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Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

For (For calendar year 2009, or tax year beginning , and ending						
G	Check	all that apply: Initial return	Initial return of a former public charity Final return				
		Amended return	Address chan	ge 🔲	Name change		
Use	the I	IRS Name of foundation			A Employer identification	number	
	abel	pavid s. ISHII FOUNDA	TION				
Oth	erwi				99-0345364		
	print		elivered to street address)	Room/suite	B Telephone number		
	r type Spec	" ZOOS D. KING DIKEBI		204	808-941-44	88	
	ructio	one City of town, State, and ZIP code			C If exemption application is pe		
		HONOLULU, HI 96826			D 1. Foreign organizations	, check here	
4	_	type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation	
<u> </u>			Other taxable private founda		E If private foundation stat		
		irket value of all assets at end of year J Accounti	-	Accrual	under section 507(b)(1)		
	·\$	Part II, col. (c), line 16) 01 291 , 127 . (Part I, colu	ther (specify)	hasis I	F If the foundation is in a (under section 507(b)(1)		
	art I		_			(d) Disbursements	
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	21,805.			(445.7 2 25.0 4.77)	
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	6,367.	6,367.		STATEMENT 1	
	4	Dividends and interest from securities		- ,			
	5a	Gross rents					
	Ь	Net rental income or (loss)					
a	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 8a					
ě	7	Capital gain net income (from Part IV, line 2)		0.			
ш	8	Net short-term capital gain		,			
	9	Income modifications Gross sales less returns		,		·	
	10a	and allowances					
	1	Less Cost of goods sold			·-·		
	1	Gross profit or (loss)	75,040.	0.	75 040	STATEMENT 2	
	11	Other income Total. Add lines 1 through 11	103,212.	6,367.	75,040.	STATEMENT Z	
	13	Compensation of officers, directors, trustees, etc	0.	0,307.	75,040.	0.	
	14	Other employee salaries and wages	0.	•	<u>.</u>	<u> </u>	
	15	Pension plans, employee benefits					
nses	1	Legal fees					
ш.	┸	Accounting fees STMT 3	1,047.	0.	1,047.	0.	
Ž.	C						
3	17		3.	0.	3.	0.	
rati	188	Taxas 3 1 20th C STMT 4	3,574.	36.	3,538.	0.	
Operating and Administrative Exp	719	Taxes G 3 1 2010 O STMT 4	425.	0.	425.		
Ē	20-	Occupancy					
ğ	21	Travel? conferences, and meetings					
ă	22	Printing and publications	1,254.	0.	1,254.	0.	
ing	23	Other expenses STMT 5	49,333.	0.	49,333.	0.	
rat	24	Total operating and administrative	55 636	2.0	55 600	_	
Ö		expenses. Add lines 13 through 23	55,636.	36.	55,600.	0.	
		Contributions, gifts, grants paid	22,995.			22,995.	
	26	Total expenses and disbursements.	78,631.	36.	55 600	22,995.	
	27	Add lines 24 and 25 Subtract line 26 from line 12:	10,031.	30.	55,600.	44,333.	
		Excess of revenue over expenses and disbursements	24,581.				
		Net investment income (if negative, enter -0-)	24,301.	6,331.			
	1	Adjusted net income (it negative, enter -0-)		0,331.	19,440.		
9235	i01 2-10	LHA For Privacy Act and Paperwork Reduction	Act Notice, see the instruc	tions.	<u> </u>	Form 990-PF (2009)	

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rorm	990-PF	(2009)

