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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

Fo	r cale	endar year 2010, or	tax year beginning	l	4/1/2010 , a	nd ending	3/	31/2011	
G	Chec	ck all that apply	Initial return		Initial return of a fo	rmer public cha	arity	Final re	turn
			Amended re	eturn	X Address change	· · 🔲 Na	ame c	hange	
Na	me of f	foundation	-				A E	mployer identification nu	mber
A۷	X/Kyc	ocera Foundation						57-1057	142
			nber if mail is not delivered	to street ad	dress)	Room/suite	ВТ	elephone number (see pag	e 10 of the instructions)
1 /	VX B	Soulevard						(864) 967-	9374
Cı	y or tov	wn, state, and ZIP code			***************************************		C If	exemption application is pe	nding, check here
Fo	untair	n Inn, SC 29644	_				D 1.	Foreign organizations, che	eck here
Н	Chec	ck type of organizati	on X Section 501	(c)(3 <u>)</u> exe	mpt private foundati	ion	2.	Foreign organizations med	eting the 85% test,
	Sec	tion 4947(a)(1) none	exempt charitable tru	ıst 📋 (Other taxable private	foundation	<u> </u>	check here and attach cor private foundation status w	
J	Fair	market value of all a	ssets at end J Ac	counting	method X Cas	h Accrual		ider section 507(b)(1)(A), o	
		ar (from Part II, col	(c),	Other (sp	pecify)			the foundation is in a 60-m	
		16) ▶ \$			d) must be on cash ba	sis)	ur	ider section 507(b)(1)(B), c	
Pa	rt l	•	ue and Expenses		(a) Revenue and	(b) Net investr	nent	(c) Adjusted net	(d) Disbursements for chantable
			(c), and (d) may not neces a) (see page 11 of the insti		expenses per	income	iieiit	income	purposes
				uctions) ;	books				(cash basis only)
	1		ts, etc, received (attach so						
	2	_	dation is not required to at		ļ				
	3	-	nd temporary cash inve	estments	202.740	 	0		
	4	Dividends and interes Gross rents	st from securities		293,748	29	3,748 0		
		Net rental income or	(loss)	0		 			
€.€.J. Ā			n sale of assets not on		765,063				
E3 6	b	Gross sales price for all		1,804,848					
្រឹធ ្វា 🕾 Revenu	7	•	ne (from Part IV, line 2	•		76	5,063		
₹.	8	Net short-term capita	l gain	•				0	
SCANNED AUG	9	Income modifications							
	10 a	Gross sales less returns	and allowances	0					
3		Less Cost of goods	,	0	,				
		Gross profit or (loss)		* 	<u> </u>				
	11	Other income (attach			<u></u>	+	0		
<i>نوق</i>	12	Total. Add lines 1 th));	1,058,811		<u>8,811</u>	0	
es	13	i	cers, directors, trustee	s, etc	C)			-
pens	14	Other employee sala	W 11	п		 			
e e	15	Pension plans, emplo	The second second		C		0	0	0
Ä		Legal fees (attach sc Accounting fees (atta		•		+	0		
e V	~	Other professional fe	•		74,392	+	4,392		
rati	17	Interest	co (attaon bonogato)		, 1,002	<u> </u>	1,002	ļ	
ist	18		see page 14 of the instruct	ions) ,	8,885	5	3,610	0	0
Ä	19	•	schedule) and depletio	-	C		0		
ρ	20	Occupancy							
₹	21	Travel, conferences,	and meetings						
Ę.	22	Printing and publicati	ons						
9	23	Other expenses (atta			70)	70	0	0
iti	24		administrative exper	ises.					
era		Add lines 13 through		•	83,347		8,072	0	400.047
Operating and Administrative	25	Contributions, gifts, g			429,317				429,317
			bursements. Add lines 24	and 25	512,664	l 7	8,072	0	429,317
	27	Subtract line 26 from		4	E40 445	;			
			expenses and disbursen ome (if negative, enter		546,147		0,739		
			e (if negative, enter -0-			90	0,139		
	۱ ۲	, majastoa net meem	ga, cinci -o-	,	1	1		0	İ

