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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2000

OMB No 1545-0052

| For cal | endar year 2009, or ta | x year beginning | <u></u> | , and ending | | | |
|---|--|---|---------------------------------------|--|---------------|--|---|
| G Che | ck all that apply: | Initial return | Initial return of a | former public charity | | Final retur | n |
| | | Amended return | Address ch | ange | | Name change | |
| Use th | | ation | | | | A Employer identificatio | n number |
| Othen | | RICK N.C. SHIN | FOUNDATION | | | 20-3306898 | 3 |
| pri | | t (or P O box number if mail is not d | elivered to street address) | Room/ | suite | B Telephone number | |
| or ty | . 13 - 10 - 110 | ELA STREET | | | | (808)227-2 | 2901 |
| See Sp Instruc | tions City or town, St | ate, and ZIP code | · · · · · · · · · · · · · · · · · · · | | | C if exemption application is p | pending, check here |
| IIISUUC | HONOLULI | | | | | D 1. Foreign organization | s, check here 🕒 |
| H Che | ck type of organization | X Section 501(c)(3) e | xempt private foundation | | _ | Foreign organizations me check here and attach co | eeting the 85% test, omputation |
| | | exempt charitable trust | Other taxable private four | | | E If private foundation sta | itus was terminated |
| l Fairn | narket value of all asse | - | ing method: X Cash | Accrual | | under section 507(b)(1 |)(A), check here 🕨 |
| | Part II, col. (c), line | | ther (specify) | | | F If the foundation is in a | |
| ▶\$ | | 907,834. (Part I, colu | ımn (d) must be on cası | h basis.) | | under section 507(b)(1 | |
| Part | The total of amounts I | ue and expenses n columns (b), (c), and (d) may not imounts in column (a)) | (a) Revenue and expenses per books | (b) Net investme income | ent | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 1 | | grants, etc., received | 200 | • | 9 | N/A | (1) |
| 2 | Check X if the for | undation is not required to attach Sch. B | | | | | |
| 3 | Interest on savings and cash investments | temporary | | <u> </u> | | | <u> </u> |
| 4 | Dividends and intere | st from securities | 37,246 | . 36,8 | 00. | | STATEMENT : |
| 5 | a Gross rents | | | | | | |
| | b Net rental income or (los | ss) | ` | 3 95 | | | |
| <u>o</u> 6 | A Net gain or (loss) from se | ale of assets not on line 10 | | 1,, 1, 2, 2, 3, | | *** | 2 6 1 17 |
| _ eu | b Gross sales price for all assets on line 6a | | , | | | | 1 |
| ۔ انتہ | Capital gain net income | | 25 | . | 0. | <u> </u> | *, " |
| 6 | | • | » - v | | ~y,** | | 15 m. i |
| 9 | Gross sales less returns | | | * | | | |
| 10 | a and allowances | | | , | | 14 | 224 |
| | D Less Cost of goods solec Gross profit or (loss) | <u> </u> | | * 1 | 341/ | 14 29, 2 | |
| | Other income | 1 | | | | | <u></u> \ |
| 12 | | rough 11 | 37,446 | . 36,8 | 00. | | |
| 13 | | s directors trustees etc. | 0 | | 0. | | |
| 14 | Other employee sala | Destand Wadel / FD | | | | | |
| 15 | Pension plans, empl | oyee benefits | | | | | " |
| Se 16 | a Lenai fees | S 4 abas | | | | | |
| | b Accounting (REEs | MAN A 4 SAIN P | | | | | |
| Δ | c Other professional fe | | | | | | |
| <u>\$</u> 17 | Interest (| GDEN UT | | | | | _ |
| Administrative Expension 12 12 12 12 12 12 12 12 12 12 12 12 12 | *************************************** | | 736 | • | 0. | | (|
| ii 19 | • | pletion | | _ | | | |
| E 20 | | and master | | | | | |
| | | | | | | | |
| 22 50 23 | | פווטו | | | | | |
| atin 24 | · · | 2 dministrativo | - | | | | |
| Operating 52 | expenses. Add lines | | 736 | | 0. | | c |
| 라 ₂₅ | - | - | 142,000 | | | | 142,000 |
| į | Total expenses and | | = = = , = 3 = | | | | |
| | Add lines 24 and 25 | | 142,736 | . | 0. | | 142,000 |
| 27 | | line 12: | | | | | |
| 1 | | expenses and disbursements | -105,290 | | l | , | |
| - 1 | b Net investment inco | · | · | 36,80 | 00. | | |
| | c Adjusted net income | (if negative, enter -0-) | | | $\overline{}$ | N/A | - |

