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DLN: 93493135062483

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

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number C Name of organization PUNAHOU SCHOOL B Check if applicable Address change 99-0073523 Doing Business As E Telephone number Name change (808) 944-5711 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$ 112,200,807 1601 PUNAHOU STREET Terminated City or town, state or country, and ZIP + 4 HONOLULU, HI 96822 Amended return Application pending Name and address of principal officer  $\mathbf{H(a)}$  Is this a group return for affiliates? 1601 PUNAHOU STREET HONOLULU, HI 96822 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Group exemption number 🕨 H(c) Website: ► www PUNAHOU EDU K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1853 | M State of legal domicile HI Summary Part I Briefly describe the organization's mission or most significant activities PUNAHOU SCHOOL IS A PRIMARY AND SECONDARY SCHOOL THAT IS RECOGNIZED FOR ITS ACADEMIC EXCELLENCE, ATHLETIC PROGRAMS, AND EXTRACURRICULAR ACTIVITIES MORE THAN 3750 STUDENTS ATTEND THE SCHOOL IN Activities & Governance **GRADES K-12** 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets  ${f 3}$  Number of voting members of the governing body (Part VI, line 1a) . . 19 Number of independent voting members of the governing body (Part VI, line 1b) . 4 15 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 2,044 Total number of volunteers (estimate if necessary) . 6 5,000 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a -353.974 b Net unrelated business taxable income from Form 990-T, line 34 7b -353,974 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 17,470,778 <u>9,</u>332,398 76,349,405 78,517,552 Program service revenue (Part VIII, line 2g) . 9,501,795 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,999,237 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,333,313 2,145,971 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 105,655,291 92,995,158 4,362,441 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 4,420,468 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 62,965,534 64,443,244 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright 2,183,085$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 23,195,533 24,506,895 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 90,581,535 93,312,580 19 Revenue less expenses Subtract line 18 from line 12 . 15,073,756 -317,422 Net Assets or Fund Balances **Beginning of Current End of Year** Year 363,001,588 363,662,293 20 Total assets (Part X, line 16) . 21 47,501,029 48,161,132 Total liabilities (Part X, line 26) . . . . 314,840,456 22 Net assets or fund balances Subtract line 21 from line 20  $\,$  . 316,161,264 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2013-05-14 Signature of officer Sign Here JILL KAWANO ASSISTANT TREASURER Type or print name and title

Date

KPMG LLP

PO BOX 4150

Honolulu, HI 968124150 May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

Preparer's sıgnature

Firm's name (or yours

if self-employed), address, and ZIP + 4

Paid

Preparer's

**Use Only** 

Check if

employed 🕨 🔽

EIN ▶

Preparer's taxpayer identification number (see instructions)

Phone no (808) 540-2800

Par		t of Program Serv edule O contains a resi						
1	Briefly describe the	organization's missior						
CON EAC THE APP PUN CHII ACA THE	SISTENT WITH THE H INDIVIDUAL, DENM FOR COLLEGE AN RECIATION FOR TH AHOU SCHOOL IS TOREN FROM EVERY DEMIC SUPPORT STRICT	ED TO PROVIDE AN E CHRISTIAN PRINCIF /ELOP INTELLECTUA D FOR CHALLENGES E ARTS, APPRECIATE HE LARGEST INDEPE RACIAL, RELIGIOUS FAFF OF APPROXIMA ED INTO TWO MAJOR H WITH ITS OWN PRI	PLES ON WHIC L, ACADEMIC FACING THEM CULTURAL D NDENT SCHO , SOCIAL AND TELY 600, SEF DIVISIONS T	CH PUNAHOU WAS FO AND PHYSICAL POT I NOW AND IN THE FO DIVERSTIY AND DEVE OL IN AMERICA IT I DECONOMIC GROUP RVING ABOUT 3,750 THE JUNIOR SCHOOL	OUNDED, AFFIRMIN ENTIAL TO THE FU JTURE, DEVELOP A ELOP SOCIAL RESF S A PRIVATELY OF IN HAWAII PUNA STUDENTS FROM A	IG THE WORT LLEST DEGR AND ENHANC ONSIBILTY PERATED SCH HOU HAS FAC KINDERGART	H AND DIGN EE, PREPARI E CREATIVI FOUNDED II HOOL SERVI CULTY AND EN TO GRAD	NITY OF ING TY AND N 1841, NG
2	the prior Form 990	undertake any signific or 990-EZ?			which were not liste		es 🗸 No	
	•	ese new services on S						
3	services?	cease conducting, or i			nducts, any program · · · · · ·	. FY	es 🗸 No	
4	Describe the organi expenses Section 5	zation's program services on Sched services of 1(c)(3) and 501(c)(4) ns to others, the total of	e accomplishn ) organizations	s and section 4947(a)	(1) trusts are require	ed to report th		
4a	(Code	) (Expenses \$	68,368,502	ıncludıng grants of \$	4,362,441 ) (Re	/enue \$	72,128,517 )	
	PERCENT OF PUNAHOL GRADE 8, AND THE AC OVERSEEING APPROXII OF THESE GROUPS OF CASE MIDDLE SCHOOL DESIGNED SPECIFICAL DEVELOPMENTAL PERIC GATHERING SPACES DI	JM - PUNAHOU SCHOOL IS A J GRADUATES GO ON TO AT ADEMY, GRADES 9-12 THE MATELY 2,000 STUDENTS TI CHILDREN SUPPLEMENTAL WAS COMPLETED IN 2005 F LY TO MEET THE INTELLECT DD THROUGH MORE INTIMA ESIGNED TO ENCOURAGE CO DE CREDITS IN ENGLISH, SO	TEND COLLEGE CUDUNIOR SCHOOL ( HESE SMALLER, SEEDUCATION, SUCTION OR GRADES 6-8 JAL AND SOCIAL NOTES OR GRANIZATION OLLABORATION AND SOCIAL NOTES OR GRANIZATION AND SULABORATION SULABORATI	JRRENTLY, PUNAHOU IS DI K-8) IS COMPOSED OF THE LF-CONTAINED SECTIONS I H AS OUTDOOR AND CAMP THIS EXPANDED AREA OF C JEEDS OF EARLY ADOLESCEI JAL STRUCTURES, FACILITIE D INTEGRATED LEARNING	VIDED INTO THE JUNIOR LEE SECTIONS WITH A PI TOR K-2, 3-5 AND 6-8 AI EXPERIENCES, ARE ALSO AMPUS WAS DESIGNED TO INTS THE LEARNING ENV IS MORE OPEN TO THE E IN THE ACADEMY, COLLE	SCHOOL, KINDER RINCIPAL AND FIN RE DESIGNED TO OFFERED IN THI O SUPPORT AN E IRONMENT RECO NVIRONMENT AN GE PREPARATOR	RGARTEN THROUTE SUPERVISORS MEET THE SPECE JUNIOR SCHOOL DUCATION PROF GNIZES THIS D CLASSROOM A Y GRADUATION	JGH S CIAL NEEDS OL THE GRAM
4b	(Code		4,638,724	ıncludıng grants of \$	) (Rev	 enue \$	3,581,674 )	
	SUMMER SCHOOL OFFI	ERS A VARIED AND ENRICHE ECIAL AREAS THAT ARE NO	D PROGRAM IN A	CADEMICS, SPORTS, MUSIC	AND DANCE THE PROG			EATIVITY
	(Code		3,440,596	ıncludıng grants of \$	) (Rev	enue \$	2,719,790 )	
	CONFIDENCE AND LEA	VITIES ARE AN ESSENTIAL PA DERSHIP WITH A FOCUS ON RVICES, TECHNOLOGY RESO	I EXPERIENTIAL, H	IANDS-ON, AND COLLABORA	TIVE LEARNING, THE CU			
	(Code	) (Expenses \$	2,830,236	ıncludıng grants of \$	) (Rev	enue \$	87,571 )	
	ATHLETICS	, (Expenses ¢		malaumy grante or p	, (ev			
	(Code MUSIC & THEATER PRO	) (Expenses \$ DGRAMS	565,439	including grants of \$	) (Rev	enue \$	)	
	(Code STUDENT ACTIVITIES	) (Expenses \$	134,209	including grants of \$	) (Rev	enue \$	)	
4d	Other program ser (Expenses \$	vices (Describe in Sch 3,529,884 inc	edule O ) luding grants o	of \$	) (Revenue \$	8	7,571)	

