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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2010

Ford	alendar year 2010, or tax year beginning		, and ending		
G C	heck all that apply: Initial return	Initial return of a for	· · —	Final retur	n
	Amended return	Address chang	je 🔛	Name change	
Nan	ne of foundation			A Employer identificatio	n number
	A.C. KOBAYASHI FAMILY	FOUNDATION		99-0282744	l
Num	ber and street (or P O box number if mail is not delivered to stree	•	Room/suite	B Telephone number	
	1288 ALA MOANA BLVD,	SUITE 201	<u> </u>	808-535-21	L27
City	or town, state, and ZIP code			C if exemption application is i	
<u></u>	HONOLULU, HI 96814			D 1. Foreign organization	s, check here
H C	heck type of organization: X Section 501(c)(3) e			Foreign organizations m check here and attach c	omputation L
는	· · · · · · · · · · · · · · · · · · ·	Other taxable private foundate		E If private foundation sta	
	·	ing method: X Cash	Accrual	under section 507(b)(1	
(110 >		ther (specify)	12616)	F If the foundation is in a	
6	→ 1 Analysis of Revenue and Expenses	T	· 	under section 507(b)(1	(d) Disbursements
ra	Analysis of Revenue and Expenses (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
	1 Contributions, gifts, grants, etc., received	175,000.		N/A	(cash basis only)
	2 Check If the foundation is not required to attach Sch B	2.3,000		44,44	
	Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	10.	10.		STATEMENT 1
	5a Gross rents		-		
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
Š	b Gross sales price for all assets on line 6a				
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
-	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns			·-·	
	10a and allowances				
	D Less Cost of goods sold				
	c Gross profit or (loss) 11 Other income			<u> </u>	
	12 <u>Total</u> . Add lines 1 through 11	175,010.	10.		
$\overline{}$		0.	0.	·	0.
-	13 Compensation of office s directors, trustees, etc 14 Other-employee, salaries and wages				
	15 Pension plans, employee benefits		· · · · · · · · · · · · · · · · · · ·		
ses	16a Eegal fees () V 1 0 2011				
penses	h Andounting food				
	c Other professional fees STMT 2	4,188.	2,094.		2,094
Ş.	17 Interest				
Administrative E	18 Taxes		<u> </u>		
ij	19 Depreciation and depletion		 		
튱	20 Occupancy				
ا≩	21 Travel, conferences, and meetings	0.2			
and	22 Printing and publications	92.	0. 150.		92.
perating	23 Other expenses STMT 3	4,628.	130.		4,478.
era	24 Total operating and administrative expenses Add lines 13 through 23	8,908.	2,244.		6 664
8	25 Contributions, gifts, grants paid	121,547.	4,414.		6,664
ļ	26 Total expenses and disbursements.	101,5410			121,347
	Add lines 24 and 25	130,455.	2,244.		128,211
\dashv	27 Subtract line 26 from line 12:				120,211
	Excess of revenue over expenses and disbursements	44,555.			
	b Net investment income (if negative, enter -0-)		0.		
	C Adjusted net income (if negative, enter -0-)			N/A	

