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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Internal Revenue Service

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

OMB No 1545-0052

2009

			let year 2005, or tax year paymining		, and onemig			
	G C	neck a	all that apply: Initial return	Initial return of a for	· · · · ·	Final return		
			Amended return	Address change		Name change		
	Use	the IF	Name of foundation			A Employer identification	number	
9	la	ıbel.	LEBURTA ATHERTON FOUNI	DATION				
2010		erwis	· 			94-3260209		
5 2	•	rint	Number and street (or P O box number if mail is not del	·	Room/suite	B Telephone number		
<u>-</u>		type.	We to the box of to the transfer of the box	15		(808)694-4	540	
_		Speci uction	City or town, state, and ZIP code			C If exemption application is p		
NOV			HONOTOTO, HI 36805-3			D 1. Foreign organizations	s, check here	
<u></u>	H C	heck 1	type of organization: X Section 501(c)(3) exi			Foreign organizations me check here and attach co	enting the 65% test, emputation	
11年				Other taxable private foundat	ion	E If private foundation sta	tus was terminated	
82	l Fa	ır mai	rket value of all assets at end of year_ J_Accounting	ng-method\ <u>-X-</u> \-Cash		under section 507(b)(1)	(A), check here	
E 3			Part II, col (c), line 16)	her (specify)		F If the foundation is in a	60-month termination	
PERVELOPE. STRAAK GATE			11,839,718. (Part I, colui	mn (d) must be on cash b	asis.)	under section 507(b)(1)	4.11	
	Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
		1	Contributions, gifts, grants, etc., received			N/A		
			Check X If the foundation is not required to attach Sch. B				<u></u>	
		3	Interest on savings and temporary cash investments	6,311.	6,311.		STATEMENT 1	
		4	Dividends and interest from securities	156,692.	156,692.	<u> </u>	STATEMENT 2	
		5a	Gross rents		·····			
		þ	Net rental income or (loss)			<u> </u>		
	9		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	-198,909.		<u> </u>	<u> </u>	
	Ę	U	assets on line 6a					
	Revenue	i	Capital gain net income (from Part IV, line 2)		0.			
	_	i	Net short-term capital gain		······································	 		
		100	Income modifications CEIVED					
		Ι.	and allowances	 			· · · · · · · · · · · · · · · · · · ·	
			Gross profit or (loss) 1 9 2010 Q					
		l	Other income	2,191.	0.		STATEMENT 3	
			Total Add lines a throughold	-33,715.	163,003.			
		13	Compensation of officers, directors, fusions, etc.	13,659.	12,293		1,366.	
		1	Other employee salaries and wages	·				
		l	Pension plans, employee benefits					
	penses	16a	Legal tees					
	ĕ	b	Accounting fees STMT 4	2,800.	840		1,960.	
	ă		Other professional fees					
	š.	17	Interest		· · · · · · · · · · · · · · · · · · ·			
	Administrative	18	Taxes STMT 5	5,081.	4,081	•	0.	
2010	nis	19	Depreciation and depletion	<u></u>	·-···	ļ		
17.	Ē	20	Occupancy			 		
3 3			Travel, conferences, and meetings			_		
33	and	22	Printing and publications					
$\stackrel{>}{\sim}$	Operating	23	Other expenses STMT 6	5.	0	•	5.	
Z	eret	24	Total operating and administrative	21 646	17 214		2 221	
<i>(:,</i>)	Ö	0-	expenses. Add lines 13 through 23	21,545. 598,000.	17,214	•	3,331. 598,000.	
لعاد برني <u>ة</u>		125	Contributions, grifts, grants paid	390,000.			330,000.	
3		4 0	Total expenses and disbursements.	619,545.	17,214	_	601,331.	
SCARRES NOV		27	Add lines 24 and 25 Subtract line 26 from line 12	010/040.	111213	<u> </u>	1 001/001.	
为			Excess of revenue over expenses and disbursements	-653,260.		1	1	
		1	Net investment income (if negative, enter -0-)	133,233.	145,789	•		
		1	Adjusted net income (if negative, enter -0-)			N/A		
	2000				*			