79,977,706

Total program service expenses►\$

Part IV	Checklist of	Required	Schedules

	•		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 instructions)? 🕏	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		N o
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		Νο
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	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	
c	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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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, Part 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	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> All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 $\blacksquare$	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	
С	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 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		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 112			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
a.	gaming (gambling) winnings to prize winners?	1c	Yes	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
<b>L</b>	· · · · · · · · · · · · · · · · · · ·			140
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible?			
,	were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
b	services provided to the payor?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year		100	
e	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?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>,</b>	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
а	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	Enter the aggregate amount of reserves on hand			
<b>A</b>	Did the expensation receive any neumants for indeer tenning convices during the tay year?	1.0-		KI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

**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	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Lu	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	Yes	
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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
	ection B. Policies (This Section B requests information about policies not required by the Internal	'		•
Re	evenue Code.)			
4.0		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	4.51		
	rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			1
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take 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			
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 000, and 000 T (501/c)			

- 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 made these available Check all that apply
  - Own website Another's website Vipon request
    Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

(808) 944-5711

- 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

### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

<b>(A)</b> Name and Tıtle	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) ETHAN DB ABBOTT TRUSTEE	1 0	х						0	0	0
(2) W DAVID P CAREY III TRUSTEE	1 0	х						0	0	0
(3) STEPHEN M CASE TRUSTEE	1 0	х						0	0	0
(4) HAN H SONNY CHING TRUSTEE	1 0	х						0	0	0
(5) MARGARET M COLE ASSISTANT SECRETARY	1 0	х		Х				0	0	0
(6) DEBORAH K BERGER TRUSTEE	1 0	х						0	0	0
(7) WENDY B CRABB TRUSTEE	1 0	х						0	0	0
(8) JUDITH M DAWSON TRUSTEE	1 0	х						0	0	0
(9) MARK H FUKUNAGA SECOND VICE CHAIR - FINANCE	1 0	х		Х				0	0	0
(10) RONALD D HIGGINS II TRUSTEE	1 0	х						0	0	0
(11) CLAIRE O JOHNSON CHAIR OF THE BOARD	1 0	х		Х				0	0	0
(12) CONSTANCE H LAU TRUSTEE	1 0	х						0	0	0
(13) WARREN KK LUKE TRUSTEE	1 0	х						0	0	0
(14) DUNCAN MACNAUGHTON FIRST VICE CHAIR	1 0	х		х				0	0	0
(15) RANDOLPH G MOORE TRUSTEE	1 0	х						0	0	0
(16) PIERRE M OMIDYAR TRUSTEE	1 0	х						0	0	0
(17) MICHAEL A PIETSCH TRUSTEE	1 0	Х						0	0	0

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

(A) Name and Title	(describe director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(18) JEFFREY N WATANABE TRUSTEE	1 0	х						0	0	0
(19) KATHLEEN SULLIVAN WO SECRETARY	1 0	х		Х				0	0	0
(20) JAMES K SCOTT PRESIDENT	40 0			Х				407,143	0	37,155
(21) JOHN D FIELD JR VICE PRESIDENT & TREASURER	40 0			х				266,617	0	16,673
(22) JILL M KAWANO ASST TREASURER & CONTROLLER	40 0			Х				129,837	0	13,267
(23) KEVIN E CONWAY PRINCIPAL - ACADEMY	40 0				х			282,784	0	21,960
(24) MICHAEL T WALKER PRINCIPAL - JUNIOR SCHOOL	40 0				х			227,955	0	29,920
(25) KATHRYN A NELSON VP - INSTITUTIONAL ADVANCEMENT	40 0				х			182,509	0	4,904
(26) BARBARA Y MORGAN SR DIR LEGACY PLANNING SVCS	40 0					х		145,347	0	4,904
(27) JOHN R OVERTON II DIRECTOR - PHYSICAL PLANT	40 0					х		139,673	0	23,583
(28) JEANEY J GARCIA ATHLETICS DIRECTOR	40 0					х		184,963	0	14,538
(29) BETSY S HATA DIRECTOR-ADMISSION & FIN AID	40 0					х		138,200	0	20,716
(30) PAULA G HODGES ACADEMY ASSISTANT PRINCIPAL	40 0					х		138,073	0	21,980
1b Sub-Total			•				F	<u> </u>		
c Total from continuation sheets t	o Part VII, Sect	ion A .					<b>F</b>			
d Total (add lines 1b and 1c)							•	2,243,101	0	209,600
2 Total number of individuals (inclu	dıng but not lımı	ted to t	hose	lıst	ed a	bove)	) who	received more tha	n	