F	art	Balance Sheets Attached schedules and amounts in the description Beginning of year End of year		`	
뜨	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	77,736.	122,290.	122,290.
	2	Savings and temporary cash investments			
	3	Accounts receivable >	•		
	ļ	Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts		ļ	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7				
	Ι΄	Less: allowance for doubtful accounts	İ		
	١.				
Assets	١.	Inventories for sale or use	-		
Ass	9	Prepaid expenses and deferred charges			
•	E .	Investments - U.S. and state government obligations	<u> </u>		· -
	i i	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			···
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	1				
	16	Total assets (to be completed by all filers)	77,736.	122,290.	122,290.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ç	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
ت	22	Other liabilities (describe)			
				· · · ·	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	-	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
ŝ	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
ga	26	Permanently restricted			
ᅙ	120	Foundations that do not follow SFAS 117, check here			
Ē	l	and complete lines 27 through 31.			
ģ	27	Capital stock, trust principal, or current funds	252,642.	252,642.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
\ss	1		<174,906.>		
at/	29	Retained earnings, accumulated income, endowment, or other funds			•
ž	30	Total net assets or fund balances	77,736.	122,290.	
		▼-A-1 D-E-1100	77 726	100 000	
_	31	Total liabilities and net assets/fund balances	77,736.	122,290.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_			00	" 1	
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	77,736.
		r amount from Part I, line 27a		2	44,555.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	122,291.
		eases not included in line 2 (itemize) ROUNDING		5	1.
6_	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	122,290.
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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				` P	low ac - Purc - Dona	nase j	c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a	· · · · · · · · · · · · · · · · · · ·		···	1					· · · · · · · · · · · · · · · · · · ·
b NONE	···-						·		
C				1					
d							-		
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			_	(h) Ga (e) plus	ın or (loss) (f) mınus (ı	g)
a									
b									
С									
d									
e			10/04/00						
Complete only for assets showing gair						(I) (Gains (Co	ol. (h) gain r ot less than	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any					from col. (h	
a									
b									
C									
d			 						-
e		·		↤		_			
2 Capital gain net income or (net capital le	oss) $ \begin{cases} \text{If gain, also enter i} \\ \text{If (loss), enter -0-} \end{cases} $			}	2				
3 Net short-term capital gain or (loss) as if gain, also enter in Part I, line 8, colum if (loss), enter -0- in Part I, line 8	· ,	l (6):		}	3				
Part V Qualification Unde	r Section 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inco	me		
If section 4940(d)(2) applies, leave this pai Was the foundation liable for the section 4! If "Yes," the foundation does not qualify un 1 Enter the appropriate amount in each c	942 tax on the distributable amo der section 4940(e). Do not con	nplete this pa	ırt.						Yes X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distr	ributions	Net value of no	(c) inchar	ıtable-	use assets	(Dıstrıbı col. (b) dıvı	(d) ution ratio ded by col (c))
2009		5,547.				7,391.			4.254938
2008		3,626.				3,759.			1.559716
2007		3,314.				6,037.			.710068
2006		3,742.				4,011.			.368672
2005	204	1,794.			/4	0,433.	 		.276587
2 Total of line 1, column (d)		-10b 5		,			2		7.169981
3 Average distribution ratio for the 5-year the foundation has been in existence if		n line 2 by 5,	or by the number	of yea	ars		3		1.433996
4 Enter the net value of noncharitable-use	e assets for 2010 from Part X, lii	ne 5					4		89,723.
5 Multiply line 4 by line 3							5		128,662.
6 Enter 1% of net investment income (1%	6 of Part I, line 27b)						6	<u>.</u>	0.
7 Add lines 5 and 6							7		128,662.
8 Enter qualifying distributions from Part	•						8		128,211.
If line 8 is equal to or greater than line 7 See the Part VI instructions.	, check the box in Part VI, line 1	lb, and comp	elete that part usin	ig a 19	% tax r	ate.			000 PF (00 to)

Forn	1990-PF (2010) A.C. KOBAYASHI FAMILY FOUNDATION 99-028	2744		Page 4		
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctio	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%			0.		
	of Part I, line 27b					
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-)	_		0.		
3	Add lines 1 and 2			0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.		
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 118 .					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d		1	18.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	18.		
11				0.		
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No		
	any political campaign?	1a		X		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?	10		X		
d	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.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$0.					
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	3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
	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				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х		
	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 Provided logislation that effectively amends the consistence instrument on that an effectively amends the conflict with the children in the children i	1				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remains the governing instrument?	1.	v			
7	remain in the governing instrument?	6	X			
,	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Λ_			
0.	If "Yes," complete Part II, col. (c), and Part XV	i				
Qā	Enter the states to which the foundation reports or with which it is registered (see instructions) HI					
	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
L	of each state as required by General Instruction G? If "No," attach explanation		х			
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	8b	_^_			
J	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	_		v		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 4	9	X	<u> </u>		
_10	The arry persons assessed addresses with a schedule listing their names and addresses with the schedule listing the sched	ון וט	47	ı		

. .

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

Yes X No

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after 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 2010.)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b 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 2010?

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X

N/A

2b

3b

4a

statement - see instructions.)

