

TAX RETURN FILING INSTRUCTIONS

PUBLIC DISCLOSURE COPY

Prepared by	CW Associates, CPAs 700 Bishop Street, Suite 1040 Honolulu, Hawaii 96813
Special Instructions	This copy of the return is provided only for public disclosure purposes. Any confidential information regarding large donors has been removed, if this organization is not a private foundation.
	The return should be signed and dated by the appropriate officer(s).
	Exempt organizations are required to provide copies of their Forms 990 for a period of three years from the filing date for public inspection upon request. Charities must also provide copies of Forms 990-T filed after August 17, 2006.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.
	An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Request made in writing	If the request is made in writing, response is required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page. The organization may require the individual making the request to pay the fee before providing copies of the documents.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its web site. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u> I	For the	± 2020 calendar year, or tax year beginning $OCT=1$, 2020 and 0	ending S	EP 30, 2021	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	KEKAHU FOUNDATION, INC. DBA KKCR			
	Name change	TALLAT COMMUNITARY DADTO		99-03036	77
Ē	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 825	Room/suite	E Telephone numbe	
	return/ termin ated	•			523,128.
	Amend	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	
F	return Applic tion			H(a) Is this a group re	eturn s? Yes X No
L_	tion pendir	SAME AS C ABOVE			
_	Tay ay	empt status:	or 527	H(b) Are all subordinates in	Ist. See instructions
		e: ► WWW • KKCR • ORG	JI JZ <i>I</i>	H(c) Group exemption	
		organization: X Corporation	I Vear		M State of legal domicile: HI
	art I	Summary	L 16ai	or formation. To Tap I	VI State of legal doffliche, 111
		Briefly describe the organization's mission or most significant activities: INSTE	RUCTTO	N AND DISSE	MINATION OF
S	'	EDUCATIONAL AND CULTURAL MATERIAL THROUGH			
Governance	2	Check this box if the organization discontinued its operations or dispos			
Ver	3			3	9
		Number of independent voting members of the governing body (Part VI, line 1b)			9
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			4
iŧie	6	Total number of volunteers (estimate if necessary)			110
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		304,633.	460,011.
	9	Program service revenue (Part VIII, line 2g)		79,943.	61,880.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		890.	1,237.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		385,466.	523,128.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		180,850.	178,482.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e x	. b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		178,177.	179,068.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		359,027.	357,550.
		Revenue less expenses. Subtract line 18 from line 12		26,439.	165,578.
t Assets or	<u> </u>		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		323,175.	461,404.
Net A	-	Total liabilities (Part X, line 26)		35,115.	7,766.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		288,060.	453,638.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatama	unto, and to the heat of my	/ knowledge and heliof it is
		thes of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of pregarer (other than of cet) is based on all in promation of w			/ Kilowieuge aliu bellei, it is
tiuc	, 601166	t, and complete. Declaration of prevalen (office in in the institution) is based on an information of wi	ici pi spai ci	lias ally kilowieuge.	
Ci~		Signature of officer		I Date	
Sig Her		HARI SIMRAN S. KHALSA DC, PRESIDENT			
пеі	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid	d	MELANIE A KING MELANIE A KING	n	8/08/22 if self-employ	
	parer	Firm's name CW ASSOCIATES, CPAS	<u> 10</u>		26-1659234
	Only	Firm's address 700 BISHOP STREET, SUITE 1040		THIII 3 LIN	
	,	HONOLULU, HI 96813		Phone no. 80	8-531-1040
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
		the state of the s			

Form 990 (2020)

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSTRUCT AND DISSEMINATE EDUCATIONAL AND CULTURAL MATERIAL IN THE
	PUBLIC INTEREST THROUGH A COMMUNITY RADIO STATION AND OTHER MEANS.
	TODDIC INTERNEDI IMCOGNI A COMMONITI RADIO DIATION AND OTHER MEANS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	LIVE BROADCASTING OF COMMUNITY RADIO STATION, INCLUDING MAINTENANCE OF
	MUSIC LIBRARY AND PROGRAMMING SUPPLIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (a.panase +
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expenses 271 980.