\$100,000 of reportable compensation from the organization▶62

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual		1	
	on time 1a' 11 Yes, complete schedule 3101 Such malvidual	3		Νo
1	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
•	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
CAMBRIDGE ASSOCIATES PO BOX 10317 UNIONDALE, NY 115550317	CONSULTING SERVICES	352,957
KPMG LLP 1003 BISHOP STREET SUITE 2100 HONOLULU, HI 96813	AUDIT & TAX SERVICES	111,989
PILLSBURY LEVINSON LLP 600 MONTGOMERY STREET 31ST FLOOR SAN FRANCISCO, CA 94111	LEGAL SERVICES	110,570

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >3

Form 9		Statement of F	20.000.0					Page <b>9</b>
Part		Statement of R	<u>kevenue</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated campaig	gns <b>1a</b>					
gra	b	Membership dues						
£. ∰.	С	Fundraising events	s <b>1c</b>	160,509				
<u>#</u> _#	d	Related organization						
ins,	e	Government grants (co			ļ			
Contributions, gifts, grants and other similar amounts	f g	All other contributions, similar amounts not inc Noncash contribut lines 1a-1f \$	cluded above	9,171,889				
S ၕ	h	Total. Add lines 1a	a-1f	🔸	9,332,398			
<u> </u>				Business Code				
Program Serwce Revenue	2a	TUITION & FEES		900099	75,710,191	75,710,191		
æ	ь	INSTRUCTIONAL SERVI	ICES	900099	2,807,361	2,807,361		
<u> </u>	С							
žer v	d							
Ξ	e							
<u>Š</u>	f	All other program s	service revenue					
Š	g	<b>Total.</b> Add lines 2a	a-2f		78,517,552			
	3		e (ıncludıng dıvıdend		, ,			
		and other similar a	imounts)	▶	2,917,235		-353,974	3,271,209
	4	Income from investme	ent of tax-exempt bond p	oroceeds 🕨	0			
	5	Royalties		▶	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	298,470					
	b	Less rental expenses	698,371					
	C	Rental income or (loss)	-399,901					
	d	· · ·	or(loss)		-399,901			-399,901
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	16,368,949					
	Ь	Less cost or other basis and sales expenses	16,286,947					
	c	Gain or (loss)	82,002		02.002			92.002
	d 8a	Net gain or (loss)	1	· · · · · •	82,002			82,002
Other Revenue		s 160,509 of contributions re See Part IV, line 1	ing ) ported on line 1c)					
<u>.</u>	.		a	2,183,005				
ŧ	b	Less direct expen		1,988,301	194,704			194,704
J	9a	Gross income from	s) from fundraising e	events F	1,74,704			154,704
		See Part IV, line 1						
	b	Less direct expen			]			_
	C		s) from gaming activ	/ities	0			0
	10a	Gross sales of invertering and allowa		185,871				
	b c	Less cost of good Net income or (los	s sold <b>b</b> s) from sales of inve	232,030 entory •	-46,159			-46,159
		Miscellaneous Re	evenue	Business Code		_		
	11a	CAFETERIA		900099	2,397,327			2,397,327
	b							
	С							
	d	All other revenue	L					
	e	Total. Add lines 11	1a-11d	🛌	2,397,327			
	12	Total roverus Con	Instructions	· •				
		Total revenue. See	ETHISCIUCTIONS	· · ·	92,995,158	78,517,552	-353,974	5,499,182 Form <b>990</b> (2011)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<u>c</u>	heck if Schedule O contains a response to any question in this Part IX			<u>  .</u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,362,441	4,362,441		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,550,345	540,230	822,795	187,320
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	297,948	297,948		
7	Other salaries and wages	44,566,239	38,637,270	4,883,536	1,045,433
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,476,584	3,005,415	376,170	94,999
9	Other employee benefits	11,097,572	9,227,553	1,517,791	352,228
10	Payroll taxes	3,454,556	2,944,917	417,653	91,986
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	170,332		170,332	
c	Accounting	116,387		116,387	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			_
f	Investment management fees	490,378		490,378	
g g	Other	711,339	23,647	671,678	16,014
12	Advertising and promotion	266,805	1,146	265,659	10,014
13	Office expenses	761,452	318,963	329,887	112,602
14	Information technology	1,555,441	310,903	1,555,441	112,002
15	Royalties		4 177	1,535,441	
	,	4,177	4,177	100 252	10.000
16	Occupancy	4,434,419	4,315,098	108,353	10,968
17	Travel	962,796	845,876	69,566	47,354
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	141,135	71,037	50,328	19,770
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,449,158	8,221,810	206,450	20,898
23	Insurance	0			
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)				
а	INSTRUCTIONAL	2,977,155	2,977,155		
b	CAFETERIA EXPENSE	1,463,681	1,463,681		
c	ALLOCATE INDIRECT IT EXPENSE		1,325,972	-1,367,389	41,417
d	OPERATION OF PHYSICAL PLANT	473,943	461,190	11,581	1,172
e					
f	All other expenses	1,528,297	932,180	455,193	140,924
25	Total functional expenses. Add lines 1 through 24f	93,312,580	79,977,706	11,151,789	2,183,085
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		-		
				East	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,930,544 1,851,723 Cash—non-interest-bearing . . . . . . . . . . . . . 1 41.745.840 28.219.325 2 2 3 7.885,428 5,820,017 160.827 111.653 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 298,664 288,295 7 169,462 8 179.570 2.596.514 9 1.815.246 Prepaid expenses and deferred charges . . . . . . 10a 229,785,729 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 103,232,847 b Less accumulated depreciation . . . . 125,913,181 **10c** 126,552,882 64,117,284 11 71,236,400 11 98,467,046 105,200,450 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 0 14 Intangible assets . . . . . . . . . 21,158,771 15 20,944,759 15 363,662,293 363,001,588 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 20,337,814 17 23,190,987 17 Accounts payable and accrued expenses . 18 18 19 6,686,674 19 6,675,202 20 20 Ω ol 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 13.600.000 23 Secured mortgages and notes payable to unrelated third parties . . . 23 11,200,000 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,876,541 7,094,943 25 D . . . . . 26 47,501,029 26 48,161,132 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 216,319,685 27 213,976,786 Unrestricted net assets . . . . 41,059,085 28 40,028,998 28 Temporarily restricted net assets . . . . . Fund 29 58,782,494 29 60,834,672 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 316.161.264 33 314.840.456 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 363.662.293 34 363.001.588