orm	990-PF (2009) C/O FAY NAGATA	Dogunes of		0345364 Page 2
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>
$\overline{}$		(a) Book Value	(b) Book Value	(c) Fair Market Value
- 1	Cash - non-interest-bearing	150 053	00.000	00 000
- 1	Savings and temporary cash investments	179,853.	80,999.	80,999.
;	Accounts receivable >			
	Less: allowance for doubtful accounts			
'	Piedges receivable >			
Ι.	Less: allowance for doubtful accounts			
	Grants receivable		. <u>-</u>	
'	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
- '	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
5 3	Inventories for sale or use			
SE I	Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
ין י	·			
	b Investments - corporate stock			-
	c Investments - corporate bonds			·- ·- ·-
- '	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
- 1	! Investments - mortgage loans Investments - other STMT 6	111,248.	234,908.	200 401
13		111,240.	234,500.	209,491.
'	Land, buildings, and equipment: basis ► 2,213. Less accumulated depreciation STMT 7 ► 1,576.	1,062.	637.	627
4		1,002.	037.	637.
13	Other assets (describe ►)			
4	5 Total assets (to be completed by all filers)	292,163.	316,544.	291,127.
1		272,103.	JIO,J44.	<u> </u>
11				
. م ا	`.`	2,360.	2,160.	
o i	Loans from officers, directors, trustees, and other disqualified persons	2,300.	2,100.	
ē 2				
 . ∣	2 Other liabilities (describe ►			
•				
2:	Total liabilities (add lines 17 through 22)	2,360.	2,160.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 2				
Net Assets or Fund Balances				
E 2	S Permanently restricted			
밀	Foundations that do not follow SFAS 117, check here			
린	and complete lines 27 through 31			
Ö 2	Capital stock, trust principal, or current funds	289,803.	314,384.	
ğ 2	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥ 2	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
를 3	Total net assets or fund balances	289,803.	314,384.	
3	Total liabilities and net assets/fund balances	292,163.	316,544.	
Pai	t III Analysis of Changes in Net Assets or Fund Ba	lances		
		<u>.</u>	- 1 1	
	tal net assets or fund balances at beginning of year - Part II, column (a), line 30	J		200 002
•	ust agree with end-of-year figure reported on prior year's return) ter amount from Part I, line 27a		1 2	289,803. 24,581.
	to amount nominating and ETE		2	<u> </u>

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		Γ	
	(must agree with end-of-year figure reported on prior year's return)	<u> </u>		289,803.
2	Enter amount from Part I, line 27a	2		24,581.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		314,384.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		314,384.

10	arehouse; or common stock,	sold (e.g., real estate, , 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation		late acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
<u> 1a</u>							
b NO	NE			<u></u>			
c							
d					_		
e		· , ·					
(e) Gross sales price	(f) Depreciation allowe (or allowable)		st or other basis xpense of sale			h) Gain or (loss) plus (f) minus (
a	<u> </u>						
<u>b</u>							
<u>C</u>							
<u> </u>							
Complete only for assets showing	an gain in column (h) and ou	uned by the foundation	on 12/21/60		40.0	- (0-1 (5)	
Complete only for assets showing		<u> </u>		\dashv		is (Col. (h) gain out not less than	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any		Los	ses (from col. (I))
a					. =	 	
b							
<u>c</u>							· - · · · · · · · · · · · · · · · · · ·
d				_			
e	<u> </u>						
Capital gain net income or (net ca	$ \begin{cases} \text{If gain, al} \\ \text{If (loss),} \end{cases} $	Iso enter in Part I, line i enter -0- in Part I, line	7 7	} 2	,		
Net short-term capital gain or (los	ss) as defined in sections 12	22(5) and (6):					
If gain, also enter in Part I, line 8,		., .,		}			
If (loss), enter -0- in Part I, line 8		<u> </u>	-	<u> </u>			
Part V Qualification U For optional use by domestic private	nder Section 4940				incom	B	
f section 4940(d)(2) applies, leave the Vas the foundation liable for the sect f Yes," the foundation does not qual Enter the appropriate amount in a	tion 4942 tax on the distribu	o not complete this pa	rt.				Yes X No
(a) Base period years Calendar year (or tax year beginni	Advisted suplif	(b) fying distributions		(c) ncharitable-use as	ssets	Distrib	(d) ution ratio ded by col. (c))
2008	ng mj	23,000.		256,9		(601. (6) 614	.08949
2007		27,000.		258,8			.10432
2006		14,600.		215,1			
2005		19,500.				-	.06786
2004				167.1	.16.		
		16,500.		167,1 121,2			.11668
	<u> </u>						.11668
					72.	2	.11668
? Total of line 1, column (d)	5-year base period - divide tl	16,500.	or by the number	121,2	72.	2	.11668
Total of line 1, column (d)		16,500.	or by the number	121,2	272.	2	.11668 .13605
Total of line 1, column (d) Average distribution ratio for the the foundation has been in existent	nce if less than 5 years	16,500.	or by the number	121,2	272.	3	.11668 .13605 .51442
Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister. Enter the net value of noncharitation	nce if less than 5 years	16,500.	or by the number	121,2	272.		.11668 .13605 .51442 .10288 273,645
Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister Enter the net value of noncharitate.	nce if less than 5 years	16,500.	or by the number	121,2	272.	3	.11668 .13605 .51442 .10288 273,645
Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister Enter the net value of noncharitate Multiply line 4 by line 3	nce if less than 5 years ole-use assets for 2009 from	16,500.	or by the number	121,2	272.	3	.11668 .13605 .51442 .10288 273,645 28,154
Protal of line 1, column (d) Average distribution ratio for the the foundation has been in existed. Enter the net value of noncharitate. Multiply line 4 by line 3. Enter 1% of net investment incon	nce if less than 5 years ole-use assets for 2009 from	16,500.	or by the number	121,2	272.	3 4 5	.11668 .13605 .51442 .10288 273,645 28,154
? Total of line 1, column (d) 3 Average distribution ratio for the	nce if less than 5 years ole-use assets for 2009 from ne (1% of Part I, line 27b)	16,500.	or by the number	121,2	272.	3 4 5 6	.116689 .136058 .514426 .102889 273,645 28,154 63 28,217
Protal of line 1, column (d) Average distribution ratio for the the foundation has been in exister Enter the net value of noncharitation Multiply line 4 by line 3 Enter 1% of net investment incon Add lines 5 and 6	nce if less than 5 years ole-use assets for 2009 from ne (1% of Part I, line 27b) n Part XII, line 4	16,500. the total on line 2 by 5, Part X, line 5		121,2 of years	272.	3 4 5 6	.067869 .116689 .136059 .514429 .102889 273,645 28,154 63 28,217 22,995