Form **990** (2020)

Form 990 (2020) KEKAHU FOUNDATION, INC. DBA KKCR 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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 I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		X
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			1,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		\ _{3,7}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,_		- V
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	İ	X

032003 12-23-20

Form **990** (2020)

Form	990 (2020) KEKAHU FOUNDATION, INC. DBA KKCR 99-030	3677	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 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	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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), 501(c)(4), and 501(c)(29) 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		Х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? <i>If</i>	200		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C		28c		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
_ u	Charle if Cahadula O contains a vannance or note to any line in this Dort V			
	Check if Scriedule O contains a response or note to any line in this Part v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	162	140
h		5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

032004 12-23-20

Form **990** (2020)

(gambling) winnings to prize winners?

Form 990 (2020) KEKAHU FOUNDATION, INC. DBA KKCR

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued).

	Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4		Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		х
_	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b		12
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	-iu		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	N/A	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of receives an head			
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a b	If IIVe II has it find a Form 700 to see at the see a second in	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	''-''		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		F	aan	(0000)

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>	·						X			
Sec	tion A. Governing Body and Management									
		ı	I	۰.		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		9						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9						
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		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х			
6	Did the organization have members or stockholders?			`` Г	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·						
	more members of the governing body?				7a		х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·						
~	persons other than the governing body?				7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			٠ ١						
		-	=	- 1	8a	Х				
_				- 1	8b	X				
b				٠ ٢	on	21				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_		х			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Λ			
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			¥	N			
40-	Did the constant is the board of the standard boards of the standard of the st			Г	40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			•	10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.				401					
	· · · · · · · · · · · · · · · · · · ·			·· ├	10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ betoi	re filing the form?	Н	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1		37				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			-	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," a	escribe			77				
	in Schedule O how this was done			. -	12c	X				
13	Did the organization have a written whistleblower policy?			. -	13	X				
14	Did the organization have a written document retention and destruction policy?			.	14		X			
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official				15a		X			
b	Other officers or key employees of the organization			.	15b		X			
	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 arrangements	nent w	rith a							
	taxable entity during the year?			. L	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶HI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)	(3)s	only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	on So	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and ·	financ	cial				
	statements available to the public during the tax year.		. ,							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records							
	LAURA KOORENHOF - 808-826-7774									
	P.O. BOX 825, HANALEI, HI 96714									

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

Check if Schedule O contains a response or note to any line in this Part VII

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-			irecto	ector/trustee		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	, e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		9	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		ploye	t com	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) LAURA KOORENHOF	40.00	_	_		<u> </u>	1 0	-			
GENERAL MANAGER		1		Х				55,424.	0.	6,492.
(2) STEVE THATCHER	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) HARI SIMRAN S. KHALSA DC	2.00	1								
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JEFF FRISK	2.00	J								
TREASURER		Х		X				0.	0.	0.
(5) TERESA GARDNER	2.00	٠,,		,,						
SECRETARY	1 2 00	Х		X				0.	0.	0.
(6) LARRY LASOTA DIRECTOR	2.00	х						0.	0.	0.
(7) MARJ DENTE	2.00	^						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(8) PAUL MARSHALL	2.00									
DIRECTOR		Х						0.	0.	0.
(9) AIMEE KREUTZMANN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) PATTI VALENTINE	2.00]								
DIRECTOR		Х						0.	0.	0.
		4								
		1								
	+									
		1								
	+									
		1								
		1								
		L	L							
		<u> </u>								
		1								
										<u> </u>

Form 990 (2020)

