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## . 990-PF

### **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

SCANNED DEC 0 5 2013

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

Open to Public Inspection

F	or ca	lendar year 2012 or tax year beginning				, 2012	2, and ending			, 20
		of foundation						A	Employer identif	ication number
	KEĮ'	TH AND POLLY STEINER FAMILY F	OUN	DA'	TION				51-064737	1
	Numb	er and street (or P O box number if mail is not delivered				Room/suite	В	Telephone numb	er (see instructions)	
							1		(80	8) 536-6411
	111	1 BISHOP STREET					505		, 30	
_		town, state, and ZIP code					1 2 2 2	十	<del></del>	
		,,						c	If exemption applica	ation is
	LION	NITTI UT 06012							pending, check here	
_		OLULU, HI 96813			Initial roturn	of a formar	nublic charib	Η.		. —
G	Une	ck all that apply: Initial return		H			public charity	'   P	Foreign organiza	•
		Final return	- 1		Amended re				<ol><li>Foreign organiza</li><li>85% test, check i</li></ol>	
		Address change			Name chang		<del>.</del>	4	computation .	
ዞ	_	ck type of organization: X Section 501(	ငှ)(ဒ)					E	If private foundation	n status was terminated
1	_	ection 4947(a)(1) nonexempt chantable trust	JJ		ner taxable pr			4	under section 507(b	)(1)(A), check here . ► .
1		1 —		_	ethod· X C	ashAc	crual	F	If the foundation is	in a 60-month termination
		• • • • • • • • • • • • • • • • • • • •			ecify)			_	under section 507(b	)(1)(B), check here . >
_	16)	▶ \$ 9,418. (Part I,	colu	חח.	(d) must be or	cash basis.	)			
P	art	Analysis of Revenue and Expenses (The	(:	a) R	evenue and	(b) Net inv	restment	(c)	Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	Į .		enses per	(b) Net inco		(0)	income	purposes
_		column (a) (see instructions) )			books		<u>_</u>			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .			35,000.					
	2	Check If the foundation is not required to attach Sch. B								
Į	3	Interest on savings and temporary cash investments								
	4	Dividends and interest from securities				]				
- 1		Gross rents								
		Net rental income or (loss)								
as		Net gain or (loss) from sale of assets not on line 10						_		
Revenue		Gross sales price for all			<del></del>				•	
8	7	assets on line 6a Capital gain net income (from Part IV, line 2).								
2	8	· · · · · · · · · · · · · · · · · · ·				<u> </u>		_		
	9	Net short-term capital gain				-		_		
	_	Gross sales less returns				<del></del>		_		<del></del>
	L	and allowances · · · ·								
		Less Cost of goods sold .				01	ECEIV	F	<b>)</b>	
- 1		Gross profit or (loss) (attach schedule)				1 1			-70	
	11	Other income (attach schedule)		-	35,000.	0			18	<del></del>
-	12_	Total. Add lines 1 through 11			33,000.	<del>                                     </del>	<del>√0∀ 2 1 2</del>	<del>()13</del>	8	<del> </del>
	13	Compensation of officers, directors, trustees, etc	l			131-				<del></del>
es	14	Other employee salaries and wages				The same	CADEN.	11	T	
penses	15	Pension plans, employee benefits	_			<del>                                     </del>	ولالساليات	-		<del> </del>
		Legal fees (attach schedule)			2,377.					2,377.
ē		Accounting fees (attach schedule)ATCH 1			2,3//.	<del> </del> -	-			2,377
ŧ.		Other professional fees (attach schedule)								-
str	17	Interest	ļ		-	<del> </del>				<del> </del>
Ë	18	Taxes (attach schedule) (see instructions)				ļ—				<del> </del>
E	19	Depreciation (attach schedule) and depletion.				<del> </del>				<del> </del>
Ă	20	Occupancy				<del> </del>				<u> </u>
	21	Travel, conferences, and meetings	<u> </u>			<del> </del>				<del> </del>
9	22	Printing and publications				<del> </del>				
菲	23	Other expenses (attach schedule)				ļ				
era	24	$\label{total operating and administrative expenses.}$					[			
9		Add lines 13 through 23			2,377.					2,377.
_	25	Contributions, gifts, grants paid			27,200.					27,200
	26	Total expenses and disbursements Add lines 24 and 25			29,577.		0			29,577
	27	Subtract line 26 from line 12:				1	1			1
	а	Excess of revenue over expenses and disbursements			5,423.					
	b	Net investment income (if negative, enter -0-)					0			
	c	Adjusted net Income (if negative enter -0-).								