DAVID S. ISHII FOUNDATION

Form	990-PF (2009) C/O FAY NAGATA	9	99-	03453	64	ſ	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	948 ·	- see in	stru	ctior	ns)
1a	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%	L	1			1	<u>27.</u>
	of Part I, line 27b			İ			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part i, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	L	2				0.
3	Add lines 1 and 2	-	3			1	<u>27.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	-	_ 4	ļ			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5			1	<u>27.</u>
6	Credits/Payments:						
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
	Exempt foreign organizations - tax withheld at source 6b	-					
	Tax paid with application for extension of time to file (Form 8868) 6c			ŀ			
	Backup withholding erroneously withheld 6d 6		_				^
	Total credits and payments. Add lines 6a through 6d	-					0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8	-		- 1	27
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9_	<u> </u>			<u>27.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunded rt VII-A Statements Regarding Activities		11	1		. —	
		n,000.				Yes	No
Ia	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte any political campaign?	i velle i	11	F	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	n)2			1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub		100		ייי		
	distributed by the foundation in connection with the activities.	mancu	, 0,		ĺ		
	Did the foundation file Form 1120-POL for this year?				1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			-	-		
·	(1) On the foundation. \$ (2) On foundation managers. \$ \$	0.					
٥	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
·	managers. > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
_	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	tion, 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
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	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			İ			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	e state	law				
	remain in the governing instrument?			L	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.						
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)			ĺ			
	of each state as required by General Instruction G? If "No," attach explanation			 	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	or caler	ndar				
	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	<u>S'</u>	<u>rmi</u>	8 1	10	X	<u> </u>

		343364	:	- ago o
.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	ļ	<u>X</u>
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	X	
	Website address ► DAVIDSISHIIFOUNDATION.ORG			
14	The books are in care of ► FAY NAGATA Telephone no. ►808	-941-4	488	
		▶96826)	
15	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	N	[/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	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?	lo l		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	Vo		
	(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)?	Vo		
	(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 period after			
	termination of government service, if terminating within 90 days.)	Vo		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	1	Х
	Organizations relying on a current notice regarding disaster assistance check here	7		
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	_		
Ū	before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 10		
-	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
_	before 2009?	Vo.		
	If "Yes," list the years ▶ , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	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.			
Ī	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?	No l		
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	
Ī	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			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	А зь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
•	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		х
		Form 99 0)-PF	

DAVID S. ISHII FOUNDATION

Form 990-PF (2009) C/O FAY NAGATA			99-03453	64 Page 6
	orm 4720 May Be I	Required (contin	ued)	
Part VII-B Statements Regarding Activities for Which F 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945 and the foundation, during the year, receive any funds, directly or indirectly, to page 1.5 and 1	n 4945(e))? r to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or described in section or educational purposes, or described ctions)? ere om the tax because it mainta	ectly, Ye Ye for Regulations	es X No es X No es X No es X No es X No	ib X
a personal benefit contract?	bay premiums on	☐ Y4	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	Sb X
If "Yes" to 6b, file Form 8870.			[
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es 🗶 No 📙	
b If yes, did the foundation receive any proceeds or have any net income attribute				'b
Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors	ees, Foundation Ma	inagers, nigni	y 	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
NONE	develor to position		COMPENSABIL	unowant65
		I	L	
Total number of other employees paid over \$50,000				0

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(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 Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state	istical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	
1N/A		
		-
2		
3		
	·	
4		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
1 N/A	· · · · · · · · · · · · · · · · · · ·	
		
^		
2	•	
	·	
All other control of the discrete All of the control		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	> _	0.