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

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7	-	_	٦,	•	m	.,	•	.,	•	

			Basissins of uses		200203 Tage 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1				
	2	Savings and temporary cash investments	4,176,647.	3,722,296.	3,722,296.
	3	Accounts receivable		3	
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶	į		
	5	Grants receivable			
	6				
1	U	Receivables due from officers, directors, trustees, and other		į	
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			······································
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U S and state government obligations			
	—b	Investments - corporate stock STMT 7	7,235,586.	7,036,677.	8,117,422.
	C	Investments - corporate bonds			
		Investments - land buildings, and equipment basis			
		Less accumulated depreciation	1		
	12	Investments - mortgage loans			
	13	Investments - other		······································	
	14	Land, buildings, and equipment basis	1		
		Less accumulated depreciation			
	15	Other assets (describe)			
					···
	16	Total assets (to be completed by all filers)	11,412,233.	10,758,973.	11,839,718.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
()	19	Deferred revenue			
Liabilities	20				
<u>ā</u>	21				
בֿ		Other liabilities (describe			
		Other Habilities (describe			
	23	Total limbilities (add lines 47 Abranch 00)		0	
	23		0.	0.	
		Foundations that follow SFAS 117, check here			
y)		and complete lines 24 through 26 and lines 30 and 31.			
ည္	24	Unrestricted			
Ē	25	Temporarily restricted			
ŏ,	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
or Fund Balance		and complete lines 27 through 31		}	
ō	27	Capital stock, trust principal, or current funds	10,459,528.	10,459,528.	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Ąŝ	29	Retained earnings, accumulated income, endowment, or other funds	952,705.	299,445.	
Net	30	• • • • • • • • • • • • • • • • • • • •		10,758,973.	
Z	30	Total net assets or fund balances	11,412,233.	10,750,973.	
		Taket trabilities and ask accept do the	11 412 222	10 750 070	
_	31	Total liabilities and net assets/tund balances	11,412,233.	10,758,973.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_					····
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		[1]	11,412,233.
		r amount from Part I, line 27a		2	11,412,233. -653,260.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3			10,758,973.
		reases not included in line 2 (itemize)		4	0.
			olumn (h) tr 00	5	
0	1019	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	oluran (a), line 30	6	10,758,973.