| F | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | | of year |
|---|-------|---|--|--|---|
| <u>.</u> | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 1,507,192. | 65,239. | 65,239. |
| | 3 | Accounts receivable ► | > **> | J 99 2 44 | |
| | | | The second of th | and a contract of the second o | Mar a sur in markered secretarial some him a second |
| | 4 | | - 100 | 7 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| | ' | | and a second the second | a to an wearant ame and a such a | |
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| | | | - <u> </u> | | <u> </u> |
| | 7 | | | La cina Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Car | |
| | | Less: allowance for doubtful accounts | | | |
| ţ | 8 | Inventories for sale or use | | | |
| SSe | 9 | Prepaid expenses and deferred charges | | | |
| Ä | 10a | Investments - U.S. and state government obligations | | | |
| | Ь | Investments - corporate stock | | | |
| | | · | ··· | | - |
| | | | 5 1 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | (N) (N) (N) (N) |
| | Ι΄. | | | · · · · · · · · · · · · · · · · · · · | الروسية والمراجعة المشاكلة المستراء |
| | 12 | · · · · · · · · · · · · · · · · · · · | | | |
| | ŀ | • • | | 1 226 700 | 1 040 505 |
| | l | | U • | 1,330,199. | 1,842,595. |
| | 14 | | | | i_ i_1 |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe STATEMENT 4) | 251. | 0. | 0. |
| | 1 | | | | |
| | 16 | Total assets (to be completed by all filers) | 1,507,443. | 1,402,038. | 1,907,834. |
| | 17 | Accounts payable and accrued expenses | | | Signature a section |
| | 18 | Grants payable | | | |
| s | 19 | • • | | | |
| Ę. | i i | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>.</u> | i | • | } | | |
| Ë | ŀ | _ | 440 | 325 | |
| | " | Other nabilities (describe | ± ± 0 • | 323. | |
| | ١,, | Tabal Nahillahan (add hara 47 than ab 00) | 440 | 205 | |
| | 23 | · · · · · · · · · · · · · · · · · · · | 440. | 345. | |
| | | | | | |
| s | ł | | | | |
| ည | 24 | Unrestricted . | | | |
| ā | 25 | Temporarily restricted . | | <u></u> | |
| Ě | 26 | | | | |
| בַ | | Foundations that do not follow SFAS 117, check here | | | |
| Ĕ | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| šet | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | 第 55 7 1 图 4 2 2 5 4 1 |
| Ass | | | 1.507.003 | 1 401 713 | |
| ë | | | 1 507 003 | | |
| z | 00 | Total lict assets of fully parallees | 1,307,003. | <u> </u> | |
| | | Tatal liabilities and not accept found belongs | 1 507 443 | 1 402 020 | |
| | 31 | Total Habilities and net assets/fund datances | 1,307,443. | 1,402,030. | 3 (1) 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Less: allowance for doubtful accounts 5 Grants receivable 8 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other anots and leans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Preparid expenses and deferred charges 10a Investments - Curporate bonds 11 Investments - Los. and state government obligations b investments - corporate bonds 11 Investments - corporate bonds 11 Investments - bondings, and equipment basis Less accumulated depression 13 Investments - mortgage loans 13 Investments - orber 15 Other assets (describe 15 Other assets (describe 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 440 325 . 8 Foundations that foliow SFAS 117, check here and complete lines 24 through 28 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Mortgages and other foliow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0 . 0 . | | | | | |
| 1 | Total | net assets or fund halances at herinning of year - Part II. column (a) line | 30 | | |
| | | | •• | | 1 507 002 |
| | • | | | ├ | 1,507,003. |
| | | | • | —————————————————————————————————————— | -105,290. |
| | | | | | <u>U.</u> |
| | | | | 4 | 1,401,713. |
| | | | · · · · · · · · · · · · · · · · · · · | 5 | 0. |
| 6 | Total | not see ate or fund halances at end of year (line 4 minus line 5) - Part II, or | dumn (h) ling 30 | اما | 1 401 713 |

| (a) List and descr 2-story brick wa | ibe the kind(s) of property sold (e. rehouse; or common stock, 200 sl | g., real estate, ns. MLC Co.) | | (b) How acquired P - Purchase D - Donation | (c) Date (mo., d | acquired day, yr) | (d) Date sold (mo., day, yr.) |
|--|---|--|--------------------------------------|--|---------------------|---------------------------------------|----------------------------------|
| 1a | | | | | | | |
| b NOI | VE | | | | | | |
| <u>C</u> | | | | | | | |
| <u>d</u> | · | | | | | | |
| e | (0.5) | 1 ()0 | | | 410 | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | lain or (loss) s (f) minus (| |
| a b | | | | | | | |
| С | | | | | | | |
| d e | | | | | - | | |
| | g gain in column (h) and owned by | the foundation | on 12/31/69 | | (I) Gains (C | Col. (h) gain i | minus |
| (i) F.M.V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (ı) col. (ı), ıf any | | ol. (k), but r | not less than (from col. (l | -0-) or |
| a | | - | | | | | |
| b | · | - | *********** | | | | |
| С | | <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | |
| d | | | | | | | |
| е | | | | | | | - |
| 2 Capital gain net income or (net cap | oital loss) { If gain, also ente | er in Part I, line î 0- in Part I, line | 7 7 | } 2 | | | |
| 3 Net short-term capital gain or (loss | ` | | | | | | |
| If gain, also enter in Part I, line 8, o | | iiu (0 <i>)</i> . | |) | | | |
| If (loss), enter -0- in Part I, line 8 | - · · | | | <u>}</u> 3 | | | |
| Part V Qualification U | nder Section 4940(e) fo | r Reduced | Tax on Net | Investment In | come | | |
| If section 4940(d)(2) applies, leave th Was the foundation liable for the secti If "Yes," the foundation does not quali 1 Enter the appropriate amount in e | on 4942 tax on the distributable ar fy under section 4940(e). Do not c | omplete this pai | rL | | | , | Yes X No |
| (a) | (b) | 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | making any one io | (c) | 1 | | (d) |
| Base periód years Calendar year (or tax year beginnin | Administration amplifying du | stributions | Net value of no | nchantable-use assets | s , | Distribi | ìtión ratio ded by col. (c)) |
| 2008 | | 04,872. | | 545,868 | | ((-) | .192120 |
| 2007 | | 55,748. | | 611,30 | 7. | | .254779 |
| 2006 | 1 | 18,868. | | 313,880 | 5. | | .060111 |
| 2005 | | 0. | | 2,03 | L. | | .000000 |
| 2004 | | į | | | | | |
| 2 Total of line 1, column (d) | | | | | 2 | | .507010 |
| 3 Average distribution ratio for the 5 | -year base period - divide the total | on line 2 by 5, o | or by the number | of years | | | |
| the foundation has been in existen | ce if less than 5 years | | | | 3 | _ | .126752 |
| 4 Enter the net value of noncharitable | e-use assets for 2009 from Part X, | line 5 | | | . 4 | 1 | ,616,395. |
| 5 Multiply line 4 by line 3 | | | | | 5 | | 204,881. |
| 6 Enter 1% of net investment income | e (1% of Part I, line 27b) | | | | 6 | | 368. |
| 7 Add lines 5 and 6 | | | | | 7 | | 205,249. |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | | 8 | | 142,000. |
| If line 8 is equal to or greater than See the Part VI instructions. | line 7, check the box in Part VI, line | e 1b, and compl | ete that part using | a 1% tax rate. | | • | |