JSA For Paperwork Reduction Act Notice, see instructions. 2E1410 1 000 59064T 1061

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Part I		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End (	of year
Fa	A U	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\top$	1	Cash - non-interest-bearing	3,995.	9,418.	9,418.
- 1	2	Savings and temporary cash investments			
-	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
		Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable		<u> </u>	
	-	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less allowance for doubtful accounts ▶			
ρņ	8	Inventones for sale or use			
0	9	Prepaid expenses and deferred charges			
AS	_	Investments - U.S and state government obligations (attach schedule)			
Ι.		Investments - corporate stock (attach schedule)			-
		Investments - corporate stock (attach schedule)			
1	1	Investments - land, buildings, and equipment, basis Less accumulated depreciation (attach schedule)			
1	2	Investments - mortgage loans			
	3	Investments - other (attach schedule)			
1	4	Land, buildings, and equipment basis			
		equipment basis Less: accumulated depreciation (attach schedule)			
1	5	Other assets (describe			
1	6	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	3,995.	9,418.	9,418.
1	7	Accounts payable and accrued expenses			
1	8	Grants payable			_
န္မ 1	9	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	1
abilities 7	0	Loans from officers, directors, trustees, and other disqualified persons			
음 음 2	:1	Mortgages and other notes payable (attach schedule)			]
7 2	2	Other liabilities (describe			
_ 2	3	Total liabilities (add lines 17 through 22)	0	(	2
ļ		Foundations that follow SFAS 117, check here ▶		1	
တ္ဆ		and complete lines 24 through 26 and lines 30 and 31.			
2 2	4	Unrestricted			
Balances	5	Temporarily restricted		<b>**</b>	]
四2	6	Permanently restricted			
Assets or Fund I		Foundations that do not follow SFAS 117,			
<u>"</u>		check here and complete lines 27 through 31. ▶ X			
ທ <sub>ີ</sub> 2	27	Capital stock, trust principal, or current funds		·	
<b>19</b> 2	8	Paid-in or capital surplus, or land, bldg , and equipment fund			_
¥ 2	9	Retained earnings, accumulated income, endowment, or other funds	3,995.	9,418	<u>.</u>
Ne s	0	Total net assets or fund balances (see instructions)	3,995.	9,418	<u>.</u>
2 3	11	Total liabilities and net assets/fund balances (see			
		instructions)		9,418	
		Analysis of Changes in Net Assets or Fund			<del>,</del>
		I net assets or fund balances at beginning of year - Part			
		of-year figure reported on prior year's return)			3,995.
2 E	Ente	r amount from Part I, line 27a		2	5,423.
3 (	Othe	er increases not included in line 2 (itemize)			
4 /	Add	lines 1, 2, and 3		4	9,418.
5 C	Deci	reases not included in line 2 (itemize)			ļ
6 7	Γota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	9,418.