94-3260209 Page 3

2-story brick wa	rehouse, or	(s) of property sold (common stock, 200	shs MLC Co.)		(a) F	low acqu Purchas Donatio	<u>'' nc</u>	Date acquired no , day, yr)	(d) Date sold (mo , day, yr.)
4,000 SHS CIT (GROUP	INC, - WO	ORTHLESS	STOCK		P	1:	1/17/05	12/16/09
<u>) </u>					-				
<u>. </u>					┼				
<u> </u>									
<u> </u>	(f) Do	areastics allowed	(=) (==		J			(h) Com or (loo	
(e) Gross sales price		preciation allowed or allowable)		t or other basis xpense of sale	Ì		((h) Gain or (los: e) plus (f) minus	
	·	'		198,90	9.		·		-198,909
)				230/3					
1								-1-1	
								·	
Complete only for assets showin	g gain ın co	lumn (h) and owned	by the foundation	on 12/31/69			(I) G	ins-(Col-(h)-gai	n minus
(1) 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(j)	Adjusted basis	(k) Ex	cess of col (i)			col (k	, but not less th	an - 0-) or
(i) F M V as of 12/31/69		s of 12/31/69		col (j), if any			L	osses (from col	(h))
									-198,90
		∫ If gain, also e	nter in Part I, line	7	7	1			
Capital gain net income or (net ca	ipital loss)	If (loss), ente	inter in Part I, line r -0- in Part I, line	7	ľ	2			-198,90
Net short-term capital gain or (los	ss) as define	ed in sections 1222(5	i) and (6)			1			
If gain, also enter in Part I, line 8,	•	•	, , ,		1			4	_
If (loss), enter -0- in Part I, line 8						3		N/2	A
r optional use by domestic private	e foundation	s subject to the sect	for Reduced ion 4940(a) tax on				ent Inco	me	
or optional use by domestic private section 4940(d)(2) applies, leave the foundation liable for the section to the section of	e foundation his part blan tion 4942 ta	is subject to the sect ik ix on the distributable	ion 4940(a) tax on e amount of any ye	net investment	incom		ent Inco	ne	Yes X
or optional use by domestic private section 4940(d)(2) applies, leave the as the foundation liable for the sec	e foundation his part blan tion 4942 ta lify under se	is subject to the sect ik ix on the distributable ection 4940(e). Do no	ion 4940(a) tax on e amount of any yo ot complete this pa	net investment ear in the base p irt	incomi		ent Inco	ne	Yes X
or optional use by domestic private section 4940(d)(2) applies, leave the section the section the section the section is the foundation does not qualify.	e foundation his part blar ition 4942 ta lify under se each columi	is subject to the sect ik ix on the distributable ection 4940(e). Do no	ion 4940(a) tax on e amount of any yo ot complete this pa nstructions before	net investment ear in the base p irt	eriod?	e)		Diet	(d) ribution ratio Irvided by col (c))
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or optional use by domestic private section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the set the foundation liable for the section 4940 (d) (a) Base period years Calendar year (or tax year beginning 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitate Multiply line 4 by line 3 Enter 1% of net investment incorrected as the foundation of the the foundation for the the foundation has been in existe the foundation for the the foundation has been in existe the foundation has been in existent the foundation has bee	e foundation his part blan stion 4942 ta lify under se each column ing in) 5-year base ence if less ti ble-use asse	is subject to the sector k ix on the distributable ection 4940(e). Do not not each year, see it (b). Adjusted qualifying period - divide the tohan 5 years.	e amount of any yout complete this paristructions before distributions 708, 473. 623, 554. 479, 560. 461, 998. 342, 566.	ear in the base point making any ent	ries (c) noncha 12 14 12 10 9	ritable-us , 767 , 271 , 566 , 901	se assets 7,613. 1,901. 5,252.	2 3 4 5	(d) ribution ratio livided by col (c)) .0554 .0436 .0381 .0423 .0363 .2160 .0432 10,960,27 473,65
or optional use by domestic private section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the set the foundation liable for the sections. The foundation does not qual enter the appropriate amount in a least period years. Calendar year (or tax year beginning 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe enter the net value of noncharitate. Multiply line 4 by line 3 Enter 1% of net investment incomes	e foundation his part blan stion 4942 ta lify under se each column ing in) 5-year base ence if less ti ble-use asse	is subject to the sector k ix on the distributable ection 4940(e). Do not not each year, see it (b). Adjusted qualifying period - divide the tohan 5 years.	e amount of any yout complete this paristructions before distributions 708, 473. 623, 554. 479, 560. 461, 998. 342, 566.	ear in the base point making any ent	ries (c) noncha 12 14 12 10 9	ritable-us , 767 , 271 , 566 , 901	se assets 7,613. 1,901. 5,252.	2 3	(d) ribution ratio invided by col (c)) .0554 .0436 .0381 .0423 .0363 .2160 .0432 10,960,27
or optional use by domestic private section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the set the foundation does not qual enter the appropriate amount in a least period years. Calendar year (or tax year beginning 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe enter the net value of noncharitat Multiply line 4 by line 3 Enter 1% of net investment incorded.	e foundation his part blan stion 4942 ta lify under se each column ing in) 5-year base ence if less to ble-use asse	is subject to the sect ik ix on the distributable ection 4940(e). Do no in for each year, see i (b) Adjusted qualifying period - divide the to than 5 years ets for 2009 from Pai	e amount of any yout complete this paristructions before distributions 708, 473. 623, 554. 479, 560. 461, 998. 342, 566.	ear in the base point making any ent	ries (c) noncha 12 14 12 10 9	ritable-us , 767 , 271 , 566 , 901	se assets 7,613. 1,901. 5,252.	2 3 4 5	(d) ribution ratio 10,0554 .0436 .0381 .0423 .0363 .2160 .0432 10,960,27 473,65 1,45
or optional use by domestic private section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the set the foundation liable for the section 4940 (d) (a) Base period years Calendar year (or tax year beginning 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitate Multiply line 4 by line 3 Enter 1% of net investment incorrected as the foundation of the the foundation for the the foundation has been in existe the foundation for the the foundation has been in existe the foundation has been in existent the foundation has bee	e foundation his part blan stion 4942 ta lify under se each column ing in) 5-year base ence if less ti ble-use asse me (1% of P	is subject to the sector k ix on the distributable ection 4940(e). Do not not each year, see it (b). Adjusted qualifying period - divide the tohan 5 years. Part i, line 27b).	e amount of any your complete this paristructions before of distributions 708, 473. 623, 554. 479, 560. 461, 998. 342, 566.	ear in the base port making any ent Net value of r	eriod? ries (c) noncha 12 14 12 10 9	ritable-us , 767 , 271 , 566 , 901 , 421	se assets 7,613. ,901. 5,252. ,711. 1,947.	2 3 4 5	(d) ribution ratio invided by col (c)) . 0554 . 0436 . 0381 . 0423 . 0363 . 2160 . 0432 10,960,27 473,65