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗶 No		ł
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indire	ectly,			- 1
any voter registration drive?		Y	es X No		İ
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for			
the prevention of cruelty to children or animals?	,		es X No	- 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i			- 1	
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5ь	
Organizations relying on a current notice regarding disaster assistance check l	· · · · · · · · · · · · · · · · · · ·			-	-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			
expenditure responsibility for the grant?			es 🗔 No	İ	
If "Yes," attach the statement required by Regulations section 53 494		.,,,,	*		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• /				
a personal benefit contract?	pay premiums on		es X No		
·		Y(,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u> -	6b	<u>X</u>
If "Yes" to 6b, file Form 8870			[1]		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		ınagers, Hıgnı	<i>y</i>		
1 List all officers, directors, trustees, foundation managers and their					
(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) acco allo	Expense ount, other owances
BERT A. KOBAYASHI	PRESIDENT		201119011000011		
1288 ALA MOANA BLVD., SUITE 201	1				
HONOLULU, HI 96814	0.00	0.	0.		0.
JAMES H. KOBAYASHI	VICE-PRESIDEN	r			
P.O. BOX 61100	1				
HONOLULU, HI 96839	0.00	0.	0.		0.
RONALD H. KOBAYASHI	SECRETARY				
2206 MCKINLEY STREET	1		,		
HONOLULU, HI 96822	1 0.00	0.	0.		0.
	- "				
	1				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		<u> </u>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	ačco	Expense ount, other owances
NONE			compensation		
	1				
					
	1				
	† · · · · · · ·	<u> </u>			
	1				
	 	 			
	1				
	 	 			
	1	1]		
Total number of other employees paid over \$50,000	<u> </u>	 .			
					9

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(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
<u> </u>		
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 productions.	il information such as the	Expenses
27./2	ed, etc.	
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	***	
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 N/A		
· · · · · · · · · · · · · · · · · · ·		
2		
All all and an arrangement of the state of t		
All other program-related investments. See instructions.	1	
3	·	
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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	0.
	Average of monthly cash balances	1b	91,089.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	91,089.
	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	91,089.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,366.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	89,723.
6	Minimum investment return. Enter 5% of line 5	6	4,486.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	4,486.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,486.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,486.
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	4,486.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		444
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	128,211.
	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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	128,211.
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	128,211.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7		· · · · · · · · · · · · · · · · · · ·		4,486.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:				· · ·
a From 2005 168,006.				
bFrom 2006 202,329.				
c From 2007 268,838.				
dFrom 2008 202,178.				
eFrom 2009 115,177.	256 500			
f Total of lines 3a through e	956,528.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 128,211.			0	
a Applied to 2009, but not more than line 2a			0.	<u>-</u>
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2010 distributable amount	·			4,486.
e Remaining amount distributed out of corpus	123,725.			4,400.
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,080,253.		···	
b Prior years' undistributed income. Subtract	1			
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 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				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 2005				
not applied on line 5 or line 7	168,006.			·· · ··
9 Excess distributions carryover to 2011.	24.2 24.5			
Subtract lines 7 and 8 from line 6a	912,247.			
10 Analysis of line 9:				
a Excess from 2006 202, 329.				
b Excess from 2007 268,838.				
c Excess from 2008 202, 178.				
d Excess from 2009 115,177.				
e Excess from 2010 123, 725.				Form 000 DE (0040)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid duning the year	or substantial contributor			
SEE STATEMENT 5			▶ 3a	121,547
b Approved for future payment LANIKILA FOUNDATION 1809 BACHELOT STREET HONOLULU, HI 96817	NONE	PUBLIC CHARITY	GENERAL SUPPORT	5,000
MID-PACIFIC INSTITUTE 2445 KAALA STREET HONOLULU, HI 96822	NONE	PUBLIC CHARITY	EDUCATION	10,000
HILD & FAMILY SERVICES 1-1841 FT. WEAVER ROAD WA BEACH, HI 96706	NONE	PUBLIC CHARITY	GENERAL SUPPORT	30,000
Total 23611 12-07-10			▶ 3b	45,000