| Pa | rt VII-A Statements Regarding Activities (continued) | | - | |
|----|--|---|--------------------|--------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| • | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | Х |
| 12 | thany time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of ection 51(b) (13)? If "Yes," attach schedule (see instructions) in the foundation accure a direct or indirect interest in any applicable insurance contract before injurist 17, 2008? In the foundation accure a direct or indirect interest in any applicable insurance contract before injurist 17, 2008? In the books are in care of ▶ PATRICK N.C. SHIN Telephone no. ▶ (80.8) 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 317.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 ▶968: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 № 368: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 № 368: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 № 368: 22° costed at № 318.0 NOELA STREET, HONOLULU, HI ZIP-4 № 368: 22° costed at № 318.0 NOEL | | | |
| | any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of ctions 15(2)(13)? If "Yes," attach schedule (see instructions) if the foundation accurate a direct or indirect interest in any applicable insurance contract before gigst 17, 2008? If the foundation accurate a direct or indirect interest in any applicable insurance contract before gigst 17, 2008? If the foundation accurate a direct or indirect interest in any applicable insurance contract before gigst 17, 2008? If the foundation comply with the public inspection requirements for its annual returns and exemption application? If the blooks are in care of PATRICK N.C. SHIN Telephone no. (80.8) 22.2 (11-4) = 0.681 (11-4) (11-4) = 0.681 (11-4) (11-4) = 0.681 (11-4) (11-4) = 0.681 (11-4) (11-4) = 0.681 (11-4) | | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | y time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of on 512(b)(137) if "Yes," attach schedule (see instructions) he foundation accurred the public inspection requirements for its annual returns and exemption application? In the foundation comply with the public inspection requirements for its annual returns and exemption application? In the foundation comply with the public inspection requirements for its annual returns and exemption application? In the foundation comply with the public inspection requirements for its annual returns and exemption application? In the foundation of the public inspection requirements for its annual returns and exemption application? In the foundation of the public inspection requirements for its annual returns and exemption application? In the foundation of the public inspection requirements for its annual returns and exemption application? In the foundation of the public inspection requirements for its annual returns and exemption application? In the foundation of the average in the public inspection requirements of the foundation (ether the extern or indicative for which Form 1041 - Check here either the amount of tax-exempt interest received or accrued during the year. In the Is Statements Regarding Activities for Which Form 4720 May Be Required Form 4720 If any item is checked in the "Yes" column, unless an exception applies. In the Is Statements Regarding Activities for Which Form 4720 May Be Required Form 4720 If any item is checked in the "Yes" column, unless an exception applies. In the Is Statements Regarding Activities for Which Form 4720 May Be Required Form 4720 If any item is checked in the "Yes" column, unless an exception applies. In the Guardina and the foundation (ether directly or indirectly): foundation defension? In the public or except and the public or indirectly): forms in the public or indirectly in the public or accept the public or adaptation or a sequential public or ac | | | |
| 14 | The books are in care of ▶ PATRICK N.C. SHIN Telephone no. ▶ (808) 2 | 27- | 290 | 1 |
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If Yes, attach schedule (see instructions) but the foundation acquired affect or indirect interest in any applicable insurance contract before August 17, 2008? Website address ► N/A The books are in care of ► PATRICK N.C. SHIN Telephone no. ► (808) 2.2 ZiP+4 ▶ 968 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year VI-II-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Juring the year did the foundation (either directly or indirectly): 10 Engage in the sale or exchange, or lessing of property with a disqualified person? 21 Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 22 Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 23 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 24 Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 25 Formsfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person) (or make any of either available for the benefit or use of a disqualified person) (or make any of either available for the benefit or use of a disqualified person) (or make any of either available for the benefit or use of a disqualified person) (or make any of either available for the benefit or use of a disqualified person) (or make any of either available for the benefit or use of a disqualified person)? 36 Agree to pay money or property to a government official? (Exception, Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination o | | | |
