_	990-T	E	cempt Organization					ırn		MB No	1545-0687
Form	330-1	(and proxy tax under section 6033(e))									
		For calendar year 2018 or other tax year beginning $07/01$ , 2018, and ending $06/30$ , 20 $19$								718	
	Iment of the Treasury		► Go to www irs.gov/Form990						Oper	to Publ	ic Inspection for
	I Revenue Service	▶ Do	not enter SSN numbers on this form a								lic Inspection for panizations Only tion number
A L	Check box if address changed		Name of organization ( Check be	x il nar	ne changed and see	instruction	s )		nployer lue		
		4			T 0 11						
_	empt under section	Drint	KE ALI'I PAUAHI FOU					- 04-	22620	4.4	
X	501( C)	Print	Number street, and room or suite no I	raPO	box, see instructions	6			-32630		activity code
<b>3</b>	408(e) 220(e)	1 y pe	FCT O KING GERRARE	CUIT	mp 160				e instruction		activity code
₹	408A530(a)		567 S. KING STREET,					_			
<b>"</b>	529(a)	-	City or town, state or province, country	y, anu z	iP or loreign postal c	oue					
	ok value of all assets and of year		HONOLULU, HI 96813	\							
,	00 270 620		up exemption number (See instructi			504/6		401/	'a\ truat	$\neg$	Other trust
	28,279,630.		ck organization type X 501			501(c)			(a) trust nly (or firs	et) upre	
			inization's unrelated trades or busine	sses		nlu ono	complete Part		• .		
	ade or business her		end of the previous sentence, cor			-				Jile, ue	sacribe trie
	· ·			nbiere	Parts I and II, con	ipiete a S	chedule W for	acii auui	lionai		
	ade or business, th		corporation a subsidiary in an affili	atod a	roup or a parent-su	ipeiqiaus c	controlled group	2		X	Yes No
	-		identifying number of the parent col				AME	90	7-111	726	
			OUIS K. ANDERSON	poram			e number > 8			5	100
_			or Business Income		(A) Incom		(B) Exp				C) Net
	Gross receipts or				(.,,		, , <u>, , , , , , , , , , , , , , , , , ,</u>				<del></del>
b	Less returns and allowa		c Balance ▶	1c							
2			ule A, line 7)	2			. —		1		
3	•	•	2 from line 1c	3							
4a	•		ettach Schedule D)	4a							
b			Part II, line 17) (attach Form 4797)	4b							
С			trusts	4c							
5			r an S corporation (attach statement)	5							
6	Rent income (Sch	nedule C)		6							
<b>G</b> 27	Unrelated debt-fi	nanced in	come (Schedule E)	7							
SCANIFED"	Interest, annuities, roy	alties and re	ents from a controlled organization (Schedule F)	8							
<b>2</b> 9	Investment income of	a section 50	1(c)(7) (9), or (17) organization (Schedule G)	9							
<b>2</b> 10		•	ncome (Schedule I)	10							
<b>3</b>			dule J)	11							
	•		ctions, attach schedule)	12		0.					
T Dat	t II Deductio	ne Not	ough 12		ns for limitation		eductions )	(Excer	nt for co	ntribi	itions
			be directly connected with t					(CXOOP			,
<b>⊙</b> 74		_	directors, and trustees (Schedule K)						14		
	•								15		
256255	Panaire and mair	anced			•	_		1	16		
17	Bad debts		(see instructions)			<u>.</u> . ).	.(.)	🛭	17		
18	Interest (attach s	chedule)	(see instructions)		. <i></i>	). <u>L</u>		🗀	18		<del></del>
19	Taxes and license	es							19		_
20			See instructions for limitation rules)					· · ·   <u> </u>	20		<del> </del>
21	Depreciation (att	ach Form	4562)		2	1					
22	Less depreciation	n claimed	i on Schedule A and elsewhere on re	eturn	22	2a			2b		
23									23		
24			compensation plans						24		
25			s						25		
26			Schedule I)					· · ·	26		
27			ichedule J)					•	27		
28			schedule)						28   29		
29			es 14 through 28						30		
30 31			ig loss arising in tax years beginnir						31		
32		-	e income Subtract line 31 from line	-	-				32		0.
For f	Paperwork Reduc	tion Act I	Notice, see instructions.		<del> </del>	<u>····</u>	<u> </u>	_ · · · · `		Form	990-T (2018)
8X274	o i 39773NS 15202	20						i	r. —	)	PAGE

PAGE 2

Form	990-T (2018)			F	Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33			
34	Amounts paid for disallowed fringes	34			
	,	-			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1 1			
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				
••	enter the smaller of zero or line 36	38			0.
Day	t IV Tax Computation				
		39			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	_			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	i I			
	Other credits (see instructions)	i I			
С	General business credit Attach Form 3800 (see instructions)	1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	i I			
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	• • • • • • • • • • • • • • • • • • • •				
	Payments A 2017 overpayment credited to 2018	1			
b	2018 estimated tax payments	1 1			
С	Tax deposited with Form 8868	1 1			
d	Foreign organizations Tax paid or withheld at source (see instructions)	i I			
	Backup withholding (see instructions)	i I			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1 1			
g	Other credits, adjustments, and payments Form 2439	i I			
·	Form 4136 Other Total ▶ 50g	i I			
51	Total payments Add lines 50a through 50g	51			
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
52 53		53			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	-			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want	55			
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority [	Yes	No_
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	y hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				
	here ▶				Χ
-7		an truct	<del></del>		Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	yn irust	`` · · · · ·		
	If "Yes," see instructions for other forms the organization may have to file				
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			- 4	
	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the b true correct, and complete poclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est or m	y knowledge a	nd bei	at it is
Sigi	T Ma	v the	IRS discuss	this r	etum
Her		•	preparer sho		
		e instructio	ons)? Ye	s X	No
	Print/Type preparer's name Preparer's signature Date Chest	, lf	PTIN		
Paid	JOCELYNE MILLER Joulene C. Miller 4/29/2020 Self-e	mployed	1 50000	3437	8
Prer	parer		34-6565		
	Firm's name FixN31 & 100NG 0.3. Life	EIN ►		>	
	Firm's address ► 4365 EXECUTIVE DRIVE, SUITE 1600, SAN DIEGO, CA 92121 Phone	<u> 10 15 2</u>	<del>8=535-</del> 7	لللك	