9-14

Do.	-A11	Attached schedules and amounts in the description column	Beginning of year	End	l of year
Γā	rt II	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	167,045	438,75	4 438,754
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶ 0	ا ا		ol o
	4	Pledges receivable 0			
		Less allowance for doubtful accounts	اه		o o
	5	Grants receivable			"
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)	o		o o
	7	Other notes and loans receivable (attach schedule)			
S		Less allowance for doubtful accounts	ol		ol o
ssets	8	Inventories for sale or use			
155	9	Prepaid expenses and deferred charges			
A		a Investments—U S and state government obligations (attach schedule)	0		0 0
	. •	b Investments—corporate stock (attach schedule)	0		0 0
		c Investments—corporate bonds (attach schedule)	0		0 0
	11	' · · · · · · · · · · · · · · · · · · ·	4		<u> </u>
	''		0		0 0
	42	2000 accumulated depressation (children seriodale)		·····	0 0
	12	ļ	0 547 042	9 701 45	1 0.560.120
	13		8,517,013	8,791,45	9,560,129
	14				
	١	Less accumulated depreciation (attach schedule)	0		0 0
	15	***************************************	<u> </u>		0 0
	16	, , , , , , , , , , , , , , , , , , , ,			
		instructions. Also, see page 1, item I)	8,684,058	9,230,20	5 9,998,883
	17	Accounts payable and accrued expenses			'
S	18	Grants payable			⊣
ŧ:	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0		<u>이</u>
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)	0		<u>o</u>
	22	Other liabilities (describe)	. 0		<u>0</u>
	23	Total liabilities (add lines 17 through 22)	0		<u>o</u>
		Foundations that follow SFAS 117, check here			,
Ś		and complete lines 24 through 26 and lines 30 and 31.			2 mg - E
nces	24	•			
<u>a</u>	25				7
Ba	26				1
פַ	-0	Foundations that do not follow SFAS 117, check here			- ;:
٦		and complete lines 27 through 31.			
Ē	27		8,684,058	9,230,20	05
Net Assets or Fund Bala	28		3,00 1,000	5,255,26	7
ė,	29				-
SS	30				┥ ; .
t A	50	instructions)	8,684,058	9,230,20	15
Š	31		0,004,000	0,200,20	~
	"	of the instructions)	8 684 058	9,230,20	15
D.e.	rt III		8,684,058	9 ,∠3∪,∠()J
			30 (must sorec with	· I	
1		al net assets or fund balances at beginning of year—Part II, column (a), line	s 50 (must agree with	1	9 694 050
_		of-year figure reported on prior year's return)		 	
_		er amount from Part I, line 27a		2	
3		•		3	
		lines 1, 2, and 3		4	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	9,230,205

Pairtiv Capital Gains an	d Losses for Tax on Inves	stment inco				
	e kind(s) of property sold (e g , real esta se, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation		e acquired day, yr)	(d) Date sold (mo , day, yr)
1a Refer to Individual funds as	information is available upon	request	Р	Various		2010/2011
b						
<u>C</u>				-		
<u>d</u>						
e	(f) Depression allowed	(a) Cost	or other basis		(b) Co	up or (loca)
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			ın or (loss) (f) mınus (g)
a 14,804,848	0		14,039,785			765,063
b 0	0		0			0
c 0	0		0			0
d 0	0		0)		0
e 0	0]		0	1		0
Complete only for assets show	ring gain in column (h) and owned	by the foundar	ion on 12/31/69	7	• • • •	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis		ess of col (i)	C		ot less than -0-) or
	as of 12/31/69		ol (j), if any	<u> </u>		from col (h))
a 0 b 0	0		<u>0</u>			0
c 0	0			+		0
d 0	0	 -	0	}		0
e 0	0		C)		0
2 Capital gain not income or	(not contol loss) If gain, a	lso enter in P	art I, line 7 \			
2 Capital gain net income or	(II (IOSS),	enter -0- ın P		2		765,063
	or (loss) as defined in section	, ,				
<u> </u>	line 8, column (c) (see pages	13 and 17 of	the			_
Part V Qualification Und		<u>.</u> .	,	3		0
(For optional use by domestic	nrivate foundations subject to	the section 4	940(a) tax on net	investme	nt income	.)
If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does n	ne section 4942 tax on the distort qualify under section 4940(e) Do not co	mplete this part			
	ount in each column for each y	/ear, see pag	e 18 of the instru	ctions be	ore makir	
(a) Base period years	(b)		(c)		Dı	(d) stribution ratio
Calendar year (or tax year beginning i	n) Adjusted qualifying distribution	is Net value	e of noncharitable-use	assets		divided by col (c))
2009		,287		6,593		0 051465
2008		,850		5,559		0 037444
2007		,728 ,250		0,549 8,447		0 053358 0 060536
2006 2005		,000		3,406		0.013308
2000		,000	7,00	5,400		0.010000
2 Total of line 1, column (d)					2	0 216111
	or the 5-year base period—div	ide the total o	on line 2 by 5, or t			
	undation has been in existence				3	0 043222
4 Enter the net value of nonc	charitable-use assets for 2010	from Part X,	line 5 .		4	9,409,834
5 Multiply line 4 by line 3 .					5	406,712
6 Enter 1% of net investmen	t income (1% of Part I, line 27	o)			6	9,807
7 Add lines 5 and 6					7	416,519
8 Enter qualifying distribution	ns from Part XII, line 4				8	429,317
If line 8 is equal to or great	er than line 7, check the box ii	n Part VI, line	1b, and complete	e that par	t using a	1% tax rate See