Ρ	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undatioi	ns, 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	94,583.
b	Average of monthly cash balances	1b	94,583. 183,229.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	277,812.
е	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	277,812.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,167.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	273,645.
6	Minimum investment return. Enter 5% of line 5	6	13,682.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	and certa	IN
1	Minimum investment return from Part X, line 6	1	13,682.
2a	Tax on investment income for 2009 from Part VI, line 5		<u> </u>
b	Income tax for 2009. (This does not include the tax from Part VI.)	7]	
C	Add lines 2a and 2b	2c	127.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,555.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,555.
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	13,555.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	22,995.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
a	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 Part XIII, line 4	4	22,995.
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	22,995.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies	s for the section
	4940(e) reduction of tax in those years		

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				13,555.
2 Undistributed income, if any, as of the end of 2009				13,333.
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 10,442.				
b From 2005 11,225.				
c From 2006 3,975.				
d From 2007 14,318.				
e From 200810,308.				
f Total of lines 3a through e	50,268.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 22,995.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	- 0.			13,555.
d Applied to 2009 distributable amount e Remaining amount distributed out of corpus	9,440.	·		13,333.
5 Excess distributions carryover applied to 2009	0.			0.
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	59,708.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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.		
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				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	40 440			
not applied on line 5 or line 7	10,442.			
9 Excess distributions carryover to 2010.	40 266			
Subtract lines 7 and 8 from line 6a	49,266.			
10 Analysis of line 9: a Excess from 200511, 225.				
b Excess from 2006 3, 975.				
c Excess from 2007 14,318.				
d Excess from 2008 10, 308.				
e Excess from 2009 9, 440.			}	
, , , , , ,		<u> </u>		Form 990-PF (2009)

DAVID S form 990-PF (2009) C/O FAY	. ISHII FOU	NDATION		99-03	45364 Page 10
Part XIV Private Operating Fo		structions and Part VII-	A, question 9)		43304 1age 10
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2009, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described in	section	4942(J)(3) or 49)42(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					
alternative test relied upon:					
a "Assets" alternative 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					i
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support from				· · · · · · · · · · · · · · · · · · ·	
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundatio	n had \$5,000 or me	ore in assets
at any time during the					455515
1 Information Regarding Foundation	n Managers:		-		
a List any managers of the foundation who	•	than 2% of the total contr	ibutions received by th	ne foundation before the clo	se of any tax
year (but only if they have contributed m					oo or arry tax
DAVID S. ISHII					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation (or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has			. ,	. ,	•
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pre	ograms:		
Check here X if the foundation of	nly makes contributions	to preselected charitable of	organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	viduals or organizations ui	nder other conditions,	complete items 2a, b, c, and	i d.
a The name, address, and telephone numb	per of the person to who	m applications should be	addressed:	•	
b The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, o	r other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year HAWAII HIGH SCHOOL STATE NONE PUBLIC NONSUBSIDIZE COST OF 11,495. PROFIT ATHLETIC ASSOCIATION HAWAII STATE 1202 PROSPECT STREET A201 BOYS/GIRLS GOLF TOURN HONOLULU, HI 96822 ANNA J. JANG NONE INDIVIDUAL COLLEGE SCHOLARSHIP 2,500. 98-663 KUINI STREET AIEA, HI 96701 INDIVIDUAL COLLEGE SCHOLARSHIP DANA R. CADIZ NONE 2,500. 265 MIKOHU LOOP KAHULUI, HI 96732 CHAN WOONG PARK NONE INDIVIDUAL COLLEGE SCHOLARSHIP 2,500. 68-1745 WAIKOLOA ROAD, #K203 WAIKOLOA, HI 96738 OSCARD Y.S. CHANG NONE INDIVIDUAL COLLEGE SCHOLARSHIP 2,500. 1365 HALOA DRIVE HONOLULU, HI 96818 DANIEL TANIGAWA NONE 1,500. INDIVIDUAL COLLEGE SCHOLARSHIP 98-1635 PIKI STREET AIEA, HI 96701 ► <u>3a</u> 22,995. Total b Approved for future payment NONE Total