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one		Reportable	Reportable	э	Es	stimate	ed				
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	on		nount	
		week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from relate	d		other	
		(list any	ector						the	organization	ns compe		pensa	tion
		hours for	or dir	9			ated		organization	(W-2/1099-MI	SC)	C) from		
		related organizations	stee	truste		a .	bens		(W-2/1099-MISC)				anizat	
		below	nal tru	ional		ploye	ee com						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	0115
		,	드	드	0	ž	工品	Œ						
							\vdash							
							\vdash							
			ł											
							_							
							_							
							_							
							_							
							_							
			ł											
									FF 404				<i>C</i> 1	
	Subtotal								55,424.		0.		6,4	
	Total from continuation sheets to Part VI								0.		0.		C 1	0.
	Total (add lines 1b and 1c)							<u> </u>	55,424.		0.		6,4	92.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	е			^
	compensation from the organization												V	0
_													Yes	No
3	Did the organization list any former officer,	·	-	•	•	•		•	·	•		_		37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	•				•			•					
	rendered to the organization? If "Yes, " com	plete Schedule	Jf	or su	ıch r	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.	т —			
	(A) Name and business	addraga	37/						(B)	am ilaaa	_))		_
	Name and business	address	NC	ONE	5				Description of s	ervices		ompe	nsatio	11
								-			-			
								\dashv			├──			
								\dashv			├──			
								\dashv						
	Total number of independent contractors (in	acludina but -	o+ 11:	ni+o-	1 + ~ +	thac		+~~	abovo) who received ==	aro than				
2	Total number of independent contractors (ii		יוו זכ	ilitec	. LO 1	tnos (rea	above) who received mo	טופ נוומוו				
	\$100,000 of compensation from the organization	zaliuli 📂				·	•							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 116,728. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 64,760. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 278,523. similar amounts not included above ... 1f 19,412 g Noncash contributions included in lines 1a-1f 460,011. h Total. Add lines 1a-1f **Business Code** 900099 61,880. 61,880. 2 a PROGRAM UNDERWRITING Program Service f All other program service revenue 61,880. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,237. 1,237 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 523,128. 61,880. 1,237. **12 Total revenue.** See instructions

032009 12-23-20

Form 990 (2020)

Part IX Statement of Functional Expenses											
Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations		·		·						
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	62.046	40.000	10.600	0 455						
	trustees, and key employees	63,046.	40,980.	12,609.	9,457.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	07 601	00 553	1.00	6 070						
7	Other salaries and wages	87,691.	80,553.	166.	6,972.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	12 271	11 025	207	1 1 4 0						
9	Other employee benefits	13,271.	11,835.	287. 1,153.	1,149. 1,551.						
10	Payroll taxes	14,474.	11,770.	1,153.	1,551.						
11	Fees for services (nonemployees):										
a	Management										
b	Legal	22,637.		22,637.							
	Accounting	22,037.		22,037.							
d	, , , , , , , , , , , , , , , , , , , ,										
e	Professional fundraising services. See Part IV, line 17										
f	Other. (If line 11g amount exceeds 10% of line 25,										
g	column (A) amount, list line 11g expenses on Sch 0.)	5,500.	4,473.	438.	589.						
12	Advertising and promotion	3,300.	1,175	4301	303.						
13		25,062.	20,381.	1,996.	2,685.						
14	Office expenses Information technology	1,399.	1,138.	111.	150.						
15	Royalties	2,0550	2,2300								
16	Occupancy	60,622.	49,298.	4,828.	6,496.						
17	Travel	,		-,	., .,						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	164.	133.	13.	18.						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	23,643.	19,226.	1,883.	2,534.						
23	Insurance	14,154.	11,510.	1,127.	1,517.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	PROGRAM EXPENSES	14,503.	11,794.	1,155.	1,554.						
b	REPAIRS AND MAINTENANCE	7,157.	5,820.	570.	767.						
С	DUES AND SUBSCRIPTION	3,775.	3,069.	301.	405.						
d	BAD DEBTS	452.		452.							
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	357,550.	271,980.	49,726.	35,844.						
26	Joint costs . Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										

Form **990** (2020)

Check here

if following SOP 98-2 (ASC 958-720)