							<u> </u>
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	0(e), or 4948—see	page 1	8 of the	inst	ructi	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ent	ter "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	}	1		9	,807	
	here ► X and enter 1% 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 Oth	hers enter -0-)	2			0	
3	Add lines 1 and 2		3		<u>ç</u>	,807	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Oti	hers enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	ļ	9	,807	
6	Credits/Payments	1					
	a 2010 estimated tax payments and 2009 overpayment credited to 2010	6,250	4	2			
	b Exempt foreign organizations—tax withheld at source						
	c Tax paid with application for extension of time to file (Form 8868)	0					
_	d Backup withholding erroneously withheld		_	-	_	-	
7	Total credits and payments Add lines 6a through 6d		7			,250	L
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	tached	8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	ļ	3	,557	<u> </u>
10		1	10			0	
11		0 Refunded ▶	11	l,		0	L
Pa	rt VII-A Statements Regarding Activities						
1	a During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it				Yes	No
	participate or intervene in any political campaign?				1a	-	Х
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see page 19 of the					
	instructions for definition)?				1b		Х
	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?				1c		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year					
	(1) On the foundation \$	> \$					
	e Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax imposed					
	on foundation managers \$						
2	Has the foundation engaged in any activities that have not previously been reported to the II	RS?			2		Х
	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 in	nstrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of	of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ιs			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?				4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her					
	 By language in the governing instrument, or 						
	By state legislation that effectively amends the governing instrument so that no mandato	ry directions					
	that conflict with the state law remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con		and Pa	art XV	7	Х	.
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 o	of the					
	instructions) ► South CAROLINA						1
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A						
_	General (or designate) of each state as required by General Instruction G? If "No," attach ex	•			_8b	_X_	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of sec						
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions f	for Part XIV on page 2	7)?		_		
4.0	If "Yes," complete Part XIV				9_		X
10	, , , , , , , , , , , , , , , , , , ,	eaule listing			4-		
	their names and addresses				10		X

Par	t 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 page 20 of the instructions)	11		Χ_
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			
14	The books are in care of ► AVX Corporation-Emile Artus Telephone no ► (864) 967-9			
4-	Located at ► 1 AVX Boulevard Fountain Inn, SC ZIP+4 ► 29644 - 90	ડ9		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		Þ	• 🗀
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during selectors and 2010, did the foundation base on interest in as a signature or other authority.		Yes	No
10	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	163	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	- `		
	the name of the foreign country			
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)		10	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person? Yes X No			
	(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)?			
	(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			
h	after termination of government service, if terminating within 90 days) [] Yes X No If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations		e a p er	
b	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		'
	Organizations relying on a current notice regarding disaster assistance check here	···	1.	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	,	٠.	
	that were not corrected before the first day of the tax year beginning in 2010?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No			
L	If "Yes," list the years 20 , 20 , 20 , 20			
D	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 page 22 of the instructions)	2b		- X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			<u> </u>
	▶ 20, 20, 20		, :	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business		\ \ \ . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
	enterprise at any time during the year?			
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)	3b	-	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			† *
-	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Ιx