Ра	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		92.9	95,15
2	Total expenses (must equal Part IX, column (A), line 25)	2			312,58
3	Revenue less expenses Subtract line 2 from line 1	3			317,42
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		316,1	L61,26
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,0	003,38
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		314,8	340,45
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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 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 its 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	hallsal	20	103	
_	on a separate basis, consolidated basis, or both	33464			
	▼ Separate basis				
За	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?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493135062483

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

PUNAHOU SCHOOL

Name of the organization

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

Inspection **Employer identification number** 

		99-0073523   Reason for Public Charity Status (All organizations must complete this part.) See instructions								
Part									instructions	5
_			ite foundation becaus							
1	_	-	tion of churches, or a				b)(1)(A)(i)	).		
2	_		ed in <b>section 170(b)(1</b>							
3	_ A ho	spital or a co	operative hospital se	rvice organ	ızatıon des	cribed in <b>secti</b>	on 170(b)(	1)(A)(iii).		
4 「			th organization operaticity, and state	ted in conju	inction with	a hospital de	scribed in <b>s</b>	ection 170(b)	(1)(A)(iii).	Enter the
5 Γ	— <u>And</u>	organization o	perated for the benefi	t of a colleg	je or univer	sity owned or	operated by	/ a governme	ntal unit des	cribed in
	sect	ion 170(b)(1)	(A)(iv). (Complete P	art II )						
6	A fe	deral, state, o	r local government or	r governmei	ntal unit des	scribed in <b>sec</b>	tion 170(b)	(1)(A)(v).		
7 [	desc	cribed in	nat normally receives  (A)(vi) (Complete P		ial part of it	s support fror	n a governn	nental unit or	from the gen	ieral public
8 [	_		t described in <b>sectior</b>		(A)(vi) (C	omplete Part	(I)			
9 [	_		nat normally receives					ributions, me	mbership fee	es, and gross
- ,		_	vities related to its e	• •		• •		•	•	
			ross investment inco							
			ganızatıon after June							
ιο Γ			rganized and operated							
L1	— And one	organization o or more public	rganized and operated cly supported organiz ribes the type of supp <b>b</b> Type I	d exclusive ations desc oorting orga	ly for the be cribed in sec nization and	enefit of, to pe ction 509(a)(:	rform the fu l ) or sectio es 11e thro	nctions of, or n 509(a)(2) : ough 11h	See <b>section</b> !	
e   f g	othe sect If th chec Sinc	er than founda tion 509(a)(2) e organization ck this box e August 17,	received a written do	her than one	e or more p	ublicly suppoi	ted organiz	pe II or Type	bed in sectio	on 509(a)(1) or
		wing persons	, Irrectly or indirectly c	ontrols, eit	her alone oi	r toaether with	persons d	escribed in (ii	)	Yes No
			governing body of th			_		(		g(i)
		• •	per of a person descri		_					y(ii)
	` '	•	olled entity of a perso	` ,		) above?				(iii)
h			ing information about							
			<b>.</b>		<b>-</b>					
sup	(i) ame of pported anization	(ii) EIN			ne tion in sted in erning	Did you no organiza col (i) c	otify the tion in f your	(v Is t organiza col (i) or in the	he ation in ganized	(vii) A mount of support?
			instructions))	Yes	No	Yes	No	Yes	No	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		1	<del>                                     </del>		<u> </u>	
						1			+	
		1				1				1
		+	+		+	+	+		+	+

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493135062483

OMB No 1545-0047

Open to Public Inspection

## **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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	me of the organization IAHOU SCHOOL	Employer identification number				
POI	MATIOU SCHOOL	99-0073523				
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.	nds or Accounts. Complete if the			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	3				
2	Aggregate contributions to (during year)	46,481				
3	Aggregate grants from (during year)	285,076				
4	Aggregate value at end of year	5,741,474				
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		radvised <b>ves No</b>			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beconferring 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	rion or pleasure)	ertified historic structure			
	case ment on the last au, or 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 hi	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, transf the taxable year -	erred, released, extinguished, or terminated	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 regarding 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  \$\mathbb{F} \\$	ing, and enforcing conservation easements	during the year			
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	ion <b>Yes No</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	Complete if the organization answered		or Other Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researcl	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	L	<b>►</b> \$			
	(ii) Assets included in Form 990, Part X		<b>►</b> \$			
2	If the organization received or held works of art, his following amounts required to be reported under SFA		financial gain, provide the			