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Part IV Cap	ital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and	describe the kind(s) of property sold (e	a n real estate	(b) How acquired	(c) Date	(d) Date sold
	, ,	ck warehouse, or common stock, 200 s	<del>-</del> ·	P-Purchase	acquired (mo,day,yr)	(mo., day, yr)
10	2 0.0.7 2			D - Donation	,,,,,,	
<u>1a</u>						
_ <b>b</b>			·	<u> </u>		<del></del>
<u>.</u>						<b></b>
d					<u>                                      </u>	ļ
<u>e</u>		<del> </del>		ļ		<u> </u>
(e) Gross sale:	s price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
	<del>-</del>					<del></del>
<u>a</u>				<u> </u>	- '-	
				<del></del>		
<u>c</u>				<u> </u>		
<u>d</u>				<del></del>		
е			<del></del>			
Complete on	ly for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) g	
(i) FMV as of	12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a						
b				T		
c						
d			· <del>-</del> - ··	<b> </b>		
<u>e</u>		c If	gain, also enter in Part I, line 7	$\vdash$		
2 Capital gain ne	t income or		(loss), enter -0- in Part I, line 7	2		
2 Not short torm	constal agin			<del>                                     </del>		
		or (loss) as defined in sections 12		1		
-		I, line 8, column (c) (see instr				
				3		
Part V Qua	lification U	inder Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
(For optional use	by domestic	private foundations subject to the	e section 4940(a) tax on net invest	ment inco	me.)	
If section 4940(d)	(2) applies, l	leave this part blank				
Was the foundation	on liable for t	the section 4942 tax on the distrib	utable amount of any year in the b	ase perio	d?	Yes X No
If "Yes," the found	dation does r	not qualify under section 4940(e).	Do not complete this part.	•		
			see the instructions before making	anv entr	nes.	
(a)		(b)	(c)		(d)	
Base penod		Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution r (col (b) divided by	
Calendar year (or tax ye	- rodunniñ nj	20,607.	5,319.		(30) (D) divided by	1.000000
				<del> </del>		
2010		19,516.	1,445.	<del> </del>		1.000000
2009		21,991.	830.	-	<del> </del>	1.000000
2008		29,363.	3,567.	<u> </u>		1.000000
2007		1,226.		<u> </u>		
2 Total of line 1	, column (d)			2		4.000000
3 Average distri	bution ratio f	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of yea	ars the found	lation has been in existence if less	than 5 years	3		0.800000
•			•			
4 Enter the net	value of non-	charitable-use assets for 2012 from	m Part X, line 5	4		6,478.
4 Lines the net	value of flori	Giarrable-use assets for 2012 from		+		0,2.0.
E. Multiply line 4	hulma 2			ایا		5,182.
5 Multiply line 4	by line 3.			5		3,162.
6 Enter 1% of n	et investmer	nt income (1% of Part I, line 27b)		6		<del> </del>
7 Add lines 5 ar	nd 6			7	. –. – – –	5,182.
		ns from Part XII, line 4		8		29,577.
		ater than line 7, check the box i	n Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the
Part VI instruct	tions.					

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) 

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

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and

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Х

X

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foundation had excess business holdings in 2012)

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 2012?

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3b

A\n

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	_
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A - THE KEITH AND POLLY STEINER FAMILY FOUNDATION IS A	
PRIVATE NONOPERATING FOUNDATION.	
2	
	ļ
3	
4	
Part IX-B Summary of Program-Related Investments (see 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 instructions	
3 NONE	ĺ

KEITH AND POLLY STEINER FAMILY FOUNDATION 51-0647371 Form 990-PF (2012) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable. etc. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b 6,577. c Fair market value of all other assets (see instructions) 1c Total (add lines 1a, b, and c) 1d 6,577. Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 6,577. Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see 4 99. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 6,478. Minimum investment return. Enter 5% of line 5 6 324. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ 🦳 and do not complete this part.) Minimum investment return from Part X, line 6 . . . . . . . . 324. 2a Tax on investment income for 2012 from Part VI, line 5 Income tax for 2012. (This does not include the tax from Part VI.) Distributable amount before adjustments. Subtract line 2c from line 1 3 324. Recoveries of amounts treated as qualifying distributions 4 5 324. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 324. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 29,577. Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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 instructions) Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

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6

29,577.

29,577.