| 15 | tany time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of ection 51(b) (13)? If "Yes," attach schedule (see instructions) if the foundation acquire a direct or indirect interest in any applicable insurance contract before upus 17, 2008? If "Yes," attach schedule (see instructions) if the foundation acquire a direct or indirect interest in any applicable insurance contract before upus 17, 2008? If the foundation comply with the public inspection requirements for its annual returns and exemption application? If a different interest received or accured during the year is annual returns and exemption application? If elephone no. | | | |
| | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? Website address ► N/A Website address ► N/A Telephone no. ► (8 08) 227— Located at ► 3170 NOELA STREET, HONOLULU, HI Section 4947(a)(1) nonexempt charitable trusts filing form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-evempt interest reserved or accrued dumpt he year at MIHB Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 2 Junning the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow monory from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation argued to make a grant to or to employ the official for a period after termahation of government server, of termahating within 90 days.) (5) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 4942(a) | | /A_ | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | , | Yes | No |
| 1a | | ~ 4 | 7.5 | 1 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | | * | 2. Mar. 1 | ~ ` |
| | | ر عور ، | | :, |
| | | 3 | | - 34 - # |
| | | ,,, (2) | * . | |
| | | 314 | | |
| | for the benefit or use of a disqualified person)? | 4 | -345.2 | 7 |
| | | 7 7 | | |
| | | | | -434 |
| | | | | . ` 1 |
| b | *_ | | | الكشية |
| | | 1b | | |
| | | 1. No. 1. No. 1. | \$ | |
| C | | ","\" " | | لشن |
| | · · · · · · · · · · · · · · · · · · · | 1c | | X |
| 2 | | 10.00 | (36 ₀) | 31.5 |
| | | 4 6 | 3 34 | |
| а | | 35.0 | Tar. | \$ \$** |
| | | | | 924 |
| | | * #C* . | | 10 |
| D | | | | 3. |
| | | الشنشان | | 1.50 |
| | · | 20 | | 3. 3 |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 2,000 | | |
| ٥. | Dud the foundation hold more than a ON/ direct or indirect interest in any hydrogen enterprise at any time. | *** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Ja | | 153.4 | | 3.54 |
| | • | | | 24 |
| U | • | | 285° ° | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b) (13)* If "Yes," attach schedule (see instructions) or both the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? Website address > N/A The books are in care of PATRICK N.C. SHIN Telephone no. (80.8) 22 Located at > 31.70 NOBLA STREET, HONOLULU, HI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of the exemptine interest received or accrued during the year AT VIH-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) as disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any momen or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check 'No' if the foundation agreed to make a grant to or to employ the official for a peniod after termination of government service, if terminating within 99 disqus). If any answers "Rev" to 14(1)+(6), did any of the act state to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here 1 of the foundation engage in a prior year in any of the acce discount of 4942(a)(a) (relating to incorrect valua | | اخفشك | لننب |
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 51(0)(13)? If Yes, "attach schedule (see instructions) Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? Upt the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? Website address > N/A The books are in care or PATRICK N.C. SHIN Telephone no. (8.08) 2.7 (20.04) The books are in care or PATRICK N.C. SHIN Telephone no. (8.08) 2.7 (20.04) The contract at 31.70 NOELA STREET, HONOLULU, HI Zeria 1.04 (20.04) Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year. Tyll-IB Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 If any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly): 10. Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2). Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No (3). Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4). Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5). Transfer any recome or assets to disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No (6). Transfer any recome or assets to disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No (6). Transfer any recome or assets to disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No (7). Agree to pay money or property to a government official? (Excep | | -+ | X |
| | ny time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of on 51(b)(137) If Yes, tatach schedule (see instructions) he foundation acquire a direct or indirect interest in any applicable insurance contract before start 7, 2008? In federal manufacture of the public inspection requirements for its annual returns and exemption application? It elephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK n.C. SHIN Telephone no. ► (808) 22 to 400 years are care of ► PATRICK N.C. SHIN Telephone no. ► (808) 22 to 400 years and telephone no. ► (808) 22 to 400 years and telephone no. ► (808) 22 to 400 years and telephone no. ► (808) 22 to 400 years and telephone no. ► (808) 22 to 400 years and telephone no. ► (808) 22 to 400 years | | | |
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| | that her beat remered from populary botore are more any or are my year boginning in 2000; | עד | | <u> </u> |