	n 990-PF (2010) AVX/Kyocera Foundation				7-1057142	Page 6
Pa	rt Vil-B Statements Regarding Activiti		1 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or incur any	amount to				1
•	(1) Carry on propaganda, or otherwise attempt to	•	` ''	Yes X	No	
	(2) Influence the outcome of any specific public	•	955), or to carry			
	on, directly or indirectly, any voter registration	n anve?		· · · · · Yes X	No	
	(3) Provide a grant to an individual for travel, stu			Yes X	No	
	(4) Provide a grant to an organization other than	_			.	
	In section 509(a)(1), (2), or (3), or section 49-		•	· · · L Yes X	No	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of		• •	· · · · Yes X	No	
þ	If any answer is "Yes" to 5a(1)-(5), did any of the t	ransactions fail to qual	rfy under the exception	ons described in		ľ
	Regulations section 53.4945 or in a current notice	regarding disaster assi	stance (see page 22	of the instructions)?	. 5b	
	Organizations relying on a current notice regarding	disaster assistance ch	neck here .	▶[]		
C	If the answer is "Yes" to question 5a(4), does the fe	oundation claim exemp	tion from the		. 1	
	tax because it maintained expenditure responsibilit			LYes L	No	
	If "Yes," attach the statement required by Regulate	· ·	' *			Ì
6a	Did the foundation, during the year, receive any fur	•	y, to pay			ŀ
L	premiums on a personal benefit contract?			· · · · L Yes X	No	
D	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870.	, directly or indirectly, o	n a personal benefit (contract?	. 6b	 -X -
72	At any time during the tax year, was the foundation	o norte to a probibitor	tay aboltor transactus	Tv [v		
	If "Yes," did the foundation receive any proceeds of	• •			No 7b	
	art VIII Information About Officers,					<u></u>
<u> </u>	and Contractors	Directors, Truste	es, roundation	managers, riigiliy ran	a Employe	cs,
				······································		
1	List all officers, directors, trustees, founda	ation managers and	l their compensat	ion (see page 22 of the i	anoifoirtan	١.
	, , , , , , , , , , , , , , , , , , , ,	ation managers and (b) Title, and average	(c) Compensation	ion (see page 22 of the in (d) Contributions to		·
	List all officers, directors, trustees, foundates (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense other allo	account,
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account,
Joh	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense	account,
Joh 1 A	(a) Name and address on S. Gilbertson	(b) Title, and average hours per week devoted to position President	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense	e account, wances
Joh 1 A C. I	(a) Name and address in S. Gilbertson VX Boulevard Fountain Inn SC 29644	(b) Title, and average hours per week devoted to position President .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense	e account, wances
Joh 1 A C. I 1 A Kat	(a) Name and address on S. Gilbertson VX Boulevard Fountain Inn SC 29644 Marshall Jackson VX Boulevard Fountain Inn SC 29644 thleen Kelly	(b) Title, and average hours per week devoted to position President .00 Vice President	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense	e account, wances
Joh 1 A C. I 1 A Kat	(a) Name and address on S. Gilbertson VX Boulevard Fountain Inn SC 29644 Marshall Jackson VX Boulevard Fountain Inn SC 29644 thleen Kelly VX Boulevard Fountain Inn SC 29644	(b) Title, and average hours per week devoted to position President .00 Vice President 00 Vice President 00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense	e account, wances
Joh 1 A C. I 1 A Kat 1 A	(a) Name and address on S. Gilbertson VX Boulevard Fountain Inn SC 29644 Marshall Jackson VX Boulevard Fountain Inn SC 29644 thleen Kelly VX Boulevard Fountain Inn SC 29644 t Cummings	(b) Title, and average hours per week devoted to position President .00 Vice President 00 Vice President 00 Treasurer	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0	(e) Expense	e account, wances 0
Joh 1 A C. I 1 A Kat 1 A Kur	(a) Name and address on S. Gilbertson VX Boulevard Fountain Inn SC 29644 Marshall Jackson VX Boulevard Fountain Inn SC 29644 thleen Kelly VX Boulevard Fountain Inn SC 29644 t Cummings VX Boulevard Fountain Inn SC 29644	(b) Title, and average hours per week devoted to position President .00 Vice President 00 Vice President 00 Treasurer	(c) Compensation (if not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0	(e) Expense other allo	e account, wances 0 0 0
Joh 1 A C. I 1 A Kat 1 A Kur	(a) Name and address on S. Gilbertson VX Boulevard Fountain Inn SC 29644 Marshall Jackson VX Boulevard Fountain Inn SC 29644 thleen Kelly VX Boulevard Fountain Inn SC 29644 t Cummings VX Boulevard Fountain Inn SC 29644 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position President .00 Vice President 00 Vice President 00 Treasurer	(c) Compensation (if not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0	(e) Expense other allo	e account, wances 0 0 0
Joh 1 A C. I 1 A Kat 1 A Kur	(a) Name and address on S. Gilbertson VX Boulevard Fountain Inn SC 29644 Marshall Jackson VX Boulevard Fountain Inn SC 29644 thleen Kelly VX Boulevard Fountain Inn SC 29644 t Cummings VX Boulevard Fountain Inn SC 29644	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 obse included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 ne 1—see page 23 of the	(e) Expense other allo	e account, wances 0 0 0
Joh 1 A C. I 1 A Kat 1 A Kur 1 A	(a) Name and address on S. Gilbertson VX Boulevard Fountain Inn SC 29644 Marshall Jackson VX Boulevard Fountain Inn SC 29644 thleen Kelly VX Boulevard Fountain Inn SC 29644 t Cummings VX Boulevard Fountain Inn SC 29644 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 (d) Contributions to employee benefit	(e) Expense other allo	o account, wances 0 0 0 1s).
Joh 1 A C. I 1 A Kat 1 A Kui 1 A 2	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 1—see page 23 of the employee benefit or employee benefit	(e) Expense other allo	o account, wances 0 0 0 1s).
Joh 1 A C. I 1 A Kat 1 A Kur 1 A	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 1 (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	o account, wances 0 0 0 1s).
Joh 1 A C. I 1 A Kat 1 A Kui 1 A 2	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 1 (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	o account, wances 0 0 0 1s).
Joh 1 A C. I 1 A Kat 1 A Kui 1 A 2	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 1 (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	o account, wances 0 0 0 1s).
Joh 1 A C. I 1 A Kat 1 A Kui 1 A 2	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 1 (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	o account, wances 0 0 0 1s).
Joh 1 A C. I 1 A Kat 1 A Kui 1 A	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 1 (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	o account, wances 0 0 0 1s).
Joh 1 A C. I 1 A Kat 1 A Kui 1 A	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 1 (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	o account, wances 0 0 0 1s).
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Joh 1 A C. I 1 A Kat 1 A Kui 1 A	(a) Name and address on S. Gilbertson IVX Boulevard Fountain Inn SC 29644 Marshall Jackson IVX Boulevard Fountain Inn SC 29644 Thleen Kelly IVX Boulevard Fountain Inn SC 29644 The Cummings IVX Boulevard Fountain Inn SC 29644 The Compensation of the highest-paid employed from the compensation of th	(b) Title, and average hours per week devoted to position President .00 Vice President .00 Vice President .00 Treasurer .00 (b) Title, and average hours per week devoted to position .00 Vice President .00 Treasurer	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1 0 0 (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	o account, wances 0 0 0 1s).
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Form 990-PF (2010) AVX/Kyocera Foundation		57-1057142 Page 7
Part VIII Information About Officers, Directors, Trustees, Formation About Officers, Directors, Direc	oundation Managers, Highly Paid	d Employees,
3 Five highest-paid independent contractors for professional services (see p	page 23 of the instructions). If none, ente	er "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficianes served, conferences convened, research papers.		Expenses
1 NONE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see pa	age 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 NONE		
2		
All other program-related investments See page 24 of the instructions		