Enter gross amounts unl	ess otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
1 Program service reve		(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a		3333				
•			,			
			•	-		
				 		
f						
 Fees and contracts 	from government agencies					
2 Membership dues and		1		\vdash		
3 Interest on savings ar investments						6,367.
4 Dividends and interes	t from securities					0,00,
5 Net rental income or (<u> </u>		
a Debt-financed pro	•		,	 		
b Not debt-financed	·					
6 Net rental income or (· · ·					
property	icos, iiom porcona.	1 1				
7 Other investment inco	me					
8 Gain or (loss) from sa						
than inventory		1 1				
9 Net income or (loss) (rom special events					27,927.
10 Gross profit or (loss)	·					
11 Other revenue:	·					
a				ļ		
d						
е						
12 Subtotal. Add column	s (b), (d), and (e)		0.		0.	34,294.
13 Total Add line 12, co	lumns (b), (d), and (e)				13	34,294.
See worksheet in line 13	instructions to verify calculations.)					
Part XVI-B	elationship of Activities t	to the Acco	omplishment of Ex	emp	t Purposes	
	elow how each activity for which inco lation's exempt purposes (other than			contril	buted importantly to the accon	nplishment of
3E INTERE	ST INCOME USED TO	O DEFRA	Y PROGRAM RE	LAT	ED EXPENSES	
	DS USED TO FUND					HE HAWAII
	CHOOL STATE BOYS					
1						

DAVID S. ISHII FOUNDATION 99-0345364 Form 990-PF (2009) C/O FAY NAGATA Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) X (2) Other assets 1a(2) X Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described T Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b If Yes, complete the following schedule.			
(a) Name of organization	(b) Type of organization	(c) Description of relationship	
N/A			
•			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 8/24/2010 TREASURER dre of officer or trus Preparer's identifying number Date Check if Preparer's 08/11/10 employed ▶ <u>}</u> signature **EGAMI** & CPAS, INC. EIN ▶ Firm's name (or yours 615 PIIKOY STREET, SUITE 2001 ıl sell-employed).

HI 96814-3147

Form 990-PF (2009)

(808)591-2772

address, and ZIP code

HONOLULU,

Phone no.

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 bo.	x	▶ [X]	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	3868.	
 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	pies n	eeded)	_
Name of Exempt Organization	Emple	oyer identification number	 T
Type or DAVID S. ISHII FOUNDATION			
C/O FAY NAGATA	9	9-0345364	
Number, street, and room or suite no. If a P O box, see instructions. Number, street, and room or suite no. If a P O box, see instructions.	For IR	S use only	
filing the return See City, town or post office, state, and ZIP code For a foreign address, see instructions.			
HONOLULO, HI 90020			
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 4720 Form 990-BL X Form 990-PF Form 990-T (trust other than above)	= -	rm 5227 Form 887 rm 6069	0
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly filed	d Form 8868.	_
The books are in the care of ▶ 2065 S. KING STREET, SUITE 204 - HONOLU: Telephone No ▶ 808-941-4488 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 box ▶ and attach a list with the names and EINs of all r I request an additional 3-month extension of time until NOVEMBER 15, 2010 For calendar year 2009, or other tax year beginning, and ending final return Final return	s is for nembe	the whole group, check th	
7 State in detail why you need the extension			
TAXPAYER HAS NOT OBTAINED ALL OF THE INFORMATION			
NECESSARY TO PREPARE 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	İ		
nonrefundable credits. See instructions	8a	\$ (<u>.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	1		
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
previously with Form 8868.	8b	\$ (<u>.</u>
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ (<u>.</u>
Signature and Verification			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form.	best of		
Signature Title AGENT - CPA	Date	► 8/11/10	
		Form 8868 (Rev. 4-20))9)