Part X	•	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
1	l	Cash - non-interest-bearing			635.	1	4,820
2		Savings and temporary cash investments			185,627.	2	326,152
3	3	Pledges and grants receivable, net				3	
4		Accounts receivable, net		2,406.	4	680	
5	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese perso	ons		5	
6	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
္ 7	,	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use				8	
₹ 9)	Prepaid expenses and deferred charges			15,248.	9	13,074
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	567,380.			
		Less: accumulated depreciation		450,702.	119,259.	10c	116,678
11		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets				14	
15		Other assets. See Part IV, line 11			200 455	15	161 101
16		Total assets. Add lines 1 through 15 (must eq			323,175.	16	461,404
17		Accounts payable and accrued expenses				17	3,722
18		Grants payable				18	4 0 4 4
19		Deferred revenue				19	4,044
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
တ္မွ 22		Loans and other payables to any current or for					
Liabilities N		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of the				22	
23		Secured mortgages and notes payable to unre			25 115	23	0
24		Unsecured notes and loans payable to unrelate			35,115.	24	<u> </u>
25		Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 1 <i>1-</i> 24).	. Complete Part X			
		of Schedule D			35,115.	25	7,766
26		Total liabilities. Add lines 17 through 25		▶ ▼	33,113.	26	7,700
တ္က		Organizations that follow FASB ASC 958, ch	ieck nere				
ဦ ္		and complete lines 27, 28, 32, and 33.			288,060.	07	453,638
<u>a</u> 27					200,000.	27	433,030
ස් 28 ව		Net assets with donor restrictions				28	
들		Organizations that do not follow FASB ASC	958, cne	ck nere			
声		and complete lines 29 through 33.	_			00	
29		Capital stock or trust principal, or current fund				29	
98 30 31		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances 25 26 27 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32		Retained earnings, endowment, accumulated in			288,060.	31	453,638
_		Total liebilities and not seem of the delenance			323,175.	32	461,404
33	<u> </u>	Total liabilities and net assets/fund balances			J4J, 11J.	33	Form 990 (20

	1990 (2020) KEKAHU FOUNDATION, INC. DBA KKCR	99-0303	<u>677</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	288	3,0	<u>60.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	453	3,6	<u> 38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KEKAHU FOUNDATION, INC. DBA KKCR

Employer identification number 99-0303677

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Ħ	A medical research organization	•					the hospital's name.	
		city, and state:	ŗ	,				1	
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in	
Ŭ		section 170(b)(1)(A)(iv). (C		logo or armonomy omnoc	or operat	-			
6		A federal, state, or local gov		ental unit described in	section 17	70/h)/1)/A)	(v)		
	X	An organization that norma	· ·				• •	aublia dagaribad in	
′		-	•	itiai part of its support if	on a gove	on in icinai	unit or norm the general p	public described in	
		section 170(b)(1)(A)(vi). (C		1\/A\/vi\ (Complete Bod	F II \				
8	H	A community trust describe				ad in coniu	unation with a land arout	aallaaa	
9		An agricultural research org				-	-	•	
		or university or a non-land-g	grant college of agrict	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or	
40		university:	lly received (1) mare t	than 22 1/20/ of its supp	ort from o	ontribution	a mambarahin taga an	d areas ressints from	
10		An organization that norma							
		activities related to its exem		· ·			• •	-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the organization a	arter June 30, 1975.	
		See section 509(a)(2). (Con	•			ti F6	20(-)(4)		
11	H	An organization organized a	•	•	•				
12		An organization organized a	•	•	•		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported org	-					Sheck the box in	
_		lines 12a through 12d that	* *					air in a	
а		Type I. A supporting orga	•		•	-			
		the supported organization			majority c	or trie direc	tors or trustees of the st	apporting	
L		organization. You must o			ion with its		d arganization(s) by bay	do a	
b		Type II. A supporting org	· ·					-	
		control or management o			ame perso	ns that coi	ntroi or manage the supp	оопеа	
_		organization(s). You mus			in aannaat	المناسمة	and functionally intograte	ad with	
С			- '				• •	ea with,	
4		its supported organization						zation(a)	
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *	
		that is not functionally int requirement (see instructi	-	* *	•		='	veness	
_		Check this box if the orga	•	•	•				
е		functionally integrated, or					Type i, Type ii, Type iii		
f	Ente	er the number of supported o	* *	iany integrated supportin	ig organiz	ation.			
		vide the following information		d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Γota	ıl							I	

