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Form 990-PF

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

2012

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

F	or c	alend	ar year 2012 or tax year beginning , a	and ending						
_	Nam	e of four	ndation				A	Empl	oyer identification number	
	-							^ ^	0107530	
_			L FRANCHISE FOUNDATION, INC. street (or P O box number if mail is not delivered to street address)				+		-8107538	
			JNIVERSITY AVE STE 202		Ro	om/suite			hone number (see instructions) 8-791-1004	,
-			state and ZIP code				<u> </u>	<u> </u>	0 731 1004	
	HC	CONC	LULU HI 96826				C	f exe	mption application is pending, o	check here
Č	G C	heck a	ill that apply Initial return Initial retu	rn of a former public	c ch	arity	ם [1 Fc	oreign organizations, check her	e ▶
			Final return Amended	return			;	2 Fc	oreign organizations meeting th	e
			Address change Name cha	inge					% test, check here and attach	ר" ז
F	1 C	heck t	ype of organization X Section 501(c)(3) exempt private	foundation			1 _E ,	f priv	ate foundation status was term	nated under
				le private foundation	n			-	n 507(b)(1)(A), check here	> ,
ı			ket value of all assets at J Accounting method	X Cash A	Accı	rual	F	f the	foundation is in a 60-month ten	mination
	en	d of ye	ear (from Part II, col. (c), Other (specify)				'	under	section 507(b)(1)(B) check he	ere •
	line	e 16) l	\$ 2,619 (Part I, column (d) must	be on cash basis)						
	Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		(b) Net inv	estment		(c) Adjusted net	(d) Disbursements for charitable
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books		incor			income	purposes
-		1	Contributions, gifts, grants, etc , received (attach schedule)	15,0	00				,	(cash basis only)
		2	Check ► if the foundation is not required to attach Sch B				·			
		3	Interest on savings and temporary cash investments							
		4	Dividends and interest from securities							
		5a	Gross rents							
	63	b	Net rental income or (loss)			/CD	٦			4
	Revenue	6a	Net gain or (loss) from sale of assets not on line 10	RECE	.14	LU				
		b	Gross sales price for all assets on line 6a	10		ن	8			
		7	Capital gain net income (from Part IV, line 2)	S AUG 2	0			0		
		8	Net short-term capital gain	4		36	2		0	
		9	Income modifications	OGDE						
		10a	Gross sales less returns and allowances	AABE		<u> </u>	닐			
		b	Less Cost of goods sold			*				
		С	Gross profit or (loss) (attach schedule)							
		11	Other income (attach schedule)							<u> </u>
-		12	Total. Add lines 1 through 11	15,0				0	0	
	တ္က	13	Compensation of officers, directors, trustees, etc		0					
	enses	14	Other employee salaries and wages							
	per	15	Pension plans, employee benefits							
		16a	Legal fees (attach schedule)							
	and Administrative Ex	ь	Accounting fees (attach schedule)		-				<u> </u>	
77	ğ	C	Other professional fees (attach schedule)							
CEI3	stra	17	Interest		-					
_	nis	18	Taxes (attach schedule) (see instructions)		\dashv					
ر ا	Ē	19	Depreciation (attach schedule) and depletion							
כי	Ad	20	Occupancy Travel, conferences, and meetings							
Age	pu	21 22	Printing and publications							
			Other expenses (att sch) Stmt 1		25					25
_	ing	23 24	Total operating and administrative expenses.		_					
41	rat	~~	Add lines 13 through 23		25			0	0	25
Z	Operating	25	Contributions, gifts, grants paid See Statement 2	14,6						14,670
Z	0	26	Total expenses and disbursements. Add lines 24 and 25	14,6			_	0	0	
SCANNED		27	Subtract line 26 from line 12	,			-			
$\ddot{\circ}$		- ' a	Excess of revenue over expenses and disbursements	3	05					
		b	Net investment income (if negative, enter -0-)	Ċ				0	4.	
		c	Adjusted net income (if negative, enter -0-)						0	

Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ►

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ►

Decreases not included in line 2 (itemize) ►

Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30

6

2,619

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Part IV Capital Gains a	ind Losses for Tax on Investn	nent Income				
	cribe the kind(s) of property sold (e.g., real estate, varehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P ~ Purchase D ~ Donation	(c) Date acqu (mo , day, y		(d) Date sold (mo , day, yr)
1a N/A						
_ b		-				
С						
						-
<u>e</u>	 	1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	est or other basis expense of sale		(h) Gain o e) plus (f) r	
_a						
_b			· · · · · · · · · · · · · · · · · · ·			
<u>c</u>						
d			······································			
Complete only for assets showin	g gain in column (h) and owned by the f	oundation on 12/3	1/60	 		
Complete only for assets showin		1				h) gain minus iss than -0-) or
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 ''	xcess of co! (i) r col (j), if any		sses (fron	·
a			······································			
b						
c				<u> </u>		
d						 -
е						
2 Capital gain net income or (net c	apital loss) If gain, also enter if (loss), enter -0- iii		•	2		
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (_				
If gain, also enter in Part I, line 8	, column (c) (see instructions) If (loss),	enter -0- ın				
Part I, line 8				3		
Part V Qualification U	nder Section 4940(e) for Redu	ced Tax on N	et Investment Inco	ome		
	nis part blank tion 4942 tax on the distributable amoul lify under section 4940(e) Do not comp	• •	e base period?			Yes X No
1 Enter the appropriate amount in	each column for each year, see the inst	ructions before ma	king any entries			
(a)	(b)		(c)	· I		(d)
Base penod years Calendar year (or tax year beginning in	Advisted avalifying distribution	s Net	value of noncharitable-use asset	ts .		oution ratio vided by col. (c))
2011		6,419			<u></u>	
2010	2	4,968				
2009		4,514	-			
2008						
2007						
2 Total of line 1, column (d)				2		
3 Average distribution ratio for the	5-year base period – divide the total on	line 2 by 5, or by the	ne	} }		
number of years the foundation l	has been in existence if less than 5 year	s		3		
						_
4 Enter the net value of noncharita	ible-use assets for 2012 from Part X, lin	e 5		4		0
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		
■ Add base 5 ==== 0				_		0
7 Add lines 5 and 6				7		
9 Enter qualifying distributions from	n Part VII. line 4			8		14,695
8 Enter qualifying distributions from	n Part XII, line 4 n line 7, check the box in Part VI, line 1l	and complete the	at nart using a 1% tay ra			
Part VI instructions		., Joinpiete (iii	part somy a 170 tax ta	.5 556 1116		

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)							
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	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ X and enter 1% of Part I, line 27b							
_	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	1						
С	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	<u> </u>						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	- 			0			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-			_ 0			
6	Credits/Payments							
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a							
b	Exempt foreign organizations – tax withheld at source 6b							
c	Tax paid with application for extension of time to file (Form 8868) 6c							
d	Backup withholding erroneously withheld 6d							
7	Total credits and payments Add lines 6a through 6d							
8	Enter any penalty for underpayment of estimated tax. Check here							
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							
11	Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded							
	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			Yes	No			
	participate or intervene in any political campaign?		1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		<u> </u>					
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?							
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1b		<u> </u>			
	published or distributed by the foundation in connection with the activities							
c	Did the foundation file Form 1120-POL for this year?		1c		X			
d	and the control of th							
ď	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
•	on foundation managers > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X			
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of							
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	_,	_X_			
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory 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," complete Part II, col (c), and Part XV		7	X				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ ###################################							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General							
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or							
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"							
	complete Part XIV		9		X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	names and addresses Stmt 3		10	X	<u> </u>			
			orm 99	0-PF	(2012)			