LEBURTA ATHERTON FOUNDATION

orm	990-PF (2009) C/O BANK OF HAWAII		32602			age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see in	stru	ction	ıs)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter. (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%	1		1	, 4	58.
	of Part I, line 27b	1				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 🥠 💛	1	1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ			0.
3	Add lines 1 and 2	3	 		, 4	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ		, 4	58.
	Credits/Payments					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 4,040	븨				
	Exempt foreign organizations - tax withheld at source	4				
	Tax paid with application for extension of time to file (Form 8868)	-				
	Backup withholding erroneously withheld 6d	-				
	Total credits and payments. Add lines 6a through 6d	7	 		1,0	<u>40.</u>
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	<u> </u>			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			· -	~~
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 		2, 3	82.
	Enter the amount of line 10 to be Credited to 2010 estimated tax 1,458 - Refunded	11	<u> </u>		1,1	<u> 24.</u>
_	t VII-A Statements Regarding Activities				Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			162	X
	any political campaign? Put the spend make then \$100 during the uses (other diseath) or indirectly) for political numbers (one instructions for definition).	,	ì	18 1b		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)			10		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	nea or		1		
	distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?			16		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			''-		
u				1		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-		1	:	
·	managers ► \$ 0.			1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?]	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.]		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			-		
	By language in the governing instrument, or			1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	tate law		1		
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.			1		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) HI					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
9	is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for	calendar			•	_
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	<u> </u>	X
			For	m 990	-PF	(2009)

	n 990-PF (2009) C/O BANK OF HAWAII	94-3260	<u> 209</u>		Page 5
P	art 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14	The books are in care of ▶ BANK OF HAWAII Telephone no	▶ (808)6		454	0
	Located at ▶ 111 S. KING STREET, HONOLULU, HI	ZIP+4 ▶96	813		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			>	
		15	N	/ <u>A</u>	
P	art 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
18	a During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	res X No		. 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		† -	~ ~~	
	<u> </u>	res 🔀 No]		
		Yes 🗓 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes 🔲 No			
	(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)?	Yes 🗓 No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1		
	if the foundation agreed to make a grant to or to employ the official for a period after		1		
	termination of government service, if terminating within 90 days)	Yes 🗓 No			
- 1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail 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)?		1b		X
	Organizations relying on a current notice regarding disaster assistance check here				
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		:		
	before the first day of the tax year beginning in 2009?		16		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1			
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ına		·	
		Yes X No			
	If "Yes," list the years ▶		1		
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	ct			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta		1		
	statement - see instructions)	N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	>				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	Yes 🗶 No			
	b if "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons	after		1	1
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to	dispose	1	1	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule		}	1	1
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b		<u> </u>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that		1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		X
_		Fo	rm 99 0)-PF	(2009)

Form 990-PF (2009)

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, nigniy	
Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the	Expenses
1 N/A		······································
2		
3		
		
4		
Part tX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 N/A		
2		
		·
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	—	0.
		Form 000 DE (2000)

P	art X Minimum Investment Return (All domestic foundations mu	st complete this pa	art. Foreign foui	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable.	etc , purposes			
а	Average monthly fair market value of securities	., ,		1a	6,912,173.
b	Average of monthly cash balances	_		1b	6,912,173. 4,215,014.
C	Fair market value of all other assets	•		1¢	
đ	Total (add lines 1a, b, and c)			1d	11,127,187.
e	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	11,127,187.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	ee instructions)		4	166,908.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on	Part V, line 4		5	10,960,279.
6	Minimum investment return. Enter 5% of line 5	·		6	548,014.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part)	(j)(5) private operati	ng foundations ai	nd certain	
1	Minimum investment return from Part X, line 6			1	548,014.
2a	1	2a	1,458.		
b	F=	2b		1 1	
C	Add lines 2a and 2b			2c	1,458.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,458. 546,556.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	546,556.
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 3	(III, line 1		7	546,556.
P	art XII Qualifying Distributions (see Instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses			
3	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			18	601,331.
b	Program-related investments - total from Part IX-B			16	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
а	Suitability test (prior IRS approval required)			3a	
b	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	d Part XIII, line 4		4	601,331
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	tment			
	income. Enter 1% of Part I, line 27b			5	1,458. 599,873.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	599,873
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years wi	nen calculating wheth	er the foundation	qualifies fo	or the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years

Part XIII	Undistributed	Income	(see Instruction
LGITVIB	Ollgistubuted	income	(see instruction