	SHI FAMILY		+	99-()282744 Page 12
Part XVI-A · Analysis of Income-F		es business income	Evaluded	by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a)	(b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
_	- code		10000		
a b			++-		·····
			╁╍╁╌		
c	+		+ +-		
		···-	 		
e			} 		
g Fees and contracts from government agencies			+ +		
g Fees and contracts from government agencies2 Membership dues and assessments	 -		++		
3 Interest on savings and temporary cash	 		┿┷┼		
investments			{ [
4 Dividends and interest from securities			14	10.	
5 Net rental income or (loss) from real estate:			+		
a Debt-financed property			+	····	
b Not debt-financed property			 		
6 Net rental income or (loss) from personal	· · · -		+		
property					
7 Other investment income			 		 -
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			 		
a					
b					
c	1 1				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0	•	10.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	10.
(See worksheet in line 13 instructions to verify calcula	tions.)				
Part XVI-B Relationship of Activ	rities to the Accor	nplishment of E	xempt P	urposes	
Line No. Explain below how each activity for wi			A contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (ot	ner than by providing fund	is for such purposes).			
NOT APPLICABLE					
					
					
					
					
					
			_		
					
					
	- 				
					

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	ganization directly or indi	rectly engage in any o	of the following	g with any other organizatio	n described in sect	tion 501(c) of		Yes	No
	the Code	e organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of de (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
a	Transfers	rom the reporting foundation to a noncharitable exempt organization of								
	(1) Cash							1a(1)		X
	(2) Other	r assets						1a(2)		X
b	Other tran	isactions:								
	(1) Sales	s of assets to a noncharita	ble exempt organizati	ion				1b(1)		X
	(2) Purc	hases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
	٠,,	al of facilities, equipment,						1b(3)		X
	• •	bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X
	• •	ormance of services or me	-	-				1b(6)		X
C	_	of facilities, equipment, ma						1c		X
đ					dule. Column (b) should alv ed less than fair market valu				ets,	
		s given by the reporting to d) the value of the goods,			u 1622 man ian market valu	e ili any transaction	n or snaming arrangeme	nt, Snow m		
(a)ı	ine no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions,	and sharing arr		nte
(-)		(B) Tallount mitoriou	(0) 1101110 01	N/A		(C) Description	TOT BUILDING, WAITSECTIONS,	and sharing as	angerne	
										
						 				
	_									
						<u> </u>				
				··						
						<u> </u>				
	_									
			ļ							
						<u> </u>				
					 					
	la tha fau	adation dispaths or indispa	the offiliated with or s	alatad ta ana	or more tax-exempt organi:	rations described				
2a		noallon directly of marrec i 501(c) of the Code (othe	•	•	. •	zations described		Yes	¥] No
h		omplete the following sch		(0)) 01 111 3001	1011 021				LEA	טאו ב
	-11 100, 0	(a) Name of org			(b) Type of organization		(c) Description of relat	ionship		
		N/A	-							
	_					-				
	,									
	and				ng accompanying schedules and ased on all information of which			nd belief, it is tru	ie, corre	ct,
	ign						_	٠.		
Н	ere 🕨				11/3/		PREGLOEN	<u>/ </u>		
		Signature of officer or tri		<u> </u>	Date		Title	T(A)		 -
	_	Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check if P	TIN		
D	aid	JESSICA S.	E ENOC	Same	v on ema	11/02/11	' '	P00647	700	
	eparer	Firm's name ► KMH		FATOU	o con corre		Firm's EIN ▶ 42			
	se Only	1					riiii sein 🚩 🖫 🗸	T 2 2 3 0	د ک	
J:	Jo Only		03 BISHOP		T, SUITE 240	0	 			
			NOLULU, H			-	Phone no. 80	8-526-	225	5
			<u> </u>				1: 110.101.01	Form 990		
									- '	,

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization Employer identification number A.C. KOBAYASHI FAMILY FOUNDATION 99-0282744 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page	1 of	1 of Part I
------	------	-------------

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2010)

Name of organization

Employer identification number

A.C. KOBAYASHI FAMILY FOUNDATION

99-0282744

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RONALD KOBAYASHI 2206 MCKINLEY STREET HONOLULU, HI 96822	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JAMES KOBAYASHI P.O. BOX 61100 HONOLULU, HI 96839	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	RESORT HOLDINGS LLC 1288 ALA MOANA BLVD., SUITE 201 HONOLULU, HI 96814	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution Part II if there
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2010)

Name of organization

A.C. KOBAYASHI FAMILY FOUNDATION

99-0282744

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$Schadula B (Form)	990, 990, F7, or 990, P5\/2010