| Form 990-PF (2009) THE PATRICK N.C. SHIN FOUNDATION | 20- | 3306898 | Page 7 |
|---|---------------------------|--------------|----------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter " | NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Comp | ensation |
| NONE | | | |
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| | | | |
| Total number of others receiving over \$50,000 for professional services | | > | 0 |
| Part IX-A Summary of Direct Charitable Activities | | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc | I information such as the | Expenses | |
| N7/3 | ad, etc. | | |
| 1 N/A | | | |
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| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on line | s 1 and 2. | Amount | |
| 1 N/A | | | |
| | | | |
| 2 | | ~ | |
| | | | |
| | | | |
| All other program-related investments. See instructions. | | | |

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▶

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, | see instructions) |
|----|---|--------------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | V., - 1 | |
| a | Average monthly fair market value of securities | 1a | 1,475,799. |
| | Average of monthly cash balances | 1b | 1,475,799. 165,211. |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 1,641,010. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | 3 | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,641,010. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 24,615. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,616,395. |
| 6 | Minimum Investment return. Enter 5% of line 5 | 6 | 80,820. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are | ıd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 80,820. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | :34 | |
| b | Income tax for 2009. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 736. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 80,084. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 80,084. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 80,084. |
| P | art XII) Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 142,000. |
| b | Program-related investments - total from Part IX-B | 1b | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| | Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 142,000. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | _ |
| _ | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 142,000. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years. | ualifies for | the section |

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|--|--|---|---------------------------|
| 1 Distributable amount for 2009 from Part XI, | , , , , , , , , , , , , , , , , , , , | , | , | |
| line 7 | | | | 80,084. |
| 2 Undistributed income, if any, as of the end of 2009 | , | | | |
| a Enter amount for 2008 only | ٠, ٠ | - | 0. | , |
| b Total for prior years: | * | | | |
| , _ ,, | | 0. | ` | .,~%3 |
| 3 Excess distributions carryover, if any, to 2009: | *: | ′ 、 | , . | · . |
| a From 2004 | | | , | , , |
| b From 2005 | | | *** *** | , * |
| c From 2006 3,357. | | , , | , , , | ` , - |
| dFrom 2007 125,687. | | | , , | |
| eFrom 2008 77,635. | المسترادين وسند وسندان المستراد المسترد المسترد المسترد المسترد المسترد المستراد المستراد المستراد المستراد الم | | ` · · · · · · · · · · · · · · · · · · · | , , |
| f Total of lines 3a through e | 206,679. | | | - |
| 4 Qualifying distributions for 2009 from | | | 2 %. | e e e |
| Part XII, line 4: ►\$ 142,000. | | £ 11, 1 , 1 , 1 | | |
| a Applied to 2008, but not more than line 2a | ` | - | 0. | |
| b Applied to undistributed income of prior | | 0. | , , , , | |
| years (Election required - see instructions) | 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10 | , | , , , | ** |
| c Treated as distributions out of corpus | 0. | | • , , | |
| (Election required - see instructions) | | | · · · · · · · · · · · · · · · · · · · | 80,084. |
| d Applied to 2009 distributable amount | 61,916. | | | 00,001. |
| e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2009 | 01,510. | · · · · · · · · · · · · · · · · · · · | · (-) | 0. |
| (If an amount appears in column (d), the same amount | | | *** | |
| must be shown in column (a)) | | | · 3, | |
| 6 Enter the net total of each column as indicated below: | in the second | 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3 | *, | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 268,595. | | , | |
| b Prior years' undistributed income. Subtract | , , | | | *** ** |
| line 4b from line 2b | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 0. | - 3 .54.7 | it is a factor of |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which | | | , ; | |
| the section 4942(a) tax has been previously | | | , | |
| assessed | · · · · · · · · · · · · · · · · · · · | 0. | · | , , |
| d Subtract line 6c from line 6b. Taxable | | 0. | - | |
| amount - see instructions | · | , | · 'è' | , , |
| e Undistributed income for 2008. Subtract line | | | 0. | , |
| 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2009. Subtract | 1 | · · · · · · · · · · · · · · · · · · · | | |
| lines 4d and 5 from line 1. This amount must | | × | | |
| be distributed in 2010 | • • | 1, 5 % | | 0. |
| 7 Amounts treated as distributions out of | <u> </u> | | 3 | |
| corpus to satisfy requirements imposed by | | , | * | , |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | , | |
| 8 Excess distributions carryover from 2004 | | , , | * * | |
| not applied on line 5 or line 7 | 0. | · | / | |
| 9 Excess distributions carryover to 2010. | | ~ , | | 1,00 |
| Subtract lines 7 and 8 from line 6a | 268,595. | * | * | <u> </u> |
| 10 Analysis of line 9: | | * * * * * * * | 5 | |
| a Excess from 2005 | , | | | , |
| b Excess from 2006 3,357. | ; | | | |
| c Excess from 2007 125, 687. | | ^ . | | |
| d Excess from 2008 77,635. | , | | | |
| e Excess from 2009 61,916. | | <u> </u> | | Form 990-PF (2009) |

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Form 990-PF (2009)

| Part AV Supplementary information | (continued) | | | |
|--|--|---------------------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the | Year or Approved for Future | Payment | | 1 |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | | | |
| | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager | recipient | Contribution | , Amount |
| D id down the control of the control | or substantial contributor | Todipidit | - | |
| a Paid during the year | İ | | | |
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| SEE STATEMENT 7 | Į. | ļ | [| |
| Total | | | ▶ 3a | 142,000 |
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| b Approved for future payment | | | | |
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| | <u> </u> | <u> </u> | . | 0. |
| Total | | | ▶ 3b | υ. |

