of the Form 990. Form 990-T 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 Scho ol, a Hawaii nonprofit corporation (the School), on June 12, 2007. 1 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 intersect 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 fluciary obligations, when the Trustee or executive officers are contemplating any arrangement that may benefit the private interest of a Trustee or an executive officer are contemplating any arrangement that may benefit the private interest of a Trustee or an executive officer for the School This policy is interest 2. Definitions Arrangement shall mean any action or other arrangement with the School or in which the School has a ninterest Conflict of Interest shall mean any action or proposed action by a Trustee or an 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. (ii) the spouse of such Trustee or executive officer, or in the proposed to be taken by a Trustee or executive officer (ii), the spouse of such Trustee or executive officer, or the spouse of such Trustee or executive officer (in executive officer, or interest policy in the such arrangement in which no action is taken or proposed to be taken by a Trustee or executive officer (ii), the spouse of such Trustees or executiv

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	SECTION B, LINE 12C	th 5 Annual Statements Each Trustee and executive officer shall annually sign a statement which affirms that such person (i) has received a copy of the Conflict of Interest Poli cy, (ii) has read and understands the Policy, and (iii) agrees to comply with the Policy

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 November 2010. 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.

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
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	·	OTHER CHANGES ARE AS FOLLOWS UNREALIZED GAIN ON INVESTMENTS 12,554,178 CHANGE IN VALUE OF SPLIT-INT AGR 2,938,376 FMV ADJUSTMENTS (15,562) BOOK/TAX DIFFERENCE P/S INCOME (5,786,658) ADOPTION OF PROVISIONS OF SFAS 158 3,387,968 TOTAL 13,078,302