Revenues included in Form 990, Part VIII, line 1

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

Pal	Organizations Maintaining Colle	CHOIS OF ALL, H	ISLC	ric	cai ireas	ures, or our	ei Siiiiiiai	H22	<u> </u>	<u>ntinuea)</u>
3	Using the organization's accession and other reitems (check all that apply)	ecords, check any of	the	foll	owing that a	are a significant	use of its co	llectio	n	
а	Public exhibition	d			Loan or ex	change program	ıs			
b	Scholarly research	e	. [	_	Other					
c	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	ow t	hey	further the	organization's	exempt purpo	se in		
5	During the year, did the organization solicit or i						mılar	_	Yes	┌ No
Pai	rt IV Escrow and Custodial Arranger Part IV, line 9, or reported an amo	nents. Complete	ıf th	ne o	organizatio		Yes" to For			1 140
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	•				or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the foll	owin	g ta	ible					
_						<u> </u>		Amo	unt	
C C	Beginning balance					10				
d	Additions during the year					1d	+			
e	Distributions during the year					1e				
т .	Ending balance					1f				
2a	Did the organization include an amount on Forn	1 990, Part X, line 2:	1?					ļ	Yes	│ No
b	If "Yes," explain the arrangement in Part XIV	<u> </u>			-l 1137 11 1 -	F 000 P		10		
Ра	rt V Endowment Funds. Complete if t		<u>(b)</u> Pr				drt IV, IINE (d)Three Years		<b>(e)</b> Four \	ears Back
1a	Beginning of year balance	188,286,691			887,008	163,956,574	183,82		<u>, ,                                    </u>	
b	Contributions	3,054,138		4,	559,539	2,894,026	3,16	2,679		
С	Investment earnings or losses	3,649,995		19,	027,143	11,959,071	-16,33	3,168		
d	Grants or scholarships	1,967,870		1,	892,535	1,762,040	1,70	8,752		
e	Other expenditures for facilities and programs	4,945,137		4,	912,865	4,644,080	4,51	.5,290		
f	Administrative expenses	468,245			381,599	516,543	46	9,685		
g	End of year balance	187,609,572	:	188,	286,691	171,887,008	163,95	6,574		
2	Provide the estimated percentage of the year e	nd balance held as								
а	Board designated or quasi-endowment 🕨 5	0 029 %								
b	Permanent endowment 🕨 32 426 %									
С	Term endowment ► 17 545 %									
За	Are there endowment funds not in the possessi	on of the organizatio	n th	at a	re held and	administered fo	r the			
	organization by						ı	2 (1)	Yes	No
	(i) unrelated organizations		•	•				3a(i) 3a(ii)		No No
ь	(ii) related organizations							3b	<u>'                                    </u>	NO
4	Describe in Part XIV the intended uses of the o							- 55		
Pai	rt VI Land, Buildings, and Equipmen									
	Description of property			(a)	Cost or other (investment)	(b)Cost or other basis (other)	(c) Accumul depreciati		(d) Boo	ok value
1a	Land		$\top$			500,49	8	+		500,498
ь	Buildings					156,649,86		9,446	10	0,750,421
	Leasehold improvements					18,139,28	<u> </u>	2,968		9,586,318
	Equipment					48,776,25	<u> </u>			0,829,244
e	Other					5,719,82		3,424		4,886,401
	II. Add lines 1a-1e (Column (d) should equal Form		(B), I	ıne	10(c).) .				12	6,552,882

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A)INVESTMENT IN LTD PARTNERSHIPS	105,200,450		F
(A) INVESTMENT IN CID FARTNERSHIPS	105,200,450		
	105 000 150		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	200/200/.00		
Part VIII Investments—Program Related. See	: Form 990, Part X, line :		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of elia-o	- 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, lin	e 15.		
(a) Descrip	tion		<b>(b)</b> Book value
(1) BENEFICIAL INTEREST IN			20,944,759
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		20,944,759
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
	(=)		
	۸ ا		
Federal Income Taxes	0		
DEPOSITS HELD IN CUSTODY	785,496		
DEPOSITS HELD IN CUSTODY CAPITAL LEASE	_		
DEPOSITS HELD IN CUSTODY	785,496		
DEPOSITS HELD IN CUSTODY CAPITAL LEASE	785,496 1,547,498		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		
DEPOSITS HELD IN CUSTODY  CAPITAL LEASE  LIABILITY UNDER SPLIT-INTEREST	785,496 1,547,498 3,154,934		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	92,995,158
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	93,312,580
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-317,422
4	Net unrealized gains (losses) on investments	4	1,349,686
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,353,072
9	Total adjustments (net) Add lines 4 - 8	9	-1,003,386
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,320,808
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	96,411,264
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,219,812
3	Subtract line <b>2e</b> from line <b>1</b>	3	95,191,452
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 490,378		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-2,196,294
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	92,995,158
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	<sub>1</sub>	97,732,072
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	4,909,870
3	Subtract line <b>2e</b> from line <b>1</b>	3	92,822,202
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a   490,378		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	490,378
5	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	5	93,312,580
	* XIV Supplemental Information		, ,

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

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

additional information	·	<u>,                                      </u>
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 (361,904) ACCOUNTING ADJ FOR FASB 158 (1,991,168) TOTAL (2,353,072)
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 2D	OTHER ADJUSTMENTS ARE AS FOLLOWS CHANGE IN VALUE OF SPLIT-INT AGR (361,904) BOOKSTORE EXPENSES NET ON 990 232,030 TOTAL (129,874)
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 4B	OTHER ADJUSTMENTS ARE AS FOLLOWS CARNIVAL EXPENSES NET ON 990 (1,988,301) RENTAL EXPENSES NET ON 990 (698,371) TOTAL (2,686,672)
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	OTHER ADJUSTMENTS ARE AS FOLLOWS CARNIVAL EXPENSES NET ON 990 1,988,301 RENTAL EXPENSES NET ON 990 698,371 BOOKSTORE EXPENSES NET ON 990 232,030 ACCOUNTING ADJ FOR ADOPTION OF FASB 158 \$1,991,168 TOTAL 4,909,870
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	THE SCHOOL RECOGNIZES INCOME TAX POSITIONS IN ACCORDANCE WITH 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
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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135062483

OMB No 1545-0047

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schools**

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

**Employer identification number** 

PUNA	HOU SCHOOL	9-0073523			
Pa	rt I	79-0073323		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please describes explain If you need more space use Part II	ram, ın a way	3	Yes	
			<u> </u>	163	
4 a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?		- 4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially n basis?	ondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	olic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	ĺ
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No.
t	Admissions policies?		5b		No
	Employment of faculty or administrative staff?		5c		No
	Scholarships or other financial assistance? Educational policies?		5d		No
	Use of facilities?		5e 5f		No No
g	Athletic programs?		5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h	I	No
	Tryou answered Tes to any or the above, please explain Tryou need more space, use Part II				
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 Coffee Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? 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) 2011