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

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

Sec	ction A. Public Support		·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	262,769.	258,279.	218,060.	304,633.	460,011.	1503752.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	262,769.	258,279.	218,060.	304,633.	460,011.	1503752.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						1503752.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	262,769.	258,279.	218,060.	304,633.	460,011.	1503752.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28.	27.	30.	890.	1,237.	2,212.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	144.		4,729.			4,873.
11	Total support. Add lines 7 through 10						1510837.
	Gross receipts from related activities,					12	377,743.
13	First 5 years. If the Form 990 is for the						
_	organization, check this box and stop						.
	ction C. Computation of Publi					г	
	Public support percentage for 2020 (I					14	99.53 %
	Public support percentage from 2019					15	99.04 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	_	· ·	*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the				-		, —
	organization meets the facts-and-circu						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ľ	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage	·			
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						. .
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
2-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9с		
10a		
10b		

· u	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	_LU		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		54		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu							
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
_7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
_3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
_7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	ion C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
_4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2016 AMOUNTE: ¢ 144
2010 AMOUNT: \$ 144.
INSURANCE CLAIM
2018 AMOUNT: \$ 4,729.
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:
DESCRIPTION: BEQUEST
AMOUNT: 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

KEKAHU FOUNDATION, INC. DBA KKCR 99-0303677									
Organization type (check	Organization type (check one):								
Filers of:	Section:								
Form 990 or 990-EZ X 501(c)(3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.							
General Rule									
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	•							
Special Rules									
sections 509(a)(any one contribu									
For an organizat	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one							

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ **>** \$

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

KEKAHU FOUNDATION, INC. DBA KKCR

99-0303677

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$64,760.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KEKAHU FOUNDATION, INC. DBA KKCR

99-0303677

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MARKETABLE SECURITIES		
3		\$\$	02/02/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** 99-0303677 KEKAHU FOUNDATION, INC. DBA KKCR Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KEKAHU FOUNDATION, INC. DBA KKCR

Employer identification number 99-0303677

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

032051 12-01-20

Schedule D (Form 990) 2020

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

	t III Organizations Maintaining C	collections of Ar				Other			(age 🚄
									(contin	<u>uea)</u>	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):				L						
a	Public exhibition	d			hange progra						
b	Scholarly research	е		Otner							
c	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit o								٦.,		٦
Dar	to be sold to raise funds rather than to be ma								_ Yes		No
Fai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	· · · · · · · · · · · · · · · · · · ·		:								
па	Is the organization an agent, trustee, custodi								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	iowing t	able:					A		
	Danissis a balance						4.		Amount		
	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
f Oo	Ending balance Did the organization include an amount on Fe								Yes	$\overline{}$] Na
	-						шу!		_ 1es		│ No │
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in						10				
		(a) Current year		rior year	(c) Two year	1	(d) Three y	pare hack	(e) Four	veare	hack
1a	Beginning of year balance		(6)	noi yeai	(C) TWO year	3 Dack	(u) Tillee y	cars back	(e) i oui	yoars	Dack
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-											
f	and programs										
	Administrative expenses										
g 2	Provide the estimated percentage of the curr	cont year and halance	o (lino 1e	a column (a	// hold as:	ı					
a	Board designated or quasi-endowment	ent year end balance	% %	y, coluitiii (a)) Held as.						
b	Permanent endowment	 %	_70								
	· · · · · · · · · · · · · · · · · · ·	% %									
·	The percentages on lines 2a, 2b, and 2c sho	• -									
32	Are there endowment funds not in the posse	•	tion tha	t are held ar	nd administer	ed for th	e organiza	ation			
oa	by:	331011 Of the organiza	ition tha	t are ricid ar	ia administra	ca ioi tii	ic organize	20011	Γ	Yes	No
	(i) Unrelated organizations								3a(i)	100	110
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		WITIOTIC	arrao.							
	Complete if the organization answere		. Part IV	/. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value	===== e
		basis (investn			(other)		preciation		(-,		
	Land										
b	Buildings										
	Leasehold improvements			4	0,238.		14,34	46.	25	5,89	92.
d	Equipment			52	7,142.		436,3		9 (78	36.
	Other									-	
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)				116	5 , 6'	78.