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Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) Corpus Years prior to 2011 2011 2012 Distributable amount for 2012 from Part XI, 324. line 7 Undistributed income, if any, as of the end of 2012 b Total for prior years 20 10 .20 09 .20 08 Excess distributions carryover, if any, to 2012. 1,226. a From 2007 . . . . . . . **b** From 2008 . . . . . . 29,185. c From 2009 ..... 21,949. d From 2010 . . . . . . 19,444. 20,341. e From 2011 . . . . . . . . . . . . . . . . f Total of lines 3a through e . . . . . . . . . . . 92,145. 4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ \_\_\_\_\_\_ 29,577. a Applied to 2011, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) . . . . . . c Treated as distributions out of corpus (Election 324 d Applied to 2012 distributable amount ..... 29,253. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 121,398. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 . . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 ........ Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . 1,226. Excess distributions carryover to 2013. 120,172. Subtract lines 7 and 8 from line 6a . . . . . . . 10 Analysis of line 9: 29,185. a Excess from 2008 . . . 21,949. b Excess from 2009 . . . 19,444. c Excess from 2010 . . . 20,341. d Excess from 2011 . . . 29,253. e Excess from 2012 . . .

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N/A

factors:

Form 990-PF (2012) Part XV Supplementary Information (	continued)	. = .	<del></del>	Page 11
3 Grants and Contributions Paid Duri	ng the Year or Ann	oved for F	Future Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual,	Foundation	dure rayment	
Name and address (home or hysiness)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year	1	ļ		
АТСН З				
AICH 3				
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				1
Total			▶ 3a	27,200
b Approved for future payment				
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		1		
			<u> </u>	
Total			▶ 3b	

Page 12

Part XVI	-A Analysis of Income-Produ	icing Activ	/ities	<del></del>		
nter gross	amounts unless otherwise indicated.	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions)
а			<u> </u>			
ь		<u> </u>		+		
				-		
					<u> </u>	
				<del> </del>		
f		-		-		
_	and contracts from government agencies ship dues and assessments			+		
	on savings and temporary cash investments					. =::-
	ds and interest from securities					<u>-</u> .
	al income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	il income or (loss) from personal property					
	vestment income					
	loss) from sales of assets other than inventory	1				
-	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
Other re	venue a			ļ		
b				<u> </u>		
c				ļ		
d		ļ				
е				ļ		
ee worksl art XVI ine No.	Explain below how each activity	sulations) s to the Act ty for whic	complishment of Ex	kempt Purp	ooses e) of Part XVI-A contrib	uted importantly to
<b>V</b>	accomplishment of the foundation	on's exemp	ot purposes (other than	by providing	g tunas for such purpose	es). (See Instructions.)
	N/A					
						<del> </del>
					· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·			
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Form 990-PF (20	12) KEITH AND POLLY STEINER FAMILY FOUNDATION 51-064	7371	Pa	age '
Part XVII	Information Regarding Transfers To and Transactions and Relationships With Non Exempt Organizations	char	itable	€
in section	organization directly or indirectly engage in any of the following with any other organization described on 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political ations?		Yes	N
(1) Casl	, -	1a(1)		2

1	Did th	ne organization direct	ly or indirectly engage in any of the	following	with any other organization described	ĺ	Yes	No
	in sec	ction 501(c) of the Co	de (other than section 501(c)(3) org	anızation	s) or in section 527, relating to political			
	organ	nizations?						
а	Trans	fers from the reportin	g foundation to a noncharitable exen	npt organ	ization of:			
	(1) C	ash				1a(1)		X
						1a(2)		Х
b		transactions:						
	(1) S	ales of assets to a no	ncharitable exempt organization			1b(1)	<u> </u>	Х
						1b(2)		Х
							1	X
								Х
						1b(5)		Х
						1b(6)		х
С					ees			Х
		_			hedule. Column (b) should always show		fair m	arke
		•	•	-	undation. If the foundation received less			
	value	in any transaction of	sharing arrangement, show in colu	ımn (d) th	ne value of the goods, other assets, or s	ervice	s rece	eived
a) L	ine no	(b) Amount involved	(c) Name of nonchantable exempt organize	zation	(d) Description of transfers, transactions, and sha	плд агга	ngemer	nts
		N/A			N/A			
_								

(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A		N/A

•	described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No								
b If "Yes," complete the following schedule									
(a) Name of organization	(b) Type of organization	(c) Description of relationship							
<del></del>	<del></del>	<del></del>							

