

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



| Form | 990-PF (2008) | | | | | Page 10 | |
|------|---|----------------------|---------------------------------------|---|--|----------------------------|--|
| Par | t XIV Private Operating Found | dations (see pa | ge 27 of the ins | tructions and Pa | rt VII-A, questio | n 9) | |
| | If the foundation has received a rulin foundation, and the ruling is effective | for 2008, enter the | e date of the ruling | j ▶ | | 1/A | |
| | Check box to indicate whether the fou | | e operating foundar | | ction | 3) or 4942(j)(5) | |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year (a) 2008 | (b) 2007 | Prior 3 years (c) 2006 | (d) 2005 | (e) Total | |
| ь | 85% of line 2a | | | | | | |
| C | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | |
| 0 | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | l | | | | | |
| | Complete 3a, b, or c for the alternative test relied upon: | · | | | 1 | | |
| a | "Assets" alternative test—enter: | | 1 | | } | } | |
| _ | (1) Value of all assets | | | | | | |
| | under section 4942(j)(3)(B)(i) | | | <u> </u> | | <u></u> | |
| ь | "Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed | | | | | | |
| C | "Support" alternative test-enter: | | | | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | - | | | | |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | | |
| | (3) Largest amount of support from an exempt organization (4) Gross investment income | | | | | | |
| Par | t XV Supplementary Informat | ion (Complete | this part only i | f the foundation | had \$5 000 or | more in assets | |
| | at any time during the y | | | | 45,000 0. | | |
| | Information Regarding Foundation List any managers of the foundation before the close of any tax year (but | who have contrib | outed more than 2 e contributed mo | % of the total cont re than \$5,000). (S | ributions received see section 507(d)(| by the foundation (2).) | |
| | IN K. TSUI List any managers of the foundation | b 100/ | ar mans of the ste | ak of a comparation | - /or or or with to | rea parties of the | |
| NO | ownership of a partnership or other | entity) of which | the foundation ha | s a 10% or greate | r interest. | rge portion of the | |
| 2 | Information Regarding Contributi | on, Grant, Gift, L | .oan, Scholarshij | o, etc., Programs: | | | |
| | Check here If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. | | | | | | |
| a | The name, address, and telephone | number of the pe | erson to whom ap | oplications should | be addressed: | | |
| b | The form in which applications sho | uld be submitted | and information a | and materials they | should include: | | |
| | Any submission deadlines: | | | | | | |
| d | Any restrictions or limitations on a factors: | wards, such as t | by geographical a | areas, charitable fi | elds, kinds of inst | litutions, or other | |

0425874017 Nov. 27, 2009 LTR 2697C 99-0332787 200812 44 00017770

FRANCES K AND JOHN K TSUI FOUNDATION PO BOX 161273 HONOLULU HI 96816

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Title

,233

Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150 For IRS Use Only

Received by.

| Name | | | _ |
|-----------|---|---|---|
| Telephone | | | |
| Function | | | |
| Date | 7 | 7 | |

| Part 1 Power of Attorney | | | | Telephone | | |
|--|---|--|--------------------------------|--|--|--|
| Caution: Form 2848 will not be honored for any | | | ne IRS. | Function | | |
| 1 Taxpayer information. Taxpayer(s) must sign and date to | his form on page 2 | | | Date / / | | |
| Taxpayer name(s) and address | | Social security number(| s) Empl | loyer identification per | | |
| FRANCES K. & JOHN K. TSUI FOUNDATION | | | | | | |
| P.O. BOX 161273 | | 1 1 | 99 | 0332787 | | |
| HONOLULU, HI 96816 | | Daytime telephone numb | | number (if applicable) | | |
| | | () | | | | |
| hereby appoint(s) the following representative(s) as attorney(s)-i | in-fact: | | | | | |
| 2 Representative(s) must sign and date this form on page | 2, Part II. | | | | | |
| Name and address | | CAF No 9000-29 | 552R | | | |
| ALFRED C.K. CHEE | j | Telephone No. 808-220-4146 | | | | |
| 3952 KAUALIO PLACE | Ì | Fax No. 808 | -943-6707 | | | |
| HONOLULU, HI 96816 | Check if r | new: Address 🗆 Telep | phone No. 🗆 | J Fax No □ | | |
| Name and address | | CAF No | | | | |
| | [| Telephone No | | | | |
| | | Fax No new: Address | | 1····· | | |
| | Check if r | | | | | |
| Name and address | | CAF No. | | | | |
| | 1 | Telephone No | | | | |
| | Chack if r | Fax No new: Address 🔲 Teler | nhone No F | T Fay Ma [| | |
| | | | | | | |
| to represent the taxpayer(s) before the Internal Revenue Servic | e for the following | tax matters: | | ı | | |
| 3 Tax matters | | | | | | |
| Type of Tax (Income, Employment, Excise, etc.) | | | Yea | Year(s) or Period(s) (see the instructions for line 3) | | |
| or Civil Penalty (see the instructions for line 3) | (1040, | (1040, 941, 720, etc.) | | | | |
| EXCISE/PRIVATE FOUNDATION | | 990-PF DE | | ECEMBER 31, 2008 | | |
| | | | | | | |
| | | | | | | |
| 4 Specific use not recorded on Centralized Authorization | n File (CAF), if the | power of attorney is for a si | pecific use r | not recorded on CAF. | | |
| check this box. See the instructions for Line 4. Specific | Uses Not Record | ed on CAF | | | | |
| 5 Acts authorized. The representatives are authorized to reference is (we) can perform with respect to the tax matters described documents. The authority does not include the power to reference add additional representatives, the power to sign certainformation to a third party. See the line 5 instructions for | ped on line 3, for e sceive refund check ain returns, or the p | xample, the authority to sign s (see line 6 below), the power cower to execute a request | n any agreer er to substitu | ments, consents, or othe ite another representative | | |
| See Unenrolled Return Preparer on page 1 of the instrusection 10.3(d) of Treasury Department Circular No. 230 (C to the extent provided in section 10.3(e) of Circular 230. | Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner) | | | | | |
| • • | List any specific additions or deletions to the acts otherwise authorized in this power of attorney: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | ••••••••• | | |
| 6 Receipt of refund checks. If you want to authorize a rep checks, initial here and list the name of | | | OT TO END | ORSE OR CASH, refund | | |