	(a) Corpus	(b) Years prior to 2008	(t) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7	······	***************************************		<u>546,556.</u>
2 Undistributed income, if any, as of the end of 2009		†		
a Enter amount for 2008 only	***************************************		595,870.	
b Total for prior years:				
C Evened distributions and the control of the contr	·	0.		
3 Excess distributions carryover, if any, to 2009		1	1	
a From 2004			Ī	
b From 2005		1	1	
c From 2006		.]		
d From 2007]	1	
e From 2008				mr
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from		1	1	
Part XII, line 4 ► \$ 601, 331.		1		
a Applied to 2008, but not more than line 2a			595,870.	**************************************
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.	T-414+++-1-14+++++++++++++++++++++++++++	NIII
C Treated as distributions out of corpus		•	1	
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		-		5,461.
e Remaining amount distributed out of corpus	0.	·····	II	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	}		
b Prior years' undistributed income. Subtract				······································
line 4b from line 2b		0.	1	
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				
amount - see instructions		0.1		
e Undistributed income for 2008. Subtract line				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must		1		
be distributed in 2010				541,095.
7 Amounts treated as distributions out of				······································
corpus to satisfy requirements imposed by		1		
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.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006		1		
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

923581 02-02-10

Part XIV Private Operating F	oundations (see Inst	tructions and Part VII-	A. question 9)	N/A	7200203 Tage 10
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective to					
b Check box to indicate whether the found			section	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 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					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
atternative test relied upon					
 a "Assets" afternative test - enter (1) Value of all assets 			:		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 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				1	
an exempt organization				 	
Part XV Supplementary Info	Comple	to this part only	if the foundation	had \$5 000 ar	more in essets
			if the foundation	nad \$5,000 or	more in assets
at any time during		instructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation will year (but only if they have contributed)			ributions received by the	toundation before the	close of any tax
• • •	more man 40,000) (See 5	ection 507 (a)(2))			
NONE			 		
b List any managers of the foundation will other entity) of which the foundation has			(or an equally large portion	on of the ownership of	a partnership or
• •	35 a 10 % of greater lifteres	51			
NONE		<u> </u>			
2 Information Regarding Contribu			-		
	only makes contributions				
the foundation makes gifts, grants, etc				omplete items 2a, b, c	, and d
a The name, address, and telephone num					
THIS FOUNDATION HAS	NO FORMAL G	RANT PROCEI	OURES AT THI	S TIME.	
					
b The form in which applications should	be submitted and informa	tion and materials they s	hould include		
N/A					
c Any submission deadlines					
N/A					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors	
N/A					
923601 02-02-10					Form 990-PF (2009)

94-3260209 Page

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year SEE GRANTS STATEMENT 598,000. **ATTACHED ▶** 3a 598,000. Total b Approved for future payment NONE Ō. Total

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2009)

nter gross amounts unless otherwise indicated	Unrelate	d business income		od by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Code		-		
å	_		+++		
b					
	- 				
	-		+++	 +	
			1		
g Fees and contracts from government agencies .	}				
Membership dues and assessments	<u> </u>		\dashv		
Interest on savings and temporary cash	·				
investments			14	6.311.	
Dividends and interest from securities			14	6,311.	
Net rental income or (loss) from real estate	·			3	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property				j	
Other investment income			1-1		
Gain or (loss) from sales of assets other			1 1		
than inventory			14	-198,909.	
Net income or (loss) from special events	 				
Gross profit or (loss) from sales of inventory					
Other revenue			1 -1		
a FEDERAL TAX REFUND	[01	2,191.	
b					······································
d					
e					
Subtotal Add columns (b), (d), and (e)		(0.	-33,715.	
Total. Add line 12, columns (b), (d), and (e)			•	13	0.0 - 0.1
See worksheet in line 13 instructions to verify calculation	s)				
Part XVI-B Relationship of Activitie		omplishment of	Evenet	Durnaga	
Nelationship of Activities	es to the Acc		Exempt	rurposes	
Line No. Explain below how each activity for which	income is reported	in column (e) of Part XV	/I-A contribi	uted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other)	than by providing fi	inds for such purposes)	<u> </u>		
	····				

_	 	 	 	 			
_							
_							
					 	_	
_		 		 	 		

923621 02-02-10

Form **990-PF** (2009)