	<u>.                                    </u>			<del></del>	
Sign	Under penalties of penury, I declare that I have examinated, and complete. Declaration of preparer (other than				wledge and belief, it is tru
Here	Keith f. Stein	in / Nov.	8,2013	or clent May the with the	e IRS discuss thus return e preparer shown below
	Signature of officer or trustee	Date	Title	(see metro	uctions 2 X Ves N

Paid	Print/Type preparer's name	Preparer's signature	001 <sup>Pate</sup> 2 3	2013 Check	rf PTIN mployed P00652847
_	ROBERTA A. STRAUGHN	Roberta A Brown	091 2 3	self-er	nployed P00652847
Preparer	Firm's name DELOITTE TA	X LLP		Fim's ElN	▶86-1065772
Use Only	Firm's address ▶ 999 BISHOP	ST. SUITE 2700			
_	HONOLULU,	HI	96813	Phone no	808-543-0700
					- 000 DE (00

Form 990-PF (2012)

### Schedule B (Form 990, 990-EZ,

### **Schedule of Contributors**

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

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

or 990-PF) Department of the Treasury Internal Revenue Service	2012						
Name of the organizatio	n	Employer identification number					
KEITH AND POLLY	STEINER FAMILY FOUNDATION	51-0647371					
Organization type (ch	eck 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 foun	dation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on					
	501(c)(3) taxable private foundation						
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or orn any one contributor. Complete Parts I and II.	r more (in money or					
Special Rules							
under section	on 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support te ons 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 9 arts I and II.	year, a contribution of					
during the y	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a rear, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitabinal purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, a	ole, scientific, literary,					
during the y not total to year for an applies to t	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						
990-EZ, or 990-PF), t	tion that is not covered by the General Rule and/or the Special Rules does not file Sc out it <b>must</b> answer "No" on Part IV, line 2 of its Form 990; or check the box on line H rm 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form	of its Form 990-EZ or on					

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) (2012) Page 2 Name of organization KEITH AND POLLY STEINER FAMILY FOUNDATION Employer identification number 51-0647371 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. \_\_\_1 KEITH J. STEINER Person **Payroll** 1111 BISHOP STREET, SUITE 505 25,000. Noncash (Complete Part II if there is HONOLULU, HI 96813 a noncash contribution.) (c) (d) (a) Total contributions Type of contribution Νo. Name, address, and ZIP + 4 \_ 2 MARY P. STEINER Person Payroll 1111 BISHOP STREET, SUITE 505 10,000. Noncash (Complete Part II if there is HONOLULU, HI 96813 a noncash contribution) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll

(Complete Part II if there is a noncash contribution)

Noncash

Name of organization KEITH AND POLLY STEINER FAMILY FOUNDATION

Employer identification number

51-0647371

(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (see instructions)	(d)
(See HISTOCHORS)	Date received
(a) No. from Part I Description of noncash property given (c)    FMV (or estimate)   (see instructions)	(d) Date received
\$	
(a) No. from Part I  Description of noncash property given  (c) FMV (or estimate) (see instructions)	(d) Date received
*	
(a) No. from Part I  Description of noncash property given  (c) FMV (or estimate) (see instructions)	(d) Date received
<b>   </b>	
(a) No. from Part I Description of noncash property given  (c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I  (b)  (c)  FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

51-0647371

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) >\$

Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (c) Use of gift from Part I (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE <u>PURPOSES</u>	2,377.	2,377.
ADJUSTED NET INCOME		
NET INVESTMENT <u>INCOME</u>		
REVENUE AND EXPENSES PER BOOKS	2,377.	2,377.
		TOTALS
DESCRIPTION	DELOITTE TAX LLP	

ATTACHMENT 1

FORM 990PF, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES	<del> </del>	ATTACHMENT 2	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION			
KEITH J. STEINER, SR. 1111 BISHOP STREET 505 HONOLULU, HI 96813	PRESIDENT/SECRETARY/DIRECTOR .58	0	0	0
KEITH J. STEINER, JR. 1111 BISHOP STREET 505 HONOLULU, HI 96813	V.P./TREASURER/DIRECTOR .02	0	0	0
MARY P. STEINER 1111 BISHOP STREET 505 HONOLULU, HI 96813	ASSISTANT TREASURER/DIRECTOR .02	0	0	0