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization Employer identification number A.C. KOBAYASHI FAMILY FOUNDATION 99-0282744 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions) > \$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

AFFIDAVIT OF PUBLICATION

IN THE MATTER OF
Public Notice

} }	
STATE OF HAWAII SSS. City and County of Honolulu SSS.	
Notary Name: Patricia K. Reese Pages: 1 Notary Name: Patricia K. Reese First Judicial Circuit	The Annual Report of The A.C. Kobayashi Family Foundation, Inc. for the year ended December 31, 2010, Is available at the address noted below for inspection during regular Distiness hours by any eltien who so requests within 180 days after publication of this notice of its availability. The A.C. kobayashi Family-Foundation, Inc. 1288 Ala; Maana Bivd., Suite 201, Honolulu, Hawaii 96814.
Honolulu Star-Advertiser 1 times on:	(SA346111 9/15/11)
09/15/2011 Midweek Wed 0 times on:	
times on:	
And that affiant is not a party to or in any way interested in the above entitled matter.	•
Rose Rosales	William W.
Subscribed to and sworn before me this	NOTARY PUBLIC Comm No 86-467

Ad# 0000346111

LN:____

FORM 990-PF DIVIDENT	OS AND	INTER	EST	FROM	SECUE	RITIES	STAT	EMENT	1
SOURCE		GROSS	AMO	DUNT		TAL GAINS		JUMN (A TRUOMA)
UBS FINANCIAL SERVICES INC.	•			10.		0.			10.
TOTAL TO FM 990-PF, PART I, I	LN 4			10.		0.			10.
FORM 990-PF (THER	PROFES	SIO	NAL FI	EES	· · · · · · · · · · · · · · · · · · ·	STAT	EMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI NT INC		(C) ADJUSTEI NET INCOM		(D) HARITA PURPOS	
PROFESSIONAL FEES		4,188.		2	,094.		2,094.		94.
TO FORM 990-PF, PG 1, LN 16C		4,188.	- -	2	,094.			2,0	94.
FORM 990-PF	0	THER E	XPEI	NSES			STAT	EMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI NT INC		(C) ADJUSTEI NET INCOM		(D) HARITA PURPOS	
COMMUNITY SERVICE INVESTMENT FEE MISCELLANEOUS EXPENSE		4,473. 150. 5.			0. 150. 0.			4,4	73. 0. 5.
TO FORM 990-PF, PG 1, LN 23		4,628.			150.			4,4	78.

	BSTANTIAL CONTRIBUTORS VII-A, LINE 10	STAT	EMENT 4
NAME OF CONTRIBUTOR	ADDRESS		
RESORT HOLDINGS LLC	1288 ALA MOANA BLVD., HONOLULU, HI 96814	SUITE 201	
	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 5
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
GEORGETOWN UNIVERSITY BOX 57123 WASHINGTON, DC 20057	NONE EDUCATION	PUBLIC CHARITY	5,000.
GIRL SCOUTS OF HAWAII 420 WYLLIE STREET HONOLULU, HI 96817		PUBLIC CHARITY	2,300.
LUNALIO HOME 501 KEKAULUOHI STREET HONOLULU, HI 96825	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.
PUNAHOU SCHOOL 1601 PUNAHOU STREET HONOLULU, HI 96822	NONE EDUCATION	PUBLIC CHARITY	25,000.
SESAME WORKSHOP ONE LINCOLN PLAZA NEW YORK, NY 10023	NONE GENERAL SUPPORT	PUBLIC CHARITY	5,000.
TEACH FOR AMERICA 500 ALA MOANA BLVD. SUITE 3-400 HONOLULU, HI 96813	NONE EDUCATION	PUBLIC CHARITY	5,000.