Total. Add lines 1 through 3

Form **990-PF** (2010)

0

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Form 990-PF (2010) 57-1057142 AVX/Kyocera Foundation Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1a 9,123,866 Average monthly fair market value of securities 1b 429,265 Average of monthly cash balances b 1c Fair market value of all other assets (see page 25 of the instructions) 9,553,131 Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 2 Acquisition indebtedness applicable to line 1 assets 9,553,131 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25 143,297 of the instructions) 5 9,409,834 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 6 470,492 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ightharpoonup and do not complete this part) 470,492 1 Minimum investment return from Part X, line 6 2a Tax on investment income for 2010 from Part VI, line 5 9,807 2b b Income tax for 2010 (This does not include the tax from Part VI) 9,807 2c Add lines 2a and 2b C 3 460,685 3 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 460.685 Add lines 3 and 4 6 Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 460,685 line 1 Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	2 2 5 5 A	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	429,317
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	1200	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	429,317
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 (see page 26 of the instructions)	5	9,807
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	419,510

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

1	Distributable amount for 2010 fron	m Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7					460,685
2	Undistributed income, if any, as of	f the end of 2010				
	Enter amount for 2009 only				0	
b	Total for prior years 20, 2			0		
3	Excess distributions carryover, if a	any, to 2010				
а	From 2005	0				
b	From 2006	0				
C	From 2007	29,326				
d	From 2008	0				
е	From 2009	22,069				
f	Total of lines 3a through e	_	51,395			
4	Qualifying distributions for 2010 fr	rom Part				
	XII, line 4 ► \$42	<u>29,317</u>			-	
	Applied to 2009, but not more that	F			0	
b	Applied to undistributed income of					
	(Election required—see page 26 of	′ h		0		
C	Treated as distributions out of cor		_			
	required—see page 26 of the inst	ſ	0			
C	• • •		_			429,317
_ е	•	· · · · · · · · · · · · · · · · · · ·	0			04.000
5	Excess distributions carryover app		31,368			31,368
	(If an amount appears in column (same amount must be shown in c	' ''	:			
6	Enter the net total of each colur indicated below:	mn as				
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	20,027			
t	Prior years' undistributed income	Subtract				
	line 4b from line 2b			0		
C	Enter the amount of prior years' u	indistributed				
	income for which a notice of defic	ciency has				
	been issued, or on which the sect	tion 4942(a)				
	tax has been previously assessed	.			ı	
C	Subtract line 6c from line 6b Tax	able				
	amount—see page 27 of the instr	ructions		0		
e	Undistributed income for 2009 St	ubtract line				
	4a from line 2a Taxable amount-	-see page 27 of the				
	instructions				0	
f						
	lines 4d and 5 from line 1. This ar	mount must				
_	be distributed in 2011					0
7	Amounts treated as distributions	·				
	corpus to satisfy requirements im	' '				
	section 170(b)(1)(F) or 4942(g)(3)) (see page 27 of				
_	the instructions)					
8	Excess distributions carryover fro			ı		
	not applied on line 5 or line 7 (see	e page 27 of the				
0	instructions)	4- 2044	0			
9	Excess distributions carryover		20.007			
10	Subtract lines 7 and 8 from line 6	a	20,027	<u> </u>		
10	Analysis of line 9	0				
	Excess from 2006	0				
-	Excess from 2007	- 0				
(20.027	•			
(Excess from 2009 Excess from 2010	20,027 0				
•	, LAUCOS HUHLZUIU	U				i