GRAND TOTALS

KEITH AND POLLY STEINER FAMILY FOUNDATION

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	BING THE YEAR		ATTACHMENT 3
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HONOLULU THEATRE FOR YOUTH	NONE PUBLICLY SUPPORTED	CHARITABLE	1,500.
INSTITUTE FOR HUMAN SERVICES	NONE PUBLICIX SUPPORTED	CHARITABLE	.000,000
HAWAII POODBANK	NONE PUBLICLY SUPPORTED	CHARITABLE	1,200.
SALVATION ARMY	NONE PUBLICLY SUPPORTED	CHARITABLE	2009
PUNAHOU SCHOOL	NONE PUBLICLY SUPPORTED	CHARITABLE	5,000.
LUNG CANCER ALLIANCE	NONE PUBLICLY SUPPORTED	CHARITABLE	3,000.

FORM 990PE, DART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT 3 (CONT.D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
STANFORD LAW SCHOOL	NONE PUBLICLY SUPPORTED	CHARITABLE	1,000.
YALE UNIVERSITY	NONE PUBLICLY SUPPORTED	CHARITABLE	1,000.
HAWAII INTERNATIONAL CHILD	NONE PUBLICLY SUPPORTED	CHARITABLE	1,000.
SPECIAL OLYMPICS	NONE PUBLICLY SUPPORTED	CHARITABLE	500.
BOYS & GIRLS CLUB	NOWE PUBLICLY SUPPORTED	CHARITABLE	1,000.
UNIVERSITY OF HAWAII CANCER CENTER	NONE PUBLICLY SUPPORTED	CHARITABLE	006

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ATTACHMENT 3 (CONT.D)		AMOUNT	1,000.
		PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE
TONS, PAID, DUBING, THE, YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	NONE FUBLICIA SUPPORTED
ROBM 930PF, DART XV - GRANTS AND CONTRIBUTIONS DAID DURING THE YEAR		RECIPIENT NAME AND ADDRESS	AMERICAN RED CROSS

### Form 8868

(Rev. January 2013)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenu	e Service	File 8	separate a	pplication for each return.			
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).</li> <li>Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.</li> </ul>							
Do not comp	olete Part II unless y	ou have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed Form 886	<b>38</b> .	
Electronic fi	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for						
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information							
Return for	Transfers Associat	ed With Certain Persona	el Benefit	Contracts, which mus	t be sent to the IRS in paper	format (see	
					d click on e-file for Charities & Nor	ipronts.	
		Extension of Time. Or					
•	•	•			- check this box and complete	. [	
Partionly.			ing PEMIC	Co and tructs must use i	Form 7004 to request an extension	►∟.	
	•	ig 1120-0 illers), parulersi	ups, remic	,s, and dusis must use i			
to file income tax returns.  Enter filer's Identifying number, see instructions  Name of exempt organization or other filer, see instructions.  Employer Identification number (EIN) or							
Type or	realing or exempt or	gamenton or outer mes, occur	100 00001101		Employer identification filmber (Env)	OI .	
print	KETTH AND P	OLLY STEINER FAMIL	Y FOIIND	ATTON	51-0647371		
File by the		room or suite no. If a P.O. bo			Social security number (SSN)		
due date for filing your		STREET, SUITE 505	=				
retum. See		ffice, state, and ZIP code. For		dress, see instructions.	<del></del>		
instructions	HONOLULU, H	96813					
Enter the Re		<del></del>	is for (file a	senarate application fo	or each return)	0 4	
			-				
Application			Return	Application		Return	
is For			Code	ls For		Code	
Form 990 or	Form 990-EZ	·-··	01	Form 990-T (corporat	ion)	07	
Form 990-BL			02	Form 1041-A		08	
Form 4720-	(individual)	<u>-</u>	03_	Form 4720		09	
Form 990-PF	:		04	Form 5227		10	
	(sec. 401(a) or 408		05	Form 6069		11	
Form 990-T	(trust other than ab	ove)	06	Form 8870		12	
		► KEITH&POLLY ST					
Telephone			_	AX No. >		. —	
<ul> <li>If the orga</li> </ul>	nization does not h	lave an office or place of t	ousiness in	the United States, chec	ck this box	::▶∟	
• If this is to	r a Group Return, e	enter the organization's for	ır aigit Gro	up Exemption Number (	GEN)		
		box		nt of the group, check t	his box and att	acn	
		of all members the extensi nonth (6 months for a con		guined to file Form 990	LT) extension of time		
until					organization named above. The e	vtancion ic	
	organization's retu		exempt org	ameanon retain to: the	organization hamed above. The c	MU13011 13	
_	calendar year 201						
			. 20	, and ending	, 20		
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	x year entered in li nange in accounting	ne 1 is for less than 12 m g pe <i>rio</i> d	onths, chec	k reason: 🔲 Initial re	eturn Final retum		
3a If this a	pplication is for f	orm 990-BL, 990-PF, 99	0-T, 4720.	or 6069, enter the t	tentative tax, less any		
	ndable credits. Sec				3a \$	0	
		Form 990-PF, 990-T,	4720, or	6069, enter any re			
		ade. Include any prior year				0	
		3b from line 3a. Include y					
		_			3c \$	0	
Caution, If you	(Electronic Federal Tax Payment System). See instructions.  3c \$ 0  aution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.						