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20-8107538

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_Pa	art VII-B Statements Regardi	ng Activities for Which F	orm 4720 May Be R	equired (cont	inued)			
5a	During the year did the foundation pay or	incur any amount to						
	(1) Carry on propaganda, or otherwise a	ttempt to influence legislation (see	ction 4945(e))?	Π,	∕es X No		1	
	(2) Influence the outcome of any specific	public election (see section 4955	ō), or to carry on,		_	Ì		
	directly or indirectly, any voter registr	ation drive?		Π,	res 🗓 No		1	
	(3) Provide a grant to an individual for tra	avel, study, or other similar purpos	ses?	П	res 🕱 No			
	(4) Provide a grant to an organization of			<u> </u>				
	section 509(a)(1), (2), or (3), or section	on 4940(d)(2)? (see instructions)			res 🗓 No			
	(5) Provide for any purpose other than re	eligious, charitable, scientific, litera	ary, or educational					
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X N							
b	If any answer is "Yes" to 5a(1)-(5), did ar		y under the exceptions de	scribed in				
	Regulations section 53 4945 or in a curre		•		N/A	5b	ļ	
	Organizations relying on a current notice				▶ □			
С	If the answer is "Yes" to question 5a(4), d						- 1	
	because it maintained expenditure respo	•		N/A 🗌 🔻	res No			
	If "Yes," attach the statement required by	• •	1)		LJ		1	
6a	Did the foundation, during the year, recei	= :						
	on a personal benefit contract?	•			res X No			
b	Did the foundation, during the year, pay p	remiums, directly or indirectly, on	a personal benefit contra			6ь		Х
	If "Yes" to 6b, file Form 8870	•	·					
7a	At any time during the tax year, was the f	oundation a party to a prohibited t	ax shelter transaction?		res X No			
b	If "Yes," did the foundation receive any pr			on?	N/A	7b		
P	art VIII Information About Of	ficers, Directors, Trustee	s, Foundation Man	agers, Highly	Paid Employe	ees,		
	and Contractors							
1	ist all officers, directors, trustees, four	idation managers and their cor	mpensation (see instruc	tions).				
			(b) Title, and average	(c) Compensation	(d) Contributions to	_		
	(a) Name and a	ddress	hours per week	(If not paid,	employee benefit plans and deferred		ense aco r allowan	
	· · · · · · · · · · · · · · · · · · ·		devoted to position	enter -0-)	compensation			
EI	DDIE FLORES JR	Honolulu	PRES/DIR					
93	1 University Ave Ste 202	ні 96826	3.00	0	0	<u>.</u>		0
KV	OCK YUM KAM	Honolulu	VP/DIR					
93	1 University Ave Ste 202	ні 96826	1.00	0	0			0
В	RYAN ANDAYA	Honolulu	SEC/TREAS/DI					
93	31 University Ave Ste 202	HI 96826	2.00	0	0			0
					<u> </u>	l		
2	Compensation of five highest-paid em	ployees (other than those incl	uded on line 1 – see ins	tructions). If non	e, enter			
	"NONE."				 	т		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Exr	ense aco	count
	(a) Name and address of each employee pa	aid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowan	
			develop to position		compensation	ļ		
N	DNE							
						ļ		
						ļ. -		
				<u> </u>		ļ <u> </u>		
- -	Language of all an amplement and a second	2,000		l	<u> </u>	L	1	0
lota	I number of other employees paid over \$5	7,000				om 99	O DE	
					F	om JJ	U-FF	(2012)

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Part VIII	Information About Officers, Directors, Trustees, Found	dation Managers, Highly Paid E	
	and Contractors (continued)		
3 Five hi	ghest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number	r of others receiving over \$50,000 for professional services		•
Part IX-A			
List the foundat	non's four largest direct chantable activities during the tax year. Include relevant statistical information suc	h as the number of	F
	nd other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 N/A			
2			
3			
	`		
4			
·			
Part IX E	Summary of Program-Related Investments (see instru	uctions)	
	vo largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
			· · · · · · · · · · · · · · · · · · ·
2			
All other progra	rm-related investments. See instructions		
3			
Total Add lin	nes 1 through 3	•	ł