C/O BANK OF HAWAII

HOTEAN	Information R Exempt Organ		To and Transactions an	a Heletionships with Non	Chartable
1 Old the			ollowing with any other organization	described in section 501(c) of	Yes No
			ction 527, relating to political organization		
	fars from the reporting found				
(1) C	• •		mpt organication or		1a(1) X
	ther assets				1a(2) X
• •	transactions	'	•		
	ales of assets to a noncharit	shie exempt omanization			1b(1) X
	urchases of assets from a ne	, •	etion		1b(2) X
	ental of facilities, equipment	•		'	1b(8) X
	eimbursement arrangement				10(4) X
	oans or loan guarantees	0			1b(5) X
	erformance of services or m	amharshin or hindralsing so	dicitations		1b(8) X
4	ng-of-facilities, equipment, m				X
				ys show the fair market value of the g	
				in any transaction or sharing arranger	
	in (d) the value of the goods			in this transaction of sharing arrange.	110/11, 51/04/ 1/1
(a) Line no	(b) Amount involved		naritable exempt organization	(d) Description of transfers, transaction	ne and sharing errangements
(4) (31.0 110	(b) randont arrolled		I/A	(c) becapital of defined sections	
	· · · · · · · · · · · · · · · · · · ·		1/ A	<u> </u>	
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	······································	- 			
				<u> </u>	
in sec	tion 501(c) of the Code (oth	er than section 501(c)(3)) o	to, one or more tax-exempt organiza r in section 527?	ations described	Yes X No
b if Yes	s," complete the following so		(h) Year of amagination	(a) Decoration of m	Intionchin
	(a) Name of o	ryanization	(b) Type of organization	(c) Description of re	auonsnip
	N/A				
					
					
			ding accompanying schedules and stateme based on all information of which prepare h	nts, and to the best of my knowledge and be see any knowledge.	lled, it is true, correct,
Signal Signal	gnature of officer or trustee		Date	Title	· · · · · · · · · · · · · · · · · · ·
Sign Here er's surface with	Preparer's	····	Da	te Check if	Preparer's Identifying number
Sign Paid Preparer's Use Only	signature	DIND AM	NOV I	5 2010 sett-	P00748265
~ B 20	Firm's name (or yours BAN	K OF HAWAII		EIN ► 99-	5033907
	If self-employed). P.O	. BOX 3170, I	DEPT. 715		
	address, and ZIP code HON	OLULU, HI 968		Phone no.	

FORM 990-PF INTEREST ON SAVI	NGS AND	TEMP	ORARY CA	SH I	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
BANK OF HAWAII ACCOUNT NO. M2	7102				•	6,3	11.
TOTAL TO FORM 990-PF, PART I,	LINE 3,	COL	UMN A			6,3	11.
FORM 990-PF DIVIDEND	S AND IN	TERE	ST FROM	SECU	RITIES	STATEMENT	2
SOURCE	GR	oss	AMOUNT		PITAL-GAINS- DIVIDENDS	COLUMN-(A AMOUNT) —-
BANK OF HAWAII ACCOUNT NO.		1	56,692.		0.	156,6	92.
TOTAL TO FM 990-PF, PART I, L	N 4	1	56,692.	-	0.	156,6	92.
FORM 990-PF	ОТНЕ	R IN	ICOME			STATEMENT	3
DESCRIPTION		F	(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME		
FEDERAL TAX REFUND			2,1	191.	0		
TOTAL TO FORM 990-PF, PART I,	LINE 11		2,1	191.	0		
	ACCOU	NTIN	NG FEES			STATEMENT	4
FORM 990-PF							
DESCRIPTION	(A) EXPENSE PER BOO	ES .	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
	(A) EXPENSE PER BOO	ES .	NET INVI		ADJUSTED NET INCOM) CHARITA	ES

FORM 990-PF	TAX	ES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
2009 EXTENSION PAYMENT FOREIGN TAXES WITHHHELD	1,000. 4,081.	4,08	0. 31.	0.		
TO FORM 990-PF, PG 1, LN 18	5,081.	4,08	31.	0.		
FORM 990-PF	OTHER_EXPENSES			STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
ANNUAL REPORT	5.		0.	5.		
TO FORM 990-PF, PG 1, LN 23	5.	· 	0.	5.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7		
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE		
COMMON & FOREIGN STOCK - SEE	STATEMENT A	TTACHED	7,036,677.	8,117,422.		
TOTAL TO FORM 990-PF, PART II, LINE 10B			7,036,677.	8,117,422.		

	LIST OF OFFICERS, D AND FOUNDATION MANA		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
BANK OF HAWAII P.O. BOX 3170 HONOLULU, HI 968023170	AGENT 1.00	13,659.	0.	0.
LEBURTA G. ATHERTON P.O. BOX 3170 HONOLULU, HI 968023170	PRES/DIR 0.00	0.	0.	
MARJORY A. NEWELL P.O. BOX 3170 HONOLULU, HI 968023170	VP/DIR 0.00	0.	0.	0.
FRANK C. ATHERTON, II P.O. BOX 3170 HONOLULU, HI 968023170	SEC/DIR 1.00	0.	0.	0.
BALBI A. BROOKS P.O. BOX 3170 HONOLULU, HI 968023170	TREAS/DIR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	13,659.	0.	0.