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493135062483

**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.

OMB No 1545-0047

Open to Public Inspection

	ne of the organization NAHOU SCHOOL						Employer idei	ntification number
	VALIOU SCHOOL						99-0073523	
Pā	rtI Fundraising Ac	<b>tivities.</b> Comple	te if the o	organiza	tion answered "Yes"	to Form	990, Part IV	, line 17.
1 a b c d	Indicate whether the organ  Mail solicitations  Internet and e-mail so  Phone solicitations  In-person solicitation  Did the organization have or key employees listed in  If "Yes," list the ten higher	nization raised funds  olicitations  s  a written or oral agr Form 990, Part VI	eement wi I) or entity	any of the e f g th any inc y in conne (fundraise	following activities Ch Solicitation of no Solicitation of go Special fundraisi	neck all that n-governm vernment on gevents ers, directofundraisin nents unde	at apply nent grants grants ors, trustees g services? r which the fui	<b>└────────────────────────────────────</b>
	(i) Name and address of Individual or entity (fundraiser)  (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions?  Yes No		<b>)</b> Dıd ser have ody or trol of	(iv) Gross receipts (v) from activity (c		ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization	
Tota	al			<b>&gt;</b>				
3	List all states in which the licensing	organization is regi	stered or	licensed t	o solicit funds or has b	een notifie	d it is exempt	from registration or

Pai	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  CARNIVAL (event type)	(b) Event #2  (event type)	(c) Other Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
£	1	Gross receipts	2,343,514	1		2,343,514
Revenue	2	Less Charitable contributions	160,509	)		160,509
<u> </u>	3	Gross income (line 1 minus line 2)	2,183,005	5		2,183,005
	4	Cash prizes				
မာ	5	Non-cash prizes	23,596	5		23,596
euse	6	Rent/facility costs				
Expenses	7	Food and beverages	230,708	3		230,708
Drea	8	Entertainment	781,72			781,721
ā	9	Other direct expenses .	952,276	5		952,276
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)		(1,988,301)
	11	Net income summary Combine li	nes 3 and 10 in column	(d)		194,704
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt 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				
မှ မွ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	∀es       No	☐ Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column	(d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	<u> ►</u>	
9 a b	Ist		gaming activities in eac	h of these states?		
b If "No," Explain						

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>		
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No		
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity				
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No		
13	Indicate the percentage of gamii	ag activity operated in		1 1			
a				13a			
b							
14		f the person who prepares the organiza		<u> </u>			
	Name ►						
	Address ►						
	revenue?	ntract with a third party from whom the			_ No		
	amount of gaming revenue retained by the third party 🟲 \$						
С	If "Yes," enter name and address	S					
	Name 🟲						
	Address ►						
16	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	<b>\$</b> \$					
	Description of services provided	<b>&gt;</b>					
17 a		Employee er state law to make charitable distribu		· · ·	- No		
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>		
_		activities during the tax year > \$		hadala C /			
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see			
	Identifier	ReturnReference	Explana	tion			
		•	•				

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Schedule I

(Form 990)

**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.

OMB No 1545-0047

DLN: 93493135062483

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

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	569	4,362,441	0	N/A	N/A

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

DLN: 93493135062483

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	the	orga	niza	tion
PUNAHOU	SCHO	OOL		

**Employer identification number** 

99-0073523

Pa	It I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II.					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t  Compensation committee					
	Independent compensation consultant	  -	Compensation survey or study			
	Form 990 of other organizations	[고	Approval by the board or compensation committee			
	1 offin 5 50 of other organizations	,-	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of $\ensuremath{N}$	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> 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)	371,343 0	25,000 0	10,800 0	25,225 0	11,930 0	444,298 0	0
(2) JOHN D FIELD JR	(I) (II)	235,417 0	0 0	31,200 0	16,673 0	0	283,290 0	0
(3) KEVIN E CONWAY	(I) (II)	251,584 0	0 0	31,200 0	17,990 0	3,970 0	304,744 0	0
(4) MICHAEL T WALKER	(ı) (ıı)	220,755 0	0 0	7,200 0	17,990 0	11,930 0	257,875 0	0
(5) KATHRYN A NELSON	(ı) (ıı)	182,509 0	0 0	0	0 0	4,904 0	187,413 0	0
(6) BARBARA Y MORGAN	(I) (II)	145,347 0	0	0	0	4,904 0	150,251 0	0
(7) JOHN R OVERTON II	(ı) (ıı)	139,673 0	0 0	0	11,653 0	11,930 0	163,256 0	0
(8) JEANEY J GARCIA	(ı) (ıı)	148,963 0	0 0	36,000 0	9,634 0	4,904 0	199,501 0	0
(9) BETSY S HATA	(ı) (ıı)	138,200 0	0 0	0	14,186 0	6,530 0	158,916 0	0
(10) PAULA G HODGES	(I) (II)	138,073 0	0	0	14,626 0	7,354 0	160,053	0

### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
		FIRST-CLASS TRAVEL IS PROVIDED TO THE ACADEMY PRINCIPAL, AND 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) 2011

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DLN: 93493135062483

Schedule L

(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

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization PUNAHOU SCHOOL Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to Approved (g)Written (e) In or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

## 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>(b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organız	e) Sharing of rganization's revenues?	
	organization			Yes	No	
See Additional Data Table						