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated | | ed business income | | ided by section 512, 513, or 514 | (e) |
|---|---------------------|---------------------------------------|----------------|--|---|
| 4 Drogress and the residence | (a) Business | (b) Amount | Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | code | | 12.70101111001110 |
| a | — | | + | | |
| | | | +- | <u> </u> | |
| | — | | ┼ | | |
| d | | | +- | <u></u> | |
| | — | | + | | |
| Econ and contracts from government accounts | | | + | | <u> </u> |
| g Fees and contracts from government agencies | <u> </u> | | + | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments _ 4 Dividends and interest from securities | | | 14 | 37,246. | |
| 5 Net rental income or (loss) from real estate: | J. 2004 J. | | | 37,240. | [[] () () () () () () () () () (|
| . , | | <u> </u> | · | 1 , 2, 5 , 5 , 5 , 5 , 7 | ** *** , 1*(), + |
| a Debt-financed property b Not debt-financed property | | | + | | <u> </u> |
| | | <u> </u> | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property 7. Other investment income | | | + | | · |
| 7 Other investment income | ļ | | + | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | + - | | |
| Net income or (loss) from special events Gross profit or (loss) from sales of inventory | | | + | | |
| 11 Other revenue: | | | + | | |
| | | | | | |
| a | _ | ··· · · · · · · · · · · · · · · · · · | + | - | |
| b | - | | + | | |
| c | | | + | | ••• |
| ·· | _ | | + | | |
| e | St. State 1 | | | 37,246. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | 411 - 1311 - | | * > ' & | 13 | 37,246. |
| (See worksheet in line 13 instructions to verify calculations | | | | . "" | 37,240. |
| Part XVI-B Relationship of Activitie | | omplishment of F | yemn' | t Purnoses | |
| | | | | | |
| Line No. Explain below how each activity for which is the foundation's exempt purposes (other the | | | A contrib | uted importantly to the accom | iplishment of |
| with the attention of the purposes (outlet a | ian by providing to | ndo for ducir purposco). | | | |
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

| - | · n | | | | t shadan anaban 504/a) af | | V | NI- |
|-----------------|--------------------------------|---|--|--|--|--------------|----------|-------------|
| 1 | | | rectly engage in any of the follow | - | | | Yes | No |
| | | |)(3) organizations) or in section 5 | - ' | zations/ | | y make | , ' i |
| ě | | • = | ation to a noncharitable exempt o | organization of | | 42/43 | تنسد | J |
| | (1) (| | • | | | 1a(1) | | X |
| | ٠, | Other assets | • | | | 1a(2) | , | X |
| | | transactions: | N | | | 1.4 | | |
| | ٠,, | Sales of assets to a noncharital | | | | 1b(1) | | X |
| | | | ncharitable exempt organization | • | | 1b(2) | | X |
| | | Rental of facilities, equipment, | | | | 1b(3) | | X |
| | | Reimbursement arrangements | • | | • | 1b(4) | | X |
| | | oans or loan guarantees | | | | 1b(5) | | X |
| | | | mbership or fundraising solicitati | • | | 1b(6) | | X |
| | | | iling lists, other assets, or paid er | | | 1c | | X |
| (| | | | | ays show the fair market value of the goods, of | | ets, | |
| | | | | | in any transaction or sharing arrangement, sh | ow in | | |
| / ~\ | | (b) Amount involved | other assets, or services received | | T (4) 2 | | | |
| (a) | Line no | (b) Amount involved | (c) Name of noncharitab | ne exempt organization | (0) Description of transfers, transactions, and si | haring arra | angeme | nts ——— |
| _ | | | N/A | | | | | |
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| 2a | | • | tly affiliated with, or related to, on | • • | tions described | 7 | | , |
| | | • | than section 501(c)(3)) or in sec | ction 5277 . | Ĺ | Yes | X | No |
| t | If "Ye | s," complete the following sche | | 1 (1) 7 (1) | | | | |
| | | (a) Name of org | anization | (b) Type of organization | (c) Description of relationshi | p | | |
| | | N/A | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | Under | enalties of person, I declare that I h | ave examined this return, including acc | companying schedules and statemen | ate, and to the heat of my knowledge and heliof it in the | ID 00000 | | |
| | | | ave examined this return, including acc r than taxpayer or fiduciary) is based or | | nts, and to the best of my knowledge and belief, it is tru as any knowledge | ae, correc | ٠, | |
| - | | \ \ \ | • | م مما | haca una da | | | |
| ונ | Ž | gnature of officer or trustee | <u> </u> | Date | Title Tresignal | | | |
| | 7 31 | <u> </u> | | | | dentifu | na pumi | her . |
| 5 | ر د م | Preparer's | A . A' | OCT Dat | 2 7 201d self- | , recruiyi | rg Hulli | 5 61 |
| | Paid Preparer's Use Only | signature | COAC THOUSE | 1 | empioyea 🖊 📖 | | | |
| 1 | Paid eparel se On | Firm's name (or yours N&K | BISHOP ST., SU | TTMP 1700 300 | EIN > | | | |
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| | - | address, and ZIP code HONO | LULU, HI 96813- | - 3030 | Phone no. (808) | | | |
| | | | | | Form | 9 90- | PF (2 | 2009) |