A.C. KOBAYASHI FAMILY FOUNDATION					
THE GIFT FOUNDATION OF HAWAII 1288 ALA MOÀNA BLVD., SUITE 208 HONOLULÙ, HI 96814	NONE GENERAL SUPPORT	PUBLIC CHARITY	4,187.		
CHILD & FAMILY SERVICES 91-1841 FT. WEAVER ROAD EWA BEACH, HI 96706	NONE GENERAL SUPPORT	PUBLIC CHARITY	10,000.		
HANAHAUOLI SCHOOL 1922 MAKIKI STREET HONOLULU, HI 96822	NONE EDUCATION	PUBLIC CHARITY	30,000.		
MID-PACIFIC INSTITUTE 2445 KAALA STREET HONOLULU, HI 96822	NONE EDUCATION	PUBLIC CHARITY	12,000.		
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE STREET, BACHMAN HALL 105 HONOLULU, HI 96822	NONE EDUCATION	PUBLIC CHARITY	1,000.		
FAITH ACTION FOR COMMUNITY EQUITY 1352 LILIHA STREET, ROOM 2 HONOLULU, HI 96817	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,500.		
FAMILY SUPPORT SERVICES OF WEST HAWAII 75-127 LUNAPULE ROAD, SUITE 11 KAILUA-KONA, HI 96740-2119	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.		
HONOLULU ZOOLOGICAL SOCIETY 151 KAPAHULU AVENUE HONOLULU, HI 96815	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,600.		
ST. FRANCIS HEALTHCARE FOUNDATION OF HAWAII 2228 LILIHA STREET, SUITE 205 HONOLULU, HI 96817	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.		
MARCH OF DIMES 1451 SOUTH KING STREET, SUITE 504 HONOLULU, HI 96814	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.		

A.C. KOBAYASHI FAMILY FOUNDATION					
KUAKINI FOUNDATION 347 NORTH KUAKINI STREET HONOLULU, HI 96817	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.		
AHA PUNANA LEO, INC. 96 PUUHONU PLACE HILO, HI 96720		PUBLIC CHARITY	1,900.		
ALZHEIMERS ASSOCIATION ALOHA CHAPTER 1050 ALA MOANA BLVD., SUITE 2610 HONOLULU, HI 96814	NONE GENERAL SUPPORT	PUBLIC CHARITY	800.		
BOY SCOUTS OF AMERICA 200 LIHOLIHO STREET WAILUKU, HI 96793	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.		
HAWAII FOOD BANK 2611 KILIHAU STREET HONOLULU, HI 96819	NONE GENERAL SUPPORT	PUBLIC CHARITY	2,000.		
and the second s	NONE EDUCATION	PUBLIC CHARITY	4,000.		
HAWAII STATE ASSOCIATION OF COUNTIES 200 SOUTH HIGH STREET WAILUKU, HI 96793	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.		
IZUMO TAISHAKYO MISSION OF HAWAII 215 NORTH KUKUI STREET HONOLULU, HI 96817	NONE GENERAL SUPPORT	PUBLIC CHARITY	260.		
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION 226 NORTH KUAKINI STREET HONOLULU, HI 96817	NONE GENERAL SUPPORT	PUBLIC CHARITY	1,000.		
AIKAHI ELEMENTARY SCHOOL PARENT TEACHER STUDENT ASSOCIATION 281 ILIHAU STREET KAILUA, HI 96734	NONE EDUCATION	PUBLIC CHARITY	2,000.		
TOTAL TO FORM 990-PF, PART XV, LI	121,547.				

Form **8868**

(Rev January 2011)

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

(48)