### Part V Supplemental Information

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

PERSONS  WORK FOR, ARE BOARD MEI NOT TO THE INDIVIDUALS LAU MS LAU IS THE PRESI OFFICER OF HAWAIIAN ELE THE PARENT COMPANY OF	ANIES THAT THE TRUSTEES MBERS OF, OR REPRESENT AND DIRECTLY CONSTANCE H DENT & CHIEF EXECUTIVE
ISLAND OF OAHU THE TRA AMOUNTS PAID AT STANDAY PUBLIC FOR ELECTRICITY PUBLIC FOR ELECTRICITY ELECTRIC COMPANY JEFF WATANABE IS THE CHAIRM INDUSTRIES, WHICH IS THI HAWAIIAN ELECTRIC COMI PROVIDER ON THE ISLAND REPRESENTS AMOUNTS PA AVAILABLE TO THE PUBLIC TO HAWAIIAN ELECTRIC COMI PROVIDER ON THE ISLAND REPRESENTS AMOUNTS PA AVAILABLE TO THE PUBLIC TO HAWAIIAN ELECTRIC COMI PROVIDER ON THE ISLAND REPRESENTS AMOUNTS PA AVAILABLE TO THE PUBLIC TO HAWAIIAN ELECTRIC COMI PROVIDER ON THE ISLAND REPRESENTS AMOUNTS PA AVAILABLE TO THE PUBLIC TO HAWAIIAN ELECTRIC COMI PROVIDER ON THE ISLAND REPRESENTS AMOUNTS PA AVAILABLE TO THE PUBLIC TO HAWAIIAN ELECTRIC COMI PROVIDER ON THE TRA INTERSONS FOR SERVICES NO REANIZATION PAYMENT BY INDIVIDUALS WITHOUT WITH RESPECT TO THE TRA INTERESTED PERSONS REC ACCORDANCE WITH THE C DISCLOSED ABOVE JOHN I SUSAN FIELD, RECEIVED C SCHOOL FOR SERVICES AS MICHAELT WALKER MR W MACIAS-WALKER, RECEIVE SCHOOL FOR SERVICES AS INSTRUCTOR CLAIRE O JC DAUGHTER, MARI-JO-SCHU	HAWAIIAN ELECTRIC TRICITY PROVIDER ON THE NSACTION REPRESENTS ARD RATES AVAILABLE TO THE SERVICES TO HAWAIIAN REYN WATANABE MR AN OF HAWAIIAN ELECTRIC E PARENT COMPANY OF PANY, THE ONLY ELECTRICITY OF OAHU THE TRANSACTION ID AT STANDARD RATES E FOR ELECTRICITY SERVICES OMPANY JAMES K SCOTT MR HAWAIIAN ELECTRIC E PARENT COMPANY OF PANY, THE ONLY ELECTRICITY OF OAHU THE TRANSACTION ID AT STANDARD RATES E FOR ELECTRICITY SERVICES OMPANY THE PAYMENTS COMPENSATION PAID BY THE MEMBERS OF INTERESTED ENDERED TO THE AMOUNTS WERE DETERMINED A CONFLICT OF INTEREST ONFLICT OT INTEREST ONFLIC

### **Additional Data**

Software ID: Software Version:

**EIN:** 99-0073523

Name: PUNAHOU SCHOOL

## Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CONSTANCE H LAU	TRUSTEE	2,355,846	SEE SCHEDULE L DISCLOSURE		No
JEFFREY N WATANABE	TRUSTEE	2,355,846	SEE SCHEDULE L DISCLOSURE		No
JAMES K SCOTT	OFFICER	2,355,846	SEE SCHEDULE L DISCLOSURE		No
SUSAN FIELD	FAMILY MEMBER OF OFFICER	93,496	SEE SCHEDULE L DISCLOSURE		No
WENDY M WALKER	FAMILY MEMBER OF KEY EMP	89,652	SEE SCHEDULE L DISCLOSURE		No
MARI-JO SCHULL	FAMILY MEMBER OF TRUSTEE	78,930	SEE SCHEDULE L DISCLOSURE		No
MEGAN ABBOTT	FAMILY MEMBER OF TRUSTEE	35,871	SEE SCHEDULE L DISCLOSURE		No

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DLN: 93493135062483

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

# NonCash Contributions

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

Name of the organization **Employer identification number** PUNAHOU SCHOOL 99-0073523 Part I Types of Property (a) (b) (c) (d) Number of Contributions Contribution amounts Check Method of determining ıf or items contributed reported on contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures 3 Art—Fractional interests 2,114 COST 4 Books and publications Clothing and household 1,896 COST Х . . . . . Cars and other vehicles Boats and planes . . . . 8 Intellectual property . . 58 418,212 AVERAGE MARKET Securities—Publicly traded . Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . . Oualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . 2,304 COST 19 Food inventory . . . 20 Drugs and medical supplies 21 Taxidermy . . . . 22 Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . WEBER UPRIGHT Χ 1,285 COST Other ► (PIANO 65 LENOVO Other►(<u>IDEAPADS</u> Χ 32,435 COST **ELECTRIC** Other►(KILN Х 3,000 COST APPLE ITUNES 28 Other►(GIFT CARD) Χ 150 COST 1130 KIAWE Other ► (LOGS Х 1,684 COST 15 COOK ISLANDS 345 COST Other► (MAILE LEI Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used No 30a **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . **32a** | Yes **b** If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II

### Part II

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

Identifier	Return Reference	Explanation
NON-CASH DONATIONS DISCLOSURE	SCHEDULE M, COLUMN B	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	SCHEDULE M, PART I, LINE 32B	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
METHOD OF DETERMINING REVENUES	SCHEDULE M, PART I, COLUMN D	CONTRIBUTED PROPERTY IS RECORDED AS INCOME AT THE FAIR VALUE OF THE PROPERTY ON THE DATE OF DONATION THE FAIR VALUE OF PUBLICLY TRADED SECURITIES IS BASED ON AVERAGE MARKET PRICES

Schedule M (Form 990) 2011

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DLN: 93493135062483

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.

2011
Open to Public Inspection

Name of the organization PUNAHOU SCHOOL	Employer identifi	cation 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, Directors, and Officers are active participants in the communities in which they live. As such, these people may serve in many capacities with businesses, organizations, agencies and programs that may interest with the interests of the School. While such roles may give rise to a dual interest which is beneficial to all parties, the Trustees for the School While such roles may give rise to a dual interest which is beneficial to all parties, the Trustees of the School and their ind widual interests. Accordingly, the purpose of this Conflict of interest Policy is to prot ect the interest of the School, and to assist the Trustees, Directors, and Officers in car rying out their fluorairy obligations, when the Trustees, Directors, and Officers are cont emplating any arrangement that may benefit the private interest of a trustee, director, OR officer of the School. This policy is intended to supplement but not replace any applicable leave of the State of Hawai governing conflicts of interest 2 Definitions. Arrangement is shall mean any issue, matter, contract, agreement, transaction or other arrangement with the School or in which the School has an interest Conflict of interest shall mean any action or proposed action by a Trustee, director, or officer with respect to an Arrangement with or involving (i) such Trustee, Director, or Officer (ii) the spouse of such person, or (iii) a Related Entity of such person. An Arrangement in which no action is taken or proposed to be taken by a Trustee, Director, or Officer (i.e. transactions which are not brought before the Board of Trustees or officers for approval) shall not constitute a Conflict of interest the or to ught before the Board of Trustee, Director, or Officer, having a Conflict of interest. Protector, or Officer, or the spouse of such Trustee, Dire