Form **990-T** (2018)

Form 990-T (2018)									ı	Page 3
Schedule A - Cost of Goo	<u>ds Sold. E</u>	nter method	d of inventory				,			
1 Inventory at beginning of yea			6	Inventory	at end of yea	ır	6			
2 Purchases	. 2		7	Cost of	goods so	ld. Subtract line				
3 Cost of labor	. 3			6 from	line 5 En	ter here and in				
4a Additional section 263A cost	s			Part I, line	2		7			
(attach schedule)	(attach schedule) 4a			Do the	rules of	section 263A (w	ith r	espect to	Yes	No
b Other costs (attach schedule)	b Other costs (attach schedule) . 4b					or acquired for				
5 Total Add lines 1 through 4b				to the orga	anization?.	, . <i>.</i>				Х
Schedule C - Rent Income (	From Real	Property a	nd Persona	I Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property										
(1)										
(2)									_	
(3)							_			
(4)										
	2. Rent rece	eived or accrue	ed							
for personal property is more than 10% but not percentage of rer				d personal property (if the or personal property exceeds in columns 2(a) and 2(b) (attach schedule) or profit or income)					ome	
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of colu						(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
here and on page 1, Part I, line 6, co Schedule E - Unrelated Deb			o instructions	٠١		Part I, line 6, coluit	III (D)	<u> </u>		
Schedule E - Officialed Deb	t-r manceu	income (se			3 [	leductions directly con	nected	with or allocable	e to	
1 Description of debt-fit	nanced property			oss income from or ble to debt-financed				ced property		
r Besonption of debt in	ianoca proporty		property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)					`			·····		
(2)										
(3)										
(4)										
4 Amount of average	5 Average adj	usted basis								
acquisition debt on or allocable to debt-financed property (attach schedule)  acquisition debt on or of or allocable to debt-financed property (attach schedule)			4 divi	Column 7 Gross income reportable (column 6 x total of column 5 3(a) and 3(b)		f colum				
(1)		·		%						
(2)				%						
(3)				%						
(4)				%			-			
			<del>!</del>			e and on page 1, e 7, column (A)	-Ente	r here and or I, line 7, colu	n page imn (B	; 1, 3)
Totals								<u>.</u>		

Form **990-T** (2018)

Form 990-T (2018)	KE ALI'I										263044 Pag	e <b>4</b>
Schedule F-Interest, Annu	uities, Royalties	s, and	Rents	Fro	m Contro	lled Or	ganizat	ions (see	e instruction	ns)		
1 Name of controlled organization							5 Part of column 4 that included in the controllar		lling	g connected with incom-		
(1)			-				·	ļ				
(2)												
(3)	<u> </u>											
Negovernt Controlled Organi	rations					<u> </u>			_			—
Nonexempt Controlled Organia	8 Net unrelated in		1		Fatal of appoin		10 Pa	rt of column	9 that is	11	Deductions directly	—
7 Taxable Income	(loss) (see instruc				Fotal of specific ayments made			led in the co zation's gros			nected with income in column 10	· —
(1)			+									—
(2)			+									—
(3)			+									—
Table						•	Enter	columns 5 a here and on I, line 8, colu	page 1,	Ent	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment Ir			501(c)	(7)	(9) or (17	) Orga	nizatior	(see ins	tructions)			—
1 Description of income	2 Amount of		201(0)	<u> </u>	3 Deduction directly contact (attach sch	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)												
Totals ▶	Enter here and o Part I, line 9, co										Enter here and on pag Part I, line 9, column (	
Schedule I-Exploited Exe	mpt Activity In	come,	Othe	r Th	an Adverti	ising Ir	ncome (	see instru	ictions)			_
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 E conn proc	3 Expenses directly connected with production of unrelated susiness income		4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exemp expenses (column 6 minus column 5, but no more than column 4)	s
(1)												_
(2)						-						
(3)								_				_
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	page	here and e 1, Part 10, col (	t I,					Enter he on pag Part II, li			
Totals ► Schedule J- Advertising In						<del></del>						—
				as a li	idated Rac	-ie					<u> </u>	
Part I Income From Per	2 Gross		Direct	nson	4 Advert	tising (col	5 Cu	culation	6 Reader	rship	7 Excess readersl	
1 Name of periodical	advertising income	adver	rtising co	sts	2 minus co a gain, coi cols 5 thro	mpute	ind	come	costs	•	not more than column 4)	)Ut 
(1)											_	
(2)		·			-				-		-	
(3)					1						-	
(4)	-								<del> </del>		<del> </del>	—
Totals (carry to Part II, line (5))		-									Form <b>990-T</b> (20	18)

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 through 7 on a	illie-by-lille basi	s. <u>j</u>		<del></del>	<del>,</del>	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	, 5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		-				
(3)			-			
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)		
A Name			F.41-	3 Percent of	4 Compensation	on attributable to

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

2 E	ATT!	т	דעגווגס	FOUNDATION
\Ŀ	APT.	1	PAUAHI	I OUNDALTON

94-3263044

ATTACHMENT 1

## NAME AND FEIN OF PARENT CORPORATION

KAMEHAMEHA SCHOOLS 99-0073480