Form	990-PF (2010) AVX/Kyocera Foundation				57-1057	
Par	t XIV Private Operating Foundations (s	ee page 27 of th	e instructions ar	nd Part VII-A, qu	estion 9)	N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2010, enter		•	•		
b	Check box to indicate whether the foundation is a p	orivate operating four	ndation described in	section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0				0
b	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII, line 4 for each year listed	0		-		0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
С	"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)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Cor	nplete this part	only if the fou	ndation had \$5	,000 or more in	
-	assets at any time during the ye	ar—see page 28	3 of the instruc	tions.)		
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have conbefore the close of any tax year (but only if they have				the foundation	
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	olarship, etc Pi	rograms:	 	
-	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, ar	contributions to pres akes gifts, grants, etc	selected charitable	organizations and de		tions
а	The name, address, and telephone number of the	person to whom app	lications should be	addressed		
b	The form in which applications should be submitted	d and information an	d materials they sh	ould include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as a factors	by geographical area	s, charitable fields,	kınds of institutions	, or other	

Form 990-PF (2010) AVX/Kyocera Foundation

Part XV Supplementary Information (continued)

a <i>P</i>	Recipient ame and address (home or business) aid during the year ITACHED	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>P</i>	aid during the year	or substantial contributor	recipient		
a P	aid during the year				
					429,317
T	otal			▶ 3a	429,317
b A	pproved for future payment				
·	atal			D 2h	

Enter gross amounts u	niess otnerwise indicated	Unrelated bus	siness income	Excluded by secur	11 512, 513, 01 514	(e)
. 1 Program service reve	nue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a	nue		0		0	0
a h			0	-	0	0
0			0		0	
ان س						0
a		~-·-	0		0	0
e			0		0	0
Ť			.0	· · · · · · · · · · · · · · · · · · ·	0	0
	s from government agencies					
2 Membership dues and						
3 Interest on savings ar	nd temporary cash investments					
4 Dividends and interes	t from securities					
5 Net rental income or ((loss) from real estate					<u>.</u>
a Debt-financed pro	perty					
b Not debt-financed	property		_			
6 Net rental income or ((loss) from personal property					
7 Other investment inco						
8 Gain or (loss) from sa	iles of assets other than inventory				0	
9 Net income or (loss) f				· · ·		
10 Gross profit or (loss)						
11 Other revenue a		 	0		0	0
b		-	0		0	0
			0		0	0
			0		0	0
			0		0	0
42 Subset Add as lumin	- (5) (4) 4 (-)		0		0	
12 Subtotal Add column			<u> </u>	<u> </u>		0
49 Takal Addison 40						^
13 Total. Add line 12, co		latione)			13	0
(See worksheet in line 13	instructions on page 29 to verify calcu		-(5		13	0
(See worksheet in line 13 Part XVI-B Relatio	Instructions on page 29 to verify calcunship of Activities to the Acc	omplishment				0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcumship of Activities to the Accion how each activity for which income	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
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(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
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(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0
(See worksheet in line 13 Part XVI-B Relatio Line No. Explain betthe accomp	instructions on page 29 to verify calcu- inship of Activities to the Acc low how each activity for which income plishment of the foundation's exempt p	omplishment	umn (e) of Part X	VI-A contributed in	mportantly to	0

Firm's name

Firm's address

Use Only

Part	XVII	Information Rega Exempt Organiza	_	sfers To and Tra	insactions a	ind Rel	lationships W	ith Nonchari	able		
i	n secti	organization directly on 501(c) of the Code ations?	or indirectly e		-	-	-			Yes	No
a 1	ransfe	ers from the reporting f	oundation to	a noncharitable ex	empt organiza	ation of					
	1) Cas		ī		, ,				1a(1)	-	
(2) Oth	ner assets							1a(2)		
		ransactions									
		es of assets to a nonc			•				1b(1)		<u> </u>
-		rchases of assets from		• •	zation				1b(2)	L	<u> </u>
•	•	ntal of facilities, equipr		er assets	•			•	1b(3)		<u> </u>
-	•	mbursement arranger		•	•	• •	•		1b(4)		<u> </u>
	•	ans or loan guarantees				•	•		1b(5)		
-		formance of services of facilities, equipment		•		.00		•	1b(6)	ļ	
	_		•				, , , , , , , , , , , , , , , , , , ,		1c	1	<u> </u>
٧	alue o	nswer to any of the ab f the goods, other ass n any transaction or sh	ets, or service	ces given by the rep	orting foundat	tion If th	ne foundation re	ceived less tha	n fair n	narke	t d
(a) Li	ne no	(b) Amount involved	(c) Name	of noncharitable exempt	organization	(d) Des	scription of transfers,	transactions, and s	haring ar	rangen	nents
		0									
	<u>_</u>	0				-		· · · · ·			
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C	lescrib	oundation directly or in ed in section 501(c) of complete the followir	f the Code (d	ated with, or related other than section 5	one or mo	section	exempt organiza 527? .		Yes [] No	
		(a) Name of organization		(b) Type o	of organization		(c)	Description of relation	onship		
				- 1 - 1 - 1 - 1							
			···			_	<u> </u>				
	Lind	er penalties of perjury, I decla	ara that I have o	Yominad this return include	dina accampanius	a aabadul	L	ad to the best of my			
Sig Her	n belie	ef, it is true, correct, and com									
	I I I I	Signature of officer or trustee			Da	- <i>y</i> - <i>y</i>	Til	le	- / / /	• ~	
Paid	d t	Print/Type preparer's nai		Preparer's signature			Date	Check if self-employed	PTIN		
rre	parer			L	·		I	3611-611tployed			