Name of representative to receive refund check(s) ▶

| - | | - |
|-----|---|---|
| Jao | е | _ |

| Form | 2848 (Rev 6-2008) | | | | | Page 2 |
|--------------------------|--|---|---|---|--|---|
| 7 | representative listed | | | | | |
| а | If you also want the | second representative lis | ted to receive a copy | of notices and communic | ations, check this | box ▶ 🛚 |
| b | If you do not want a | any notices or communica | tions sent to your rep | resentative(s), check this I | box | <u> ▶</u> [|
| 8 | attorney on file with want to revoke a pr | on of prior power(s) of a the Internal Revenue Servior power of attorney, che ACH A COPY OF ANY | rice for the same tax rick here. | natters and years or period | ds covered by this | document. If you do not · · · · · · ► |
| 9 | otherwise, see the i trustee on behalf of | ayer(s). If a tax matter coinstructions If signed by a the taxpayer, I certify tha | corporate officer, pa t I have the authority | rtner, guardian, tax matter to execute this form on be | rs partner, executo ehalf of the taxpay | representation is requested r, receiver, administrator, d er. |
| | 1- | ` - | 1 | | | |
| | | I she I per | tee | 12-19-09 | | |
| | | Signature | | Date | Title | (if applicable) |
| | JOHN K. TS | UI, TRUSTEE | | | | |
| | Print Na | me | PIN Number | Print name of taxp | ayer from line 1 | if other than individual |
| : | | Signature | | Date | · Title | (if applicable) |
| | Dried No. | [| PIN Number | | | |
| | Print Na | ine | PIN Number | | | |
| Da | itili Declarati | on of Representativ | <u> </u> | | | - |
| unde la la acce | d I), see the instruction or penalties of penury or not currently under or aware of regulation ountants, enrolled age | ns for Part II. | nt from practice befor 30 (31 CFR, Part 10), ad others; | e the Internal Revenue Sel as amended, concerning t | rvice; the practice of atto | t Tax Clinic Program (levels |
| | am one of the following | · · · | and in rate rior and | | o, a | |
| | Attorney-a membe | r in good standing of the countant—duly qualified to | | | | below. |
| C | | rolled as an agent under th | | | | |
| d | Officer-a bona fide | officer of the taxpayer's | organization. | | | |
| e | Fuil-Time Employee | -a full-time employee of | the taxpayer. | | | |
| f | Family Member-a | member of the taxpayer's | immediate family (for | example, spouse, parent, | child, brother, or s | sister). |
| g | g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230). | | | | | |
| h | h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled | | | | | |
| k | Return Preparer on page 1 of the instructions. k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230. | | | | | |
| ı | I Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230. | | | | | |
| r | Enrolled Retirement | Plan Agent—enrolled as a Revenue Service is limited | | t under the requirements of | of Circular 230 (the | authority to practice |
| | | ARATION OF REPRES See the Part II instructi | | SIGNED AND DATED | , THE POWER (| OF ATTORNEY WILL |
| | esignation—Insert | Jurisdiction (state) or identification | | Signature | | Date |
| | В | HAWAII | arus | C.K.Cher | | 12-10-09 |