LeBurta Atherton Foundation

TIN: 94-3260209 2009 Grant List

PAYEE	<u>PURPOSE</u>	<u>AMOUNT</u>
Community Hospital of Long Beach 1720 Termino Ave Long Beach, CA 90804	general operating support	15,000.00
Hawaii Food Bank 2611 Kilihau Street Honolulu, HI 96819-2272	program support	35,000.00
Hawaii School for Girls 2933 Poni Moi Road Honolulu, HI 96815	program support	25,000.00
Hawaiian Legacy Foundation P.O. Box 551752 Kapa'au, HI 96755	operating and program support	50,000.00
Hawaiian Mission Children's Society dba Mission Houses Museum 553 South King Street Honolulu, HI 96813-3002	operating support	15,000.00
Heifer International 1 World Avenue Little Rock, AR 72202-2863	operating and program support	25,000.00
Honolulu Academy of Arts 900 South Beretania Street Honolulu, HI 96814-1495	programs and operational Support	1,000.00
Kona Historical Society P.O. Box 398 Capt. Cook, HI 96704	program support	9,000.00

LeBurta Atherton Foundation

TIN: 94-3260209 2009 Grant List

PAYEE	PURPOSE	<u>AMOUNT</u>
Long Beach Aquarium of the Pacific 100 Aquarium Way Long Beach, CA 90802	program support	\$25,000
Long Beach Rotary Charitable Foundation 1119 Queens Highway, Suite 103 Long Beach, CA 90802-6390	program support	5,000.00
Mid-Pacific Institute 2445 Kaala Street Honolulu, HI 96822-2299	general operating upport	1,000.00
Rancho Los Cerritos Foundation 4600 Virginia Road Long Beach, CA 90807-1916	program support	50,000.00
Oceania Community Health P.O. Box 2366 Kailua-Kona, HI 96745	Operating Support	\$10,000.00
The Food Basket, Inc. 140-B Holomua Street Hilo, HI 96720	program support	35,000.00
Punahou School 1601 Punahou Street Honolulu, Hi 96822	program support	1,000.00
Punahou School 1601 Punahou Street Honolulu, HI 96822	Operating Support	\$25,000

LeBurta Atherton Foundation TIN: 94-3260209 2009 Grant List

<u>PAYEE</u>	PURPOSE	<u>AMOUNT</u>
Friends of the Bond Memorial Public Library 54-3903 Akoni Pule Highway Kapaau, HI 96755-0248	program support	10,000.00
Cystic Fibrosis Foundation 1 Arlington Road, 2nd floor Bethesda, Maryland 20814	operating support	20,000.00
Alzheimer's Association 1050 Ala Moana Blvd, Bldg D15 Honolulu, Hl 96814	operating support	1,000.00
Waimea Outdoor Circle P.O. Box 6144 Kamuela, HI 96743	program support	20,000.00
Hawaii Meals on Wheels, Inc. P.O. Box 61194 Honolulu, HI 96839-1194	operating and program support	50,000.00
Long Beach Ronald McDonald House 765 South Pasadena Avenue Pasadena, CA 91105	program support	60,000.00
Hospice Hawaii 860 Iwilei Road Honolulu, HI 96817-5018	operating and program support	30,000.00
Ronald McDonald House Charities of Hawaii, Inc. P.O. Box 61777 Honolulu, HI 96839	program support	30,000.00
Woods Hole Research Center 149 Woods Hole Road Falmouth, MA 02540-1644	operating support	5,000.00

LeBurta Atherton Foundation

TIN: 94-3260209 2009 Grant List

PAYEE	PURPOSE	AMOUNT
The Academy of Natural Sciences 1900 Benjamin Franklin Parkway Philadelphia, PA 19103	operating support	5,000.00
Maui Food Bank 760 Kolu Street Wailuku, HI 96793	program support	15,000.00
Kauai Food Bank 3285 Waapa Street, Suite A Lihue, HI 96766	program support	15,000.00
Three Ring Ranch 75-809 Keaolani Drive Kailua-kona, HI 96740	Building of classroom	10,000.00
	TOTAL	598,000.00

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

Form 8868 (Rev 4-2009)