| FORM 990-PF DIVIDEND | S AND | INTER | EST FR | MO | SECU | RITIES | STATEMENT | 1 |
|--|---------|---------------------|------------------|--------------|----------|------------------------|---------------------|-----|
| SOURCE | | GROSS | MUOMA | IТ | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| FIDELITY | • | | 37,24 | 6. | <u> </u> | 0. | 37,2 | 46. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 | | 37,24 | 6. | | 0. | 37,2 | 46. |
| * INCLUES \$446 TAX- EXEMP | PT INTE | REST | | == | | | | |
| FORM 990-PF | | TAX | ES | | | | STATEMENT | 2 |
| DESCRIPTION | EXPE | A) NSES BOOKS | NET I MENT | | | (C) ADJUSTED NET INCOM | | |
| FEDERAL INVESTMENT EXCISE TAX | | 736. | | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 = | | 736. | | | 0. | | | 0. |
| FORM 990-PF | ОТН | ER INV | ESTMEN | TS | | | STATEMENT | 3 |
| DESCRIPTION | | | LUATIO ETHOD | N | вос | OK VALUE | FAIR MARKET | ר |
| SPARTAN 500 INDEX FIDELITY ADVANTAGE CLASS | | | COST | _ | 1 | .,336,799. | 1,842,59 | 95. |
| TOTAL TO FORM 990-PF, PART II | , LIN | E 13 | | | 1 | ,336,799. | 1,842,59 |)5. |
| FORM 990-PF | (| OTHER I | ASSETS | | | | STATEMENT | 4 |
| DESCRIPTION | 3 | BEGINI YR BOOI | NING O K VALU | | | OF YEAR OK VALUE | FAIR MARKET | 1 |
| INCOME TAX REFUND RECEIVABLE | - | ₹ | 25 | 1. | | 0. | | 0. |
| TO FORM 990-PF, PART II, LINE | 15 | | 25 | 1. | | 0. | | 0. |

| FORM 990-PF | OTHER LIABILITIES | | STATEMENT | 5 |
|------------------------------------|--|----------|------------|------------|
| DESCRIPTION | BOY | Y AMOUNT | EOY AMOUNT | |
| ADVANCE - OTHER INCOME TAX PAYABLE | | 440. | | 40. 85. |
| TOTAL TO FORM 990-PF, PART | I, LINE 22 | 440. | 3: | 25. |
| FORM 990-PF LIST | F SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 | 5 | STATEMENT | 6 |
| NAME OF CONTRIBUTOR | ADDRESS | | | |
| PATRICK SHIN | 3170 NOELA STREET HONOLULU, HI 96815 | 5 | | |

| • | AND CONTRIBUTIONS DURING THE YEAR | STATEMENT 7 | | | |
|---|--|---------------------|----------|--|--|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT | | |
| AMERICAN ASSISTANCE FOR CAMBODIA 4-1-7-605 HIROO SHIBUYA-KU TOKYO, JAPAN | N/A TO FUND CHARITABLE NEEDS | 501(C)(3) | 20,000. | | |
| HAWAII PACIFIC UNIVERSITY 1164 BISHOP STREET HONOLULU, HI 96813 | N/A TO FUND CHARITABLE NEEDS | 501(C)(3) | 16,000. | | |
| IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826 | N/A TO FUND CHARITABLE NEEDS | 501(C)(3) | 27,500. | | |
| ROTARY CLUB OF HONOLULU (ROTARY DISTRICT 5000 FOUNDATION) 2255 KUHIO AVENUE, SUITE 718 HONOLULU, HI 96815 | N/A TO FUND CHARITABLE NEEDS | 501(C)(3) | 20,000. | | |
| BOWLING GREEN STATE UNIVERSITY FOUNDATION INC. BOWLING GREEN, OH 43403-0053 | N/A TO FUND CHARITABLE NEEDS | 501(C)(3) | 36,000. | | |
| ENGINEERS WITHOUT BORDERS 4665 NAUTILUS COURT, SUITE 300 BOULDER, CO 80301 | N/A TO FUND CHARITABLE NEEDS | 501(C)(3) | 10,000. | | |
| OAHU FILIPINO COMMUNITY COUNCIL P.O. BOX 17531 HONOLULU, HI 96817 | N/A TO FUND CHARITABLE NEEDS | 501(C)(3) | 10,000. | | |
| KAISER HIGH SCHOOL 511 LUNALILO HOME ROAD HONOLULU, HI 96825 | N/A TO FUND CHARITABLE NEEDS | 170(C)(1) | 2,500. | | |
| TOTAL TO FORM 990-PF, PART XV, LI | NE 3A | | 142,000. | | |