923832 05-26-09

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Applica on for Extension of Time To le an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (or page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I	If you are filing for an Automatic 3-Month Extension, complete only Part I and che	eck this box	X
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only As other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. As other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically f(1) you want the additional filer and the filer of the form 990-T). However, you cannot file Form 8868 electronically f(1) you want the additional filer and check on other 920-T, instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit was governed and cleck on other Proceedings of the form 990-T (and check on even and cleck on other for Chemites & Princeporties. Name of Destript Organization Name of Destri			
A corporation required to file Form 990.1 and requesting an automatic 6-month extension - check this box and complete Part I only A corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the returns. Comerally, you can electronically file Form 8989 if you want a 6-month automatic extension of time to file one of the returns file form 690 in a composition required to file Form 990-11, Novever, you cannot file Form 9898 electronically if (1) you want the additional fold automatic) a month electronic of (2) you file Form 990-11, Novever, you cannot file Form 9898 electronically if (1) you want the additional fold automatic) and another composition or consolitation of (2) you file Form 980-11, Novever, you cannot file Form 9808 electronically if (1) you want the additional fold automatic) and and click on e-file for Charles & Renprofile. Type or Name of Everpt Organization Name of Everpt Organization Name of Everpt Organization Name of Everpt Organization Nover yes queried and click on e-file for Charles & Renprofile. Type or Name of Everpt Organization Nover yes queried and click on e-file for Charles & Renprofile. Type or Name of Everpt Organization Nover yes queried and click on e-file for Charles & Renprofile. Type or Name of Everpt Organization Nover yes queried and click on e-file for Charles & Renprofile. Type or Name of Everpt Organization Nover yes queried and click on e-file for Charles & Renprofile. Type or Part Nagarta Nover yes queried or Form 990-1 (control organization for each return): Form 990 Form 990 Form 990 Form 990-1 (control organization for each return): Form 990-2 Form 990-1 (control organization for each return): Form 990-2 Form 990-1 (control organization for each return): Form 990-2 Form 990-1 (control organization for each return): Form 990-2 Form 990-1 (control organization for each return): The books are in the care or yes and profile yes organization for each return for the org	Do not complete Part II unless you have already been granted an automatic 3-month	extension on a previously filed Fe	orm 8868.
# All other corporations (Including 1120-C (Bers), partnerships, REMICs, and brusts must use Form 7004 to request an extension of time to the Bicome tax returns. Electronic Filling (e-file), Generally, ou can electronically file Form 8568 if you want a 3-month automatic extension of time to file once of the returns not extension of 20 you file Forms 950-T), However, you cannot file Form 8568 electronically if (1) you want the additional not automatic) 3-month extension of 20 you file Forms 950-T), However, you cannot file Form 8568 electronically if (1) you want the additional not automatic) 3-month extension of 20 you file Forms 950-T), However, you cannot file Form 8568 electronically if (1) you want the additional not automatic) 3-month extension of 20 you file Forms 950-T, However, you cannot file Form 8568. For more details on the electronic filing of this form, was all the second of the form 8568. For more details on the electronic filing of this form, was all the second of the forms 8568. For more details on the electronic filing of this form, was all the second of the forms 8568. For more details on the electronic filing of this form, was all the second of the forms 8568. For more details on the electronic filing of this form, was all the second of the forms 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. Forms 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on the electronic filing of the form 8568. For more details on	Part I Automatic 3-Month Extension of Time. Only submit origina	il (no copies needed).	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. In the income tax returns. In the income tax returns. In the income tax returns are the care of the form 890-Th However, you cannot file form 896-Beactornically file (1) you want the additional form 690-Th However, you cannot file form 896-Beactornically file (1) you want the additional form 690-Th However, you cannot file form 896-Beactornically file (1) you want the additional form 690-Th However, you cannot file form 896-Beactornically file (1) you want the additional form 690-Th However, you cannot file	A corporation required to file Form 990-T and requesting an automatic 6-month extensi	ion - check this box and complete	•
to file income tax returns. Inclination of the income tax returns. Inclination of the income tax returns. Inclination of the inclination of the form 990-1, However, you cannot file form 9888 electronically file on orths for a corporation required to file form 990-1, However, you cannot file form 9888 electronically file form 990-1 instead, your must submit the fully completed and signed page 2 (Part II) of Form 980-8. For more details on the electronic filing of this form, visit warw. Is gov/elfe and click on enfet for Chantes & Nonzonfils. Type or Name of Exempl Organization of Name of	Part I only		▶ 🗀
Indeed below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic)	All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must u to file income tax returns.	use Form 7004 to request an exte	nsion of time