) If vo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
, 5	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this t	orm).	
o not	t complete Part II unless you have already been granted an automatic 3-month extension on a previously file	d Forn	m 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
artic	only		▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extens	sion of time
	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensio	n of tim	ne to file one of the returns
noted in not au rou mi	below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or corpust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file is gov/efile and click on e-file for Chanties & Nonprofits	cally if (isolidat	you want the additiona ited Form 990-T. Instead,
уре с		Emple	oyer identification numb
orint	LEBURTA ATHERTON FOUNDATION		
	C/O BANK OF HAWAII	94	4-3260209
ile by the lue date iling you	e for Number, street, and room or suite no. If a P.O. box, see instructions.		
etum S			
Check	k type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 47	20	
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52		
\equiv	Form 990-EZ Form 990-T (trust other than above) Form 60		
	Form 990-PF		
			
	BANK OF HAWAII	1 2	
	e books are in the care of \blacktriangleright 111 S. KING STREET, HONOLULU, HI $-$ 968	1 <	
The	- (000) COA AFAO		
Tel	ephone No. ► (808)694-4540 FAX No ►		
Tele If the	ephone No. ► (808) 694-4540 FAX No ► the organization does not have an office or place of business in the United States, check this box		▶□
Tele If the	ephone No. (808) 694-4540 FAX No he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this	s is for	
Tele If the	ephone No. ► (808) 694-4540 FAX No ► the organization does not have an office or place of business in the United States, check this box	s is for	
Teld If the If t	lephone No. ► (808) 694-4540 he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift it is for part of the group, check this box ■ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until 1.00 and 1.0	s is for membe	ers the extension will cove
Tele If the lifth oox	lephone No. ► (808) 694-4540 FAX No ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this If it is for part of the group, check this box ► and attach a list with the names and EINs of all	s is for membe	ers the extension will cove
Tele If the lift the	lephone No. ► (808) 694-4540 FAX No ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:	s is for membe	ers the extension will cove
Tele If the lifth box	the organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this lift it is for part of the group, check this box ■ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a	s is for membe	ers the extension will cove
Tele If the lifth box	the organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a is for the organization's return for: ▶ X calendar year 2009 or, and ending, and ending, and ending	s is for member il	The extension
Tele If the lifth soox	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this lifet is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or	s is for member il	ers the extension will cove
Tele If the lifth coox I	the organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this lifet is for part of the group, check this box ■ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: ■ X calendar year 2009 or ■ tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	s is for member il above.	The extension Change in accounting per
Tele If the If t	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this lifet is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or tax year beginning , and ending for this tax year is for less than 12 months, check reason: Initial return Final return Final return fit this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits.	s is for member il	The extension
Telephone If the	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or and ending , and ending , and ending If this tax year is for less than 12 months, check reason: Initial return Final return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	s is for members il above.	The extension Change in accounting per
Telepone If the poor I	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box	s is for member il above.	The extension Change in accounting per
Tele If the If t	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box	s is for members il above.	The extension Change in accounting per
Teller If the box 1	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box	s is for members il above.	The extension Change in accounting per

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	▶ [X]
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed F	
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	ples needed).
Name of Exempt Organization	Employer Identification number
Type or LEBURTA ATHERTON FOUNDATION	
print C/O BANK OF HAWAII	94-3260209
due date for P.O. BOX 3170, DEPT 715	For IRS use only
filing the return See City, town or post office, state, and ZIP code. For a foreign address, see instructions HONOLULU, HI 96802-3170	
Check type of return to be filed (File a separate application for each return):	
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Form 5227 Form 8870
Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Form 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly filed Form 8868.
BANK OF HAWAII	
• The books are in the care of ▶ 111 S. KING STREET, HONOLULU, HI - 968	13
Telephone No. ► (808) 694-4540 FAX No. ►	
If the organization does not have an office or place of business in the United States, check this box	▶ □
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	is for the whole group, check this
box . If it is for part of the group, check this box and attach a list with the names and EINs of all r	
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010	
5 For calendar year 2009, or other tax year beginning, and ending	
6 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
7 State in detail why you need the extension	
MORE TIME IS NEEDED TO GATHER INFORMATION REQUIRED TO	FILE
A COMPLETE AND ACCURATE RETURN.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	1 450
nonrefundable credits. See instructions.	8a \$ 1,458.
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	<u></u>
previously with Form 8868.	8b \$ 4,040.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	8c \$ 0.
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. Signature and Verification	8c \$ 0.
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	hest of my knowledge and heliaf
it is true, correct, and complete, and that I am authorized to prepare this form	Post of my knowledge and belief,
Signature > Jun ramote Title > VICE PRES. BANK OF HI	Date ► AUG 0 6 2010
	Form 8868 (Rev 4-2009)