 If you are 	filing for an Automatic 3-Month Extension, complet	e only Pa	irt I and check this box		•	LX
If you are	filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of this	form).		
Do not con	nplete Part II uniess you have already been granted a	n automa	tic 3-month extension on a previously fil	ed For	m 8868	
Electronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time to	o file (6	months for a corpo	oration
required to	file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	ctension
of time to fil	e any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Tran	sfers A	Associated With Cei	rtaın
Personal Be	enefit Contracts, which must be sent to the IRS in pap-	er format	(see instructions). For more details on the	ne elec	tronic filing of this f	orm,
visit www.ir.	s gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed)		<u> </u>	
A corporation	on required to file Form 990-T and requesting an auton			plete		
Part I only				•	•	
	rporations (including 1120-C filers), partnerships, REM ne tax returns.	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization			Empl	oyer identification	number
print File by the	A.C. KOBAYASHI FAMILY FOUNI	ATIO	N	9	9-0282744	
due date for filing your return See	Number, street, and room or suite no If a P O. box, so 1288 ALA MOANA BLVD, SUITE		tions			
instructions	City, town or post office, state, and ZIP code For a for HONOLULU , HI 96814	reign add	lress, see instructions			
Enter the R	etum code for the return that this application is for (file	a separa	te application for each return)			0 4
Application Return Application					Return	
1			Is For			Code
Is For Code Is For Form 990 01 Form 990-T (corporation)					07	
Form 990-BL 02 Form 1041-A			08			
Form 990-E		03	Form 4720			09
Form 990-P		04	Form 5227			10
	(sec 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870		<u> </u>	12
1 0/11/ 000 1	BERT KOBAYASHI		1011110070			
The bool	ks are in the care of > 1288 ALA MOANA	BLVD	, SUITE 201 - HONOLU	LU,	HI 96814	
	ne No ▶ 808-524-1508		FAX No ▶			
	ganization does not have an office or place of business	s in the Ur	nited States, check this box			
	for a Group Return, enter the organization's four digit			ıs ıs foı	r the whole group, c	heck this
box ▶ □	If it is for part of the group, check this box					
	uest an automatic 3-month (6 months for a corporation	required		id .		
is for	the organization's return for Calendar year 2010 or					
	tax year beginning		id ending			
		, all			- ·	
2 If the	tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fina	al retur	n	
3a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax less any			
	efundable credits. See instructions.	_,, 0	and territorially day, 1000 arry	За .	s	118.
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	"		
	nated tax payments made. Include any prior year overp			3b	\$	118.
	nce due. Subtract line 3b from line 3a Include your pa			30	-	
	sing EFTPS (Electronic Federal Tax Payment System).	-		Зс	s	0.
	you are going to make an electronic fund withdrawal					

Form 8	68 (Rev. 1-2011)					Page 2
• If y	ou are filing for an Additional (Not Automatic) Only complete Part II if you have already been					▶ X
	ou are filing for an Automatic 3-Month Extens					
Part		Extensio				
Type o			E	Employer identific	cation nu	mber
print	A.C Kobayashi Family Foundation	·······		9-0282744		
File by the extended) box, see i	nstructions			
due date	e date for 1288 Ala Moana Blvd Suite 201					
filing your return Se		For a foreig	n address, see instructions			
instruction	M 1 = - = 11.			HI		96813
Enter	the Return code for the return that this applicati	on is for (fi	le a separate application for each ret	urn)		04
Appli	cation	Return	Application			Return
Is Fo	r	Code	Is For			Code
Form	990	01	-		3 7	
Form	990-BL	02	Form 1041-A			08
Form	990-EZ	03	Form 4720			09
Form	990-PF	04	Form 5227	· · · · · · · · · · · · · · · · · · ·		10
Form	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already gr			ously filed Form	8868.	
• The	e books are in the care of					
	ephone No. ▶	•	FAX No ▶			
• If th	ne organization does not have an office or place	e of busine	ss in the United States, check this bo	x		▶ ∐
• If th	nis is for a Group Return, enter the organization	's four digi	t Group Exemption Number (GEN) $_$		If th	nis Is
for the	whole group, check this box ▶	If it is for p	part of the group, check this box	>	and	attach a
list wit	h the names and EINs of all members the exter	nsion is for				
4	I request an additional 3-month extension of tin	ne until	11/15/2011			
5	For calendar year 2010 , or other tax year be	egınning	, and ϵ	ending		
6	If the tax year entered in line 5 is for less than 1	I2 months,	check reason Initial return	Final retur	n	
[Change in accounting period					
7	State in detail why you need the extension Add	itıonal time	is needed to gather the necessary in	nformation to file	a comp	lete and
	accurate tax return					
	If this application is for Form 990-BL, 990-PF, § nonrefundable credits. See instructions	990-T, 4720), or 6069, enter the tentative tax, les	s any 8a	•	
-	If this application is for Form 990-PF, 990-T, 47	20 or 606	9 enter any refundable credits and		<u> </u>	
	estimated tax payments made Include any price		·	,	1	
	amount paid previously with Form 8868	,		8b	\$	
_	Balance due. Subtract line 8b from line 8a Inc	lude vour	payment with this form, if required by		 	
	EFTPS (Electronic Federal Tax Payment Syste		•	8c	\$	0
				1		<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 best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature	· Spanna) on Euro	Title ► Age	ent/CPA	Date ►	8	ઇ
				Form	886	8 /