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

| If you areDo not com | filing for an Automatic 3-Month Extension, complete only Part I and check this box . filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on plete Part II unless you have already been granted an automatic 3-month extension on a pre- | page 2 viously fi | of this fe | orm). | | |
|--|--|----------------------------------|-------------------------------------|---|--|--|
| Part I | Automatic 3-Month Extension of Time. Only submit original (no copies neede | d). | | | | |
| A corporation Part I only | on required to file Form 990-T and requesting an automatic 6-month extension—check the | is box a | nd com | plete | | |
| | rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 ncome tax returns. | 4 to req | uest an | extension of | | |
| one of the electronical returns, or a | Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autonice turns noted below (6 months for a corporation required to file Form 990-T). However, you if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 90 composite or consolidated Form 990-T. Instead, you must submit the fully completed and some details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for the file for the file of the file for the file for the file for the file for the file for the file for the file for the file for the file for the file for the file for the file file file file file file file fil | , you ca 90-BL, 6 igned pa | innot file 3069, or age 2 (Pa | e Form 8868 8870, group art II) of Form | | |
| Type or | Name of Exempt Organization | | dentifica | ation number | | |
| print | | 20-3306898 | | | | |
| File by the due date for filing your | Number, street, and room or suite no. If a P.O. box, see instructions. C/O N&K CPAs, INC., 1001 BISHOP STREET, ASB TOWER, SUITE 170 | 0 | | | | |
| return, See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | |
| | HONOLULU, HAWAII 96813-3696 | | | | | |
| Check type | of return to be filed (file a separate application for each return): | | | | | |
| ☐ Form 99 | D | | Form 4 | 720 | | |
| ☐ Form 99 | 0-BL | | Form 5 | 227 | | |
| ☐ Form 99 | 0-EZ | | ☐ Form 6069 | | | |
| | 0-PF | | Form 8 | 870 | | |
| | | | | | | |
| Telephone If the orga If this is for the whole a list with the | s are in the care of ▶PATRICK N.C. SHIN No. ▶ (808) 227-2901 FAX No. ▶ Inization does not have an office or place of business in the United States, check this boor a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ▶ □ . If it is for part of the group, check this box e names and EINs of all members the extension will cover. | x ▶ | li and | attach ———— | | |
| until | est an automatic 3-month (6 months for a corporation required to file Form AUGUST 15, 20 10, to file the exempt organization return for the organization nar | | | | | |
| | organization's return for: calendar year 2009 or | | | | | |
| | tax year beginning, 20, and ending | | | 20 | | |
| | ax year is for less than 12 months, check reason: Initial return Final return | | | | | |
| | | -т | | | | |
| less ar | application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, y nonrefundable credits. See instructions. | 3a | \$ | 651.00 | | |
| | application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax | | | GE4 00 | | |
| | nts made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 651.00 | | |
| deposi | e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment s). See instructions. | 3c | \$ | 0.00 | | |
| Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. | | | | | | |
| | Act and Paperwork Reduction Act Notice, see Instructions. | Fo | m 886 | B (Rev. 4-2009) | | |

| Form | 8868 (Rev | . 4-2009) | | | | | | Page 2 |
|--------|---|---|----------------------------|--------------|----------------------------|--|-------------------|----------------------|
| Note | e. Only c | filing for an Additional (Not Automatic) 3-Moonplete Part II if you have already been granted filing for an Automatic 3-Month Extension, co | an automatic 3-mo | nth exten | sion on a pre | and check to viously filed | his box Form 8 | . ► X 868. |
| Par | | Additional (Not Automatic) 3-Month Exte | ension of Time. | Only file | the original | (no copie | s need | ed). |
| Type | | 176000000 | | | | Employer identification number 20-3306898 | | |
| exten | c/O N&K CPAs, INC., 1001 BISHOP ST., ASB TWR. #1700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. C/O N&K CPAs, INC., 1001 BISHOP ST., ASB TWR. #1700 City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HAWAII 96813-3696 | | | | For IRS use only | | | |
| instru | | | | | | | | |
| ☐ F | orm 99 | = | | ☐ Fo | orm 1041-A | | Form 6 | |
| | orm 99 | -EZ | ın above) | ☐ Fo | orm 4720 orm 5227 | <u>. </u> | Form 8 | |
| | | t complete Part II if you were not already gran | | 3-month | extension o | n a previou | sly filed | Form 8868. |
| Tel | lephone | are in the care of ► PATRICK N.C. SHIN No. ► (808) 227-2901 iization does not have an office or place of bu | FAX No. ▶ | | , check this | | | ▶ □ |
| for t | he whol vith the | a Group Return, enter the organization's four group, check this box ▶ ☐ . If it is names and EINs of all members the extension | for part of the gr is for. | oup, che | ck this box. | ▶[| If] and a | f this is ttach a |
| 4 5 | I reque For cal | et an additional 3-month extension of time unti- endar year 2009, or other tax year beginning | NOVE | MBER , 20 | 15 , and endin | 20 <u>10</u> g | | , 20 |
| 6 7 | If this t State in | tx year is for less than 12 months, check reason detail why you need the extension WE HAVEMATION NECESSARY TO FILE A CO | on: | Irn F | inal return L ED ALL OF | J Change THE PE | in accou | unting period |
| 8a | | pplication is for Form 990-BL, 990-PF, 990-T | , 4720, or 6069, e | enter the | tentative tax | , 8a | \$ | 651.00 |
| b | b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | | | | | | \$ | 651.00 |
| С | Balance | Due. Subtract line 8b from line 8a. Include your pacoupon or, if required, by using EFTPS (Electronic Fe | | | | t | | 0.00 |
| | | Signatur of perjury, I declare that I have examined this form, including and complete, and that I am authorized to prepare this for | | | tatements, and to | the best of n | ny knowle | dge and belief, |

Signature ▶

Form **8868** (Rev. 4-2009)

Title ► CERTIFIED PUBLIC ACCOUNTANT Date ► 08/15/10