Firm's EIN

Phone no

AVX/Kyocera Foundation Form 990 PF March 31, 2011

Part II, Line 13 - Other Investments

Account #	Account Manager		Book Value 3/31/2010		Book Value 3/31/2011		Market Value 3/31/2011		
1244-7373	Pimco	\$	3,807,922	\$	2,504,034	\$	2,589,634		
1246-4448	Pacific Income Advisors	\$	1,059,435	\$	1,038,121	\$	1,035,148		
1246-4450	Neuberger & Berman	\$	997,921	\$	1,134,580	\$	1,498,847		
1246-4452	Calamos Advisors LLC	\$	821,699	\$	1,321,115	\$	1,446,740		
1246-4454	Metropolitan West Capital Mgmt.	\$	1,097,866	\$	1,416,920	\$	1,508,265		
1246-4456	Alliance Bernstein LP	\$	732,170	\$	883,742	\$	990,534		
4979-9960	Pacific Income Advisors	\$	-	\$	492,938	\$	490,963		
1246-4446	Operating Account	\$	-	\$	-	\$	-		
		\$	8,517,013	\$	8,791,451	\$	9,560,129		

Part XV Supplementary Information (continued)

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3 Grants and Contributions Paid During the Year of Approved for Future Payment

3 Grants and Contributions Paid D	urning the rear of	Approved	i loi Futule Fayil	Tent	
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution		Amount
Name and address (home or business)	substantial contributor	recipient	CONTINUENT	ļ	
Ken Small c/o Coastal Carolina University, Don Byers	N/A	public	education support	\$	3,000
1624 Old Hilton Road					
Chapin, SC 29036					
Erika Small	N/A	public	education support	\$	2,000
c/o Coastal Carolina University, Don Byers 1624 Old Hilton Road					
Chapin, SC 29036					
Andrew Weinbach	N/A	public	education support	\$	1,000
c/o Coastal Carolina University, Don Byers		·			
1624 Old Hilton Road					
Chapin, SC 29036	N/A	nublia.	advection average		750
Srinivasan Venkatraman c/o Coastal Carolina University, Don Byers	IN/A	public	education support	\$	750
1624 Old Hilton Road					
Chapin, SC 29036					
Robert Salvino	N/A	public	education support	\$	500
c/o Coastal Carolina University, Don Byers					
1624 Old Hilton Road Chapin, SC 29036					
American Heart Association Myrtle Beach	N/A	public	medical support	\$	15,000
1113 44th Avenue North				ľ	. 0,000
Myrtle Beach SC 29577					
University of Illinois, Urbana-Champaign	N/A	public	education support	\$	1,000
620 E John St , MC303					
Champaign IL 61820 University of North Florida	N/A	public	education support	\$	1,000
1 UNF Drive	1,		ouddanon ouppon	*	1,000
Jacksonville, FL 32224					
Universidad Don Bosco	N/A	public	education support	\$	14,567
Calle Plan del Pino, Canton Venecia					
Soyapango, San Salvador C A El Salvador College of Charleston	N/A	public	education support	\$	4,000
66 George Street	'*"'		oudoution support	*	1,000
Charleston, SC 29424					
SCORE	N/A	public	education support	\$	1,000
605 10th Avenue North				ŀ	
Myrtle Beach SC 29577 Coastal Carolina University	N/A	public	education support	\$	25,000
140 Kingston Hall - Chanticleer Drive East	13"/	pasiio	Cododiion support	*	20,000
Conway, SC 29528					
USC Upstate	N/A	public	education support	\$	500
800 University Way		}			
Spartanburg, SC 29303 Florida Community College at Jacksonville	N/A	public	education support	\$	1,500
501 West State Street	IN/A	Public	eudcation support	"	1,500
Jacksonville, FL 32202				1	

Part XV Supplementary Information (continued)