Schedule D (Form 990) 2020

Schedule D) (Form 990) 2020	KEKAHU FOUN	DATION,	INC. I	DBA KKCR		99-0303677	Page (
Part VII	Investments -	- Other Securities.						
		rganization answered "Yes						
(a) Descrip	ption of security or cat	egory (including name of security)	(b) Book	value	(c) Method	d of valuation: Cos	t or end-of-year market v	alue
(1) Financi	al derivatives							
(2) Closely	held equity interest	ts						
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G) (H)								
	(h) must agual Form 0	90, Part X, col. (B) line 12.)						
		- Program Related.						
	_	rganization answered "Yes	' on Form 990 F	Part IV line 1	11c See Form 9	990 Part X line 13	3	
	(a) Description ((b) Book				t or end-of-year market v	alue
(1)							•	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		90, Part X, col. (B) line 13.)						
Part IX	J							
-	Complete if the or	rganization answered "Yes"		Part IV, line 1	11d. See Form 9	990, Part X, line 15		
		(a) Description				(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
<u>(6)</u> (7)								
(8)								
(9)								
	umn (h) must equal l	Form 990. Part X. col. (B) lir	ne 15)				▶	
Part X	Other Liabiliti		<u>, , , , , , , , , , , , , , , , , , , </u>					
	Complete if the o	rganization answered "Yes'	' on Form 990, F	Part IV, line 1	1e or 11f. See	Form 990, Part X,	line 25.	
1.		Description of liability					(b) Book va	alue
(1) Fed	deral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(8) (9)

Sche	dule D (Form 990) 2020 KEKAHU FOUNDATION, INC. DBA				303677 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	537,828.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	14,700.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	14,700.
3	Subtract line 2e from line 1			3	523,128.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				523,128.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	372,250.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	14,700.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	14,700.
3	Subtract line 2e from line 1			3	357,550.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	357,550.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line 4	; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inform	ation.		

PART X, LINE 2:

U.S. GAAP REQUIRES UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY EXAMINATION. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, AND DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH U.S. GAAP. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTION; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	KEKAHU	FOUNDATION,	INC.	DBA	KKCR	99-0303677	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation (con	tinued)					
	10077	inaoa)					

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

KEKAHU FOUNDATION, INC. DBA KKCR

Employer identification number 99-0303677

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BROADCASTING RADIO STATION.
FORM 990, PART VI, SECTION B, LINE 11B:
AUDITOR/CPA PREPARES A DRAFT OF THE 990 BASED UPON INFORMATION SUPPLIED
DURING AUDIT; STATION MANAGER AND BOARD TREASURER INDEPENDENTLY REVIEW THE
DRAFT, THEN CONFER WITH EACH OTHER AND THE AUDITOR/CPA TO RESOLVE ANY
QUESTIONS OR DISCREPANCIES; AUDITOR/CPA MAKES CORRECTIONS AND ISSUES FINAL
990; AN OFFICER APPROVES AND SIGNS.
EODM 000 DADE UT CECETON D. LINE 12C.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD PRESIDENT AND STATION MANAGER DISCUSS ALL SIGNIFICANT CONTRACTS
AND ASSOCIATED VENDORS/CONTRACTORS. IN THE EVENT OF A POSSIBLE CONFLICT OF
INTEREST, THE PRESIDENT TAKES THE ISSUE TO THE BOARD WHO THEN DISCUSSES AND VOTES ON THE SITUATION.
VOIES ON THE SITUATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.