DAVID S. T.SHII FOUNDATION C/O FAY NAGATA 199-0345364	noted below (6 months for a corporation required to file Form 990-T). However, you can (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group re	nnot file Form 8868 electronically eturns, or a composite or consolic	If (1) you want the additional dated Form 990-T. Instead,
C/O FAY NAGATA	Type or Name of Exempt Organization	Em	ployer identification number
Number, street, and room or suite no. If a P.O. box, see instructions. 2065 S. KING STREET, NO. 204 2065 S. KING STREET, NO. 204 Check type of return to be filled (file a separate application for each return): Form 990 Form 990 Form 990-1 (corporation) Form 990 Form 990-1 (corporation) Form 990-2 Form 990-1 (corporation) Form 990-2 Form 990-7 (return to the filled (file a separate application for each return): Form 990-1 Form 990-1 (corporation) Form 990-2 Form 990-1 Form 990-1 (corporation) Form 990-2 Form 990-1 Form 1041-A Form 990-PF Form 990-PF Form 1041-A The books are in the care of ▶ 2065 S. KING STREET, SUITE 204 − HONOLULU, HI 96 826 Telephone No. ▶ 808-941-4488 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EliNs of all members the extension will cover. If request an automatic 3-month (6-months for a corporation required to file Form 990-1) extension of time until AUGUST 15, 2010 It is for the organization's return for: ▶ ☑ calendar year 2009 or ■ It this stay year is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-PF, 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 tax payments made. Include any prior year overgayment allowed as a credit. Balance Due, Subtract line 3b from line 3a. include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.			
Number, street, and room or sute no. In a P.D. box, see instructions. Number, street, and room or sute no. In a P.D. box, see instructions. October S. KING STREET, NO. 204	Edo by the		99-0345364
City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HI 96826	due date for Number, street, and room or suite no. If a P.O. box, see instructions.		
HONOLULU, HI 96826 Check type of return to be filed (file a separate application for each return): Form 990	return See		
Check type of return to be filed (file a separate application for each return): Form 990		structions.	
Form 990			
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-F2 Form 990-T (trust other than above) Form 6069 Form 8870 FAY NAGATA The books are in the care of 2065 S. KING STREET, SUITE 204 - HONOLULU, HI 96826 Telephone No. 808-941-4488 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 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 the organization and attach a list with the names and ElNs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 In the exempt organization return for the organization named above. The extension is for the organization's return for: X Calendar year 2009 or Initial return Initial			
Form 990-EZ Form 990-FT Form 990-T (trust other than above) Form 8870 FAY NAGATA The books are in the care of > 2065 S. KING STREET, SUITE 204 - HONOLULU, HI 96826 Telephone No. > 808-941-4488 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 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 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 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 this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group in the whole group, check this box If this is for the whole group. If the whole group is the whole group is the whole group in the whole group is the whole group. If this is for the whole group is the whole group is the whole group in the whole group is the whole group in the whole group is the whole group is the whole group in the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole group is the whole			
Form 990-PF			
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The books are in the care of 2065 S. KING STREET, SUITE 204 - HONOLULU, HI 96826 Telephone No. 808-941-4488 FAX No. 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 part of the group, check this box In the united States, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box 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-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 tax payments made. Include any prior year overpayment allowed as a credit. Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.	Form 990-FF From 1041-A		
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▼▼ calendar year 2009 or ▼▼ calendar year 2009 or ▼▼ tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period 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 tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.	 The books are in the care of ► 2065 S. KING STREET, SUIT Telephone No. ► 808-941-4488 FAX No. If the organization does not have an office or place of business in the United States, If this is for a Group Return, enter the organization's four digit Group Exemption Num 	, check this box	or the whole group, check this
AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X Calendar year 2009 Calendar year 2009 Calendar year beginning, and ending 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a 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. 3a \$ 0. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0. 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.	box . If it is for part of the group, check this box . and attach a list with	h the names and EINs of all mem	bers the extension will cover.
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 tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.	AUGUS'T 15, 2010 , to file the exempt organization return for some content or the organization is return for: ► X calendar year 2009 or	•	. The extension
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 0. 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.	2 If this tax year is for less than 12 months, check reason: Initial return	Final return	Change in accounting period
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See instructions. 3c \$ 0. 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.		· · · · · · · · · · · · · · · · · · ·	
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.		· · · · —	1 \$ 0.
	Caution. If you are going to make an electronic fund withdrawal with this Form 8868, s		
			Form 8868 (Rev. 4-2009)