ldentifier	Return Reference	Explanation
INTEREST	FORM 990, PART VI, SECTION B, LINE 12C	with 5 Annual Statements EACH TRUSTEE, DIRECTOR, or OFFICER SHALL ANNUALLY FILL OUT A C ONFLICT OF INTEREST STATEMENT IN IT, THEY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON (I) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (II) HAS READ AND UNDERSTANDS THE POLICY, (III) AGREES TO COMPLY WITH THE POLICY, AND (IV) DISCLOSES ANY ACTUAL OR POTE NTIAL CONFLICT OF INTEREST (AS DEFINED IN THE CONFLICT 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 and key employees (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 ARE AS FOLLOWS UNREALIZED GAIN ON INVESTMENTS 1,349,686 CHANGE IN VALUE OF SPLIT-INT AGR (361,904) ADOPTION OF PROVISIONS OF SFAS 158 (1,991,168) TOTAL (1,003,386)

ldentifier	Return Reference	Explanation
RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES	SECTION A, LINE 2	CONSTANCE LAU, A MEMBER OF THE BOARD OF TRUSTEES, JEFFREY WATANABE, A MEMBER OF THE BOARD OF TRUSTEES, AND JAMES SCOTT, PRESIDENT, HAVE A BUSINESS RELATIONSHIP

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493135062483

# SCHEDULE R (Form 990)

# **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.

OMB No 1545-0047 **2011** 

Schedule R (Form 990) 2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

lame of the organization UNAHOU SCHOOL	99-0073523	ntification number					
Part I Identification of Disregarded Entities (Comp	ete ıf the organızatı	on answered "Yes	" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (stat or foreign country)		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to	he tax year.)					( <u>c</u>	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 512(b)(1 controlled organization  Yes No	
(1) CNW FACULTY BENEFIT TRUST AT PUNAHOU						res	No
PO BOX 3170 DEPT 715 HONOLULU, HI 968023170	CHAR TRUST	ні	501(C)(3)	11	PUNAHOU SCH	Yes	
99-0301435 (2) CF TRUST						+	
PO BOX 3170 DEPT 715	CHAR TRUST	HI	501(C)(3)	PF	PUNAHOU SCH	Yes	
HONOLULU, HI 968023170 99-6002273						$oxed{oxed}$	
( <b>3)</b> JTW TE COTR PUNAHOU 1ST HWN BANK PO BOX 3708 HONOLULU, HI 96811	CHAR TRUST	ні	501(C)(3)	11	PUNAHOU SCH	Yes	
99-6048709						<u> </u>	<u> </u>

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 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	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

ched	dule R (Form 990) 2011		Рa	ge
Par	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	N
<b>1</b> Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			Г
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to related organization(s)	1b		N
c	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		N
e	Loans or loan guarantees by related organization(s)	1e		N
f	Sale of assets to related organization(s)	1f		N
g	Purchase of assets from related organization(s)	<b>1</b> g		N
h	Exchange of assets with related organization(s)	1h		N
i	Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> i		N
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		N
n	Sharing of paid employees with related organization(s)	1n		N
o	Reimbursement paid to related organization(s) for expenses	10		N
р	Reimbursement paid by related organization(s) for expenses	1р		N
q	Other transfer of cash or property to related organization(s)	<b>1</b> q		N
r	Other transfer of cash or property from related organization(s)	1r		N

2 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) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) CNW FACULTY BENEFIT TRUST AT PUNAHOU	С	737,188	CASH RECEIVED
(2) CF TRUST	С	97,674	CASH RECEIVED
(3) JTW TE COTR PUNAHOU	С	762,600	CASH RECEIVED
(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	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing Deartner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

## 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) 2011

### **Additional Data**

Software ID: Software Version:

**EIN:** 99-0073523

Name: PUNAHOU SCHOOL

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

(Code	) (Expenses \$	2,830,236	including grants of \$	) (Revenue \$	87,571 )
ATHLETICS	) (Expenses 4	2,030,230	merading grants or p	) (Nevenue \$	07,371 /
(Code	) (Expenses \$	565,439	including grants of \$	) (Revenue \$	)

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

4d. Other program	services			
(Code	) (Expenses \$	134,209 including grants of \$	) (Revenue \$	)
STUDENT ACTIVI	ITIES			

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		(i ition that a		y)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustae 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 TRUSTEE	1 0	Х						0	0	0	
W DAVID P CAREY III TRUSTEE	1 0	Х						0	0	0	
STEPHEN M CASE TRUSTEE	1 0	Х						0	0	0	
HAN H SONNY CHING TRUSTEE	1 0	Х						0	0	0	
MARGARET M COLE ASSISTANT SECRETARY	1 0	Х		×				0	0	0	
DEBORAH K BERGER TRUSTEE	1 0	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		x				0	0	0	
RONALD D HIGGINS II TRUSTEE	1 0	Х						0	0	0	
CLAIRE O JOHNSON CHAIR OF THE BOARD	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 FIRST VICE CHAIR	1 0	Х		x				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 SECRETARY	1 0	Х		х				0	0	0	
JAMES K SCOTT PRESIDENT	40 0			x				407,143	0	37,155	
JOHN D FIELD JR VICE PRESIDENT & TREASURER	40 0			х				266,617	0	16,673	
JILL M KAWANO ASST TREASURER & CONTROLLER	40 0			х				129,837	0	13,267	
KEVIN E CONWAY PRINCIPAL - ACADEMY	40 0				х			282,784	0	21,960	
MICHAEL T WALKER PRINCIPAL - JUNIOR SCHOOL	40 0				х			227,955	0	29,920	
KATHRYN A NELSON VP - INSTITUTIONAL ADVANCEMENT	40 0				×			182,509	0	4,904	

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

(A) Name and Title	(B) Average hours	<b>(C)</b> ition (check all that apply)					<b>(D)</b> Reportable compensation	<b>(E)</b> 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	
BARBARA Y MORGAN SR DIR LEGACY PLANNING SVCS	40 0					х		145,347	0	4,904	
JOHN R OVERTON II DIRECTOR - PHYSICAL PLANT	400					X		139,673	0	23,583	
JEANEY J GARCIA ATHLETICS DIRECTOR	400					х		184,963	0	14,538	
BETSYS HATA DIRECTOR-ADMISSION & FIN AID	400					Х		138,200	0	20,716	
PAULA G HODGES ACADEMY ASSISTANT PRINCIPAL	400					x		138,073	0	21,980	