Pa	irt XIII Undistributed Income (see instructions))			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years pnor to 2011	2011	2012
	line 7		,	* **	0
2	Undistributed income, if any, as of the end of 2012				
а	Enter amount for 2011 only				
þ	Total for prior years 20, 20, 20	* *			
3	Excess distributions carryover, if any, to 2012		* * * * * * * * * * * * * * * * * * * *		
	From 2007	****	ζ.	, , , , , , , ,	
	From 2008	, , ,		,	
	From 2009 4,514			*	
	From 2010 24,968	, ,	, ,,		
е	From 2011 6,419	1		*	,
f	<u> </u>	35,901	``````````````````````````````````````	*** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	` ^
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$14,695		Nik to Pilita	. " !	
	Applied to 2011, but not more than line 2a	* ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W 8 6 2	
b	Applied to undistributed income of prior years				۳ ,
	(Election required – see instructions)	* * *	,,	344 × ``	
C	Treated as distributions out of corpus (Election		\ `} .	`	
	required – see instructions)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	* * * * * * * * * * * * * * * * * * * *	[* } ; · · · · · · · · · · · · · · · · · ·	
	Applied to 2012 distributable amount	14 605	1 1 3 4 3 /	· · · · · · · · · · · · · · · · · · ·	
	Remaining amount distributed out of corpus	14,695	- 5 & 7 & 5	100 48	<u>.</u>
5	Excess distributions carryover applied to 2012	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 8 % % % 'c '	27.1 27.1 X	·
	(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:		, in the second	. · · ·	
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	50,596		· **	
D	Prior years' undistributed income Subtract line 4b from line 2b				*,
_	Enter the amount of prior years' undistributed			1614	* * /* ()* (
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	,		· */.*	` '
	tax has been previously assessed				
а	Subtract line 6c from line 6b Taxable	4 ()		* * *	
_	amount – see instructions			* ^ .	
e	Undistributed income for 2011 Subtract line		. /	* ^	
Ĭ	4a from line 2a Taxable amount – see				
	instructions		* 1 * 4 * * * * * * * * * * * * * * * *		
f	Undistributed income for 2012 Subtract lines		3 4 5 4 × 6 4× 1 7× 7× 7	3	· · · · · · · · · · · · · · · · · · ·
-	4d and 5 from line 1. This amount must be				
	distributed in 2013				l o
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)			1	
8	Excess distributions carryover from 2007 not		, , , ,		
-	applied on line 5 or line 7 (see instructions)		"	"	
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a	50,596	* * *		<u> </u>
0	Analysis of line 9		*	, , ,	* *
а	Excess from 2008	, ,	` .	,	
b	Excess from 2009 4,514				
С	Excess from 2010 24,968				•
d	Excess from 2011 6,419			****	
е	Excess from 2012 14,695			*	
					5 990-PE (0040)

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

N/A

factors

c Any submission deadlines

Form 990-PF (2012) L & L FRANCHISE FOUNDATION, INC. 20-8107538 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Chaminade Foundation 3140 Waialae Avenue 501 (C) (3) Honolulu HI 96816 General support 2,500 East-West Foundation 1601 Easr-West Road 501 (C) (3) Honolulu HI 96848 General support 500 United Church of Christ 467 N Judd St 501 (C) (3) Honolulu HI 96817 General support 360 Univ of Hawaiii Foundation 2444 Dole St 501 (C) (3) Honolulu HI 96822 General support 1,810 Chaminade University 3140 Waialae Ave 501 (C) (3) Honolulu HI 96816 General support 2,400 The Filipino Community Center 94-428 Mokuola St Ste 302 501 (C) (3) Waipahu HI 96797 General support 2,500 Kaqyu Theqchen Ling 26 Gartley Place 501 (C) (3) Honolulu HI 96817 General support 2,000 Palolo Chinese Home 2459 10th Avenue 501 (C) (3) Honolulu HI 96816 General support 2,500 Special Olympics Hawaii Inc 1833 Kalakaua Ave #500 501 (C) (3) Honolulu HI 96815 General support 100 14,670 **▶** 3a Total b Approved for future payment N/A

▶ 3b

Total

Part Avi-A Alialysis of illcollie-Producing	Acuviues			
Enter gross amounts unless otherwise indicated	Unrelate (a) Business code	(b) (CAMOUNT EXCE	sion Amount	(e) Related or exempt function income
1 Program service revenue				(See instructions)
a				
b				
c				
d				
e				
f			·- 	
g Fees and contracts from government agencies				
2 Membership dues and assessments				<u> </u>
3 Interest on savings and temporary cash investments				<u> </u>
4 Dividends and interest from securities		*	* * * * * * * * * * * * * * * * * * * *	
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	_			
d	 			<u>-</u>
				