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2009 DEPRECIATION AND AMORTIZATION REPORT

₩.	FORM 990-PF PAGE 1					-		990-PF		,					
	Description	Date Acquired	Method	Life	00=>	S S	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1 APPI	APPLE MACBOOK COMPUTER	08/07/07 200DE	7 200DE	5.00	至	17	2,213.				2,213.	1,151.		425.	1,576.
*	* TOTAL 990-PF PG 1 DEPR	_					2,213.				2,213.	1,151.		425.	1,576.
															
						0	(D) - Asset disposed	peso		*	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	Bonus, Comm	nercial Revita	ılızatıon Deduc	tion, GO Zone

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
BANCWEST FIRST HAWAIIAN BANK			_	3,660. 2,707.
TOTAL TO FORM 990-PF, PART I,	LINE 3, C	OLUMN A	=	6,367.
FORM 990-PF	OTHER	INCOME		STATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	_	75,040.	0.	75,040.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	75,040.	0.	75,040.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	1,047	. 0	. 1,047	7. 0.
TO FORM 990-PF, PG 1, LN 16B	1,047	. 0	. 1,047	7. 0.
FORM 990-PF	TA	XES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES & LICENSES OTHER TAXES-GENERAL EXCISE TAXES-FEDERAL EXCISE	3 3,413 158	. 36	. 3,377	
TO FORM 990-PF, PG 1, LN 18	3,574	. 36	. 3,538	3. 0.
=		=		

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
	(A) PENSES R BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
GOLF TOURNAMENT FUNDRAISING EXPENSES OFFICE SUPPLIES TRAVEL	43,736. 4,568. 1,029.		0. 0. 0.	43,73 4,56 1,02	8.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	49,333.		0.	49,33	33.	0.
FORM 990-PF O'	THER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	т
INVESTMENTS		COST		234,908.	209,4	91.
TOTAL TO FORM 990-PF, PART II, L	INE 13	:		234,908.	209,4	91.
FORM 990-PF DEPRECIATION OF AS	SETS NOT	HELD FOR	INVE	STMENT	STATEMENT	7
DESCRIPTION		T OR BASIS		MULATED RECIATION	BOOK VALU	E
APPLE MACBOOK COMPUTER		2,213.		1,576.	6	37.
TOTAL TO FM 990-PF, PART II, LN	14	2,213.		1,576.	6	37.

	SUBSTANTIAL CONTRIBUTORS STATEMENT 8 RT VII-A, LINE 10
NAME OF CONTRIBUTOR	ADDRESS
ALOHA SECTION PGA, INC.	770 KAPIOLANI BLVD., SUITE 706 HONOLULU, HI 96813
DAVID S. ISHII	98-627 NOHOALII ST. AIEA, HI 96701
YASUKO ASADA	4999 KAHALA AVE., APT 253 HONOLULU, HI 968165462
YOSHIE YOSHIKAWA	4999 KAHALA AVE., SUITE 166 HONOLULU, HI 96816

	LIST OF OFFICERS, I		STATI	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID S. ISHII 98-627 NOHOALII STREET AIEA, HI 96701	PRESIDENT/DIRE	ECTOR 0.	0.	0.
LORRAINE ISHII 98-627 NOHOALII STREET AIEA, HI 96701	VICE-PRES/SEC/ 0.00	DIRECTOR 0.	0.	0.
FAY M. NAGATA 1594 HOONIPO STREET PEARL CITY, HI 96782	TREASURER 0.00	0.	0.	0.
ALLAN YAMAMOTO 3530 WOODLAWN DRIVE HONOLULU, HI 96822	DIRECTOR 0.00	0.	0.	0.
ELTON TANAKA 98-608 NOHOALII STREET AIEA, HI 96701	DIRECTOR 0.00	0.	0.	0.

*DAVID S. ISHII FOUNDATION C/	O FAY NAGATA		99-0	345364
WARREN HARUKI P.O. BOX 2200 HONOLULU, HI 96841	DIRECTOR 0.00	0.	0.	0.
ALLAN IKAWA 585 HINANO STREET HILO, HI 96720	DIRECTOR 0.00	0.	0.	0.
ANN MILLER 876 CURTIS ST., #2609 HONOLULU, HI 96813	DIRECTOR 0.00	0.	0.	0.
WENDELL TOM 98-1950H KAAHUMANU STREET PEARL CITY, HI 96782	DIRECTOR 0.00	0.	0.	0.
TRACY TANJI 98-1713B KAAHUMANU STREET AIEA, HI 96701	DIRECTOR 0.00	0.	0.	0.
NEAL OKAMOTO 3310 HUELANI DRIVE HONOLULU, HI 96822	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.	0.