Page **11**

3 Grants and Contributions Paid During the Year of Approved for Future Payment

3 Grants and Contributions Paid L	·, Ŧ.		Tor Future Payri	Tent	
Recipient	If recipient is an individual, show any relationship to any foundation manager or	status of	Purpose of grant or contribution		Amount
Name and address (home or business)	substantial contributor	recipient	CONTRIBUTION	ļ	
University of South Carolina	N/A	public	education support	\$	1,000
1714 College Street			outounon ouppon	ľ	,,000
Columbia, SC 29208				1	
Clemson University	N/A	public	education support	\$	9,000
G-08 Sikes Hall, Box 345307	14//		cadoation support	*	0,000
Clemson, SC 29634				ļ .	
Pendleton Place	N/A	public	community support	\$	2,000
P.O. Box 10323	14//	Pablic	Community Support	*	2,000
Greenville SC 29603					
Pendleton Place Beach Ball	N/A	public	education support	\$	600
P O Box 10323	19/0	public	education support	*	000
Greenville SC 29603					
Wofford College	N/A	public	aducation current	\$	1,000
429 North Street	IN/O	Public	education support	۱ ۳	1,000
Spartanburg, SC 29303					
Coastal Educational Foundation	N/A	nublic	community support	e e	1,500
PO Box 261954	IN/A	public	Community support	\$	1,500
Conway, SC 29528		ļ			
Southern Maine Medical Center	N/A	public	medical support	•	30,000
P.O. Box 626	19/4	public	l medical support	\$	30,000
Biddeford ME 04005					
GSSM Foundation	N/A	public	education support		10.000
	19/7	public	education support	\$	10,000
1201 Main Street, Suite 2350					
Columbia, SC 29201 American Cancer Society	N/A	nublic .	modical support		2 500
75 Davids Drive	IN/A	public	medical support	\$	2,500
Hauppage, NY 11788 Conway Medical Center Foundation	N/A	mushina.			25.000
	IN/A	public	medical support	\$	25,000
300 Singleton Ridge Road				1	
Conway, SC 29528	A1/A	muddle.		•	E 000
Fostering Hope 1001 2nd Avenue	N/A	public	community support	\$	5,000
Conway, SC 29526	N/A	nublia.	acommunity augment	,	2 200
Freundes-und-Forderkreis der Freiwilligen Feuerwehr der Stadt Betzdorf	N/A	public	community support	\$	3,300
Mittelstrabe 18					
San Salvador, El Salvador Olean General Hospital	N/A	public	medical support		25,000
•	IN/A	Public	medical support	\$	25,000
515 Main Street Olean NY 14760		1			
	N/A	public	community sunner	e	25,000
Greenville Symphony 200 South Main Street	19/7	public	community support	\$	25,000
Greenville SC 29601					
March of Dimes	N/A	nublia.	oommunity our and		2 500
37 Villa Road, Suite 317 B-123	IN/A	public	community support	\$	2,500
Greenville SC 29615					
Greenville 3C 28013	I	i	t	I	

Part XV Supplementary Information (continued)

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3	Grants and	Contributions	Paid During	the Year	of Approved	for Future Payment
_					T	

Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	substantial contributor	recipient			
Special Olympics South Carolina	N/A	public	community support	\$	1,000
1276 Assembly Street	IN/A	public	community support	Ψ	1,000
Columbia, SC 29201-3122					
American Red Cross Coastal SC Chapter	N/A	public	community support	\$	2,500
3531 Pampas Drive	IN/A	public	community support	*	2,300
Myrtle Beach, SC 29577			,		
Alfred University	N/A	public	education support	\$	50,000
1 Saxon Drive	1975	Public	eddodion support	۱ ۳	30,000
Alfred, NY 14802					
American Heart Association	N/A	public	community support	\$	10,000
3535 Pelham Road #101	19/7	Public	Community support	١٣	10,000
Greenville SC 29615					
Zs School	N/A	public	education support	\$	1,700
Dobrovskeho 630	1000	pablic	Cadodilon Support	*	1,700
Lanskroun, Czech Republic 563 01					
Zs School	N/A	public	education support	\$	1,700
Bedricha Smetany 460	13//	public	caacation cappon	*	1,700
Lanskroun, Czech Republic 563 01		1			
Zs School	N/A	public	education support	\$	1,700
Aloise Jiraska 139	1 11/11		- Caacanon Cappon	*	1,, 00
Lanskroun, Czech Republic 563 12					
Gymnazium Lanskroun	N/A	public	education support	\$	5,500
Nam Jana Marka Marku 113		P		*	5,000
Lanskroun, Czech Republic 563 12					
SC Business Week	N/A	public	education support	\$	5,000
c/o SC Chamber of Commerce		'		ļ [*]	•
1201 Main Street, Suite 1700					
Columbia, SC 29201					
Sungai Nibong Secondary School	N/A	public	education support	\$	10,000
Bayan Lepas		1			
Penang, Malaysia 11900			1		
Greenville County Museum of Art	N/A	public	community support	\$	25,000
420 College Street		·			
Greenville, SC 29601		1			
Greenville Technical College	N/A	public	education support	\$	25,000
P.O. Box 5616				ŀ	
Greenville SC 29606		1			
Franklin Burroughs-Simeon Chapin Art Museum	N/A	public	community support	\$	20,000
3100 Ocean Blvd South					
Myrtle Beach, SC 29577					
Brookgreen Gardens	N/A	public	community support	\$	55,000
PO Box 3368				ļ	
Pawleys Island, SC 29585					
Starkey Hearing Foundation	N/A	public	medical support	\$	1,000
6700 Washington Avenue South					
Eden Prairie MN 55344					
	<u></u>	<u> </u>	<u> </u>		
Total			3a	\$	429,317