e				
e	— 	0	0	
12 Subtotal Add columns (b), (d), and (e)	* * * *	0	0	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	8 9 1	0	13 _	C
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)			13 _	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which inco- accomplishment of the foundation's exempt po	e Accomplishm	ent of Exempt Purpolumn (e) of Part XVI-A con	13	C
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inco	e Accomplishm	ent of Exempt Purpolumn (e) of Part XVI-A con	13	C
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ra	II L AVII		: Organiza	_	ansiers 10 an	u Transactio	ns and Relationsh	ihe witu	Noncharitable		
1	Did the				e in any of the follo	owing with any of	her organization describe	ed		Yes	No
					=		ction 527, relating to politi				
	organiza	ations?									
а	Transfe	rs from the rep	orting founda	ation to a no	ncharitable exemp	ot organization of					
	(1) Cas	h							1a(1	<u> </u>	X
	(2) Oth	er assets							1a(2)	X
b		ansactions									
		es of assets to			-				<u>1b(1</u>	١	X
					exempt organization	on			1b(2		X
		ital of facilities,			ets				1b(3		X
		mbursement a	-						1b(4		X
		ns or loan gua							1b(5		X
_					fundraising solicit				1b(6	4—	X
	_			-	ther assets, or paid		ın (b) should always show	u tha fair m	_ <u>1c</u>		<u> </u>
u		-			=		he foundation received le				
		-		_	·	-	the goods, other assets, o				
	(a) Line no		unt involved		ne of nonchantable exem				actions, and shanng arrangem	ents	
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22	Is the fo	undation direc	thy or indirect	ly affiliated i	with or related to	one or more tay	Lexempt organizations	 -	·		
Za			-	•	than section 501(c					res X	No
b		complete the			555 55 1(5	,,(0), 01 111 0001101	. 021				<u>.</u> 110
	,,	(a) Name of or			(b) Type of o	organization		(c) Description	of relationship		
]	N/A		-			<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · · 		
	 		 								
	Unde	er penalties of perju	ury I declare tha	t I have examin	ed this return, including	accompanying sched	ules and statements, and to the nich preparer has any knowledge	best of my kno	wledge and belief, it is true,		
	Come	ici, and complete	Decidion of pr	///	pair taxpayor, io badda c		- C		May the IRS discuss this		
Sig							?/. <i>i</i>		with the preparer shown (see instructions)?	Yes	X No
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			4181				7.7	PRESI	DENT		
		Signature of officer	or trustee			Date	Tit	tle			
	Pr	int/Type preparer's	name			Preparer's signatur			Date	Check	
Paid		. –				Jucar	Do & Okea	an	00/11/1/1	self-em	nployed
	arer R1	cardo E (01	Ricardo E	Olegario		08/14/13		,
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2012

L & L FRANCHISE FOUNDATION, INC. 20-8107538 Organization type (check one) Section: Filers of: 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 331/3 % 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, total 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 total 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), 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

Part I, 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

Name of organization

L & L FRANCHISE FOUNDATION, INC.

Employer identification number 20-8107538

Part I	Contributors (see instructions). Use dupli	cate copies of Part I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	L & L Franchise Inc 931 University Ave Ste 202 Honolulu HI 9	\$ 15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)

8/14/2013 6:45 AM		Charitable Purpose \$ 25 \$	-
	Expenses	Adjusted Net	
Federal Statements	Part I, Line 23 - Other	Investment s	
	Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses	* Total * * * * * * * * * * * * * * * * * * *	
LLFOUND L & L FRANCHISE FOUNDATION, INC. 20-8107538 FYE: 12/31/2012	State	Expenses Bank charges Total Total	

LLFOUND L.& L FRANCHISE FOUNDATION, INC. 20-8107538 Federal Statements

FYE: 12/31/2012

Statement 2 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants

Amount	Noncash Description	FMV _Explanation_	Book Value Amount	Book Value Explanation	Date
2,500					6/06/12
500					7/09/12
360					7/11/12
1,810					5/18/12
2,400					1/11/12
2,500					11/13/12
2,000					12/24/12
2,500					10/07/12
100					12/02/12

8/14/2013 6:45 AM

8/14/2013 6:45 AM City, State, Zip Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Honolulu HI 96826 Federal Statements 931 University Ave Ste 202 Address LLFOUND L & L FRANCHISE FOUNDATION, INC. Name L & L FRANCHISE, INC 20-8107538 FYE: 12/31/2012