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

Form 8868 (Rev. 1-2013)

Form 8868	3 (Rev. 1-2013)			-	Page 2
$\overline{}$	are filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part	II and check this box	
	nly complete Part II if you have already been gra				•••
	are filing for an Automatic 3-Month Extension,			promoco, moc r cim co	
Part II	Additional (Not Automatic) 3-Month E			ginal (no copies needed).	
				nter filer's Identifying number, s	see instructions
	Name of exempt organization or other filer, see in	structions.		Employer identification number	
Type or	,			}	
print	KEITH AND POLLY STEINER FAMI	LY FOUN	DATION	51-0647371	
Princ	Number, street, and room or suite no. If a P.O. bo			Social security number (SSN)	
File by the due date for	1111 DIOUGD CEDERE				
filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
return. See instructions			•		
	Return code for the return that this application	is for /file :	a congrate application for e	ach matum)	04
Applicat		Return	Application	acrietani)	Return
is For	1011	Code	Is For		Code
	0 or Form 000 F7		13101	<u> </u>	Code
	0 or Form 990-EZ	01	<del> </del>	<del></del>	
Form 99		02	Form 1041-A		08
	20 (individual)	03	Form 4720		09
Form 99		04	Form 5227		10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	0-T (trust other than above)	06	Form 8870	esian an a naviously filed F	12
	o not complete Part II if you were not already			ision on a previously flied Fo	om 6868.
	pooks are in the care of ► KEITH&POLLY ST			1992	
		<del></del> •	70(110.)	<del></del>	, [
	organization does not have an office or place of l				
	is for a Group Return, enter the organization's for				this is
	hole group, check this box		in of the group, check this	box▶ [_] and a	attach a
	he names and EINs of all members the extension			1/15 00 13	<del></del>
	quest an additional 3-month extension of time ur			1/15, 20 13	00
	calendar year 2012, or other tax year beginni		··	nd ending	_, 20
	ne tax year entered in line 5 is for less than 12 m  Change in accounting period		<del></del>		
7 Sta	te in detail why you need the extension ADDIT	'IONAL T	IME IS REQUIRED TO	O GATHER THE	
IN	FORMATION NEEDED TO FILE A COMPL	ETE AND	ACCURATE RETURN.	· · · · · · · · · · · · · · · · · · ·	
8a if ti	nis application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tent	tative tax, less any	
	refundable credits. See instructions.			8a \$	0
	his application is for Form 990-PF, 990-T,			1 - 1	
esti	mated tax payments made. Include any pri	or year o	verpayment allowed as	a credit and any	
	ount paid previously with Form 8868.			8b \$	0
	ance Due. Subtract line 8b from line 8a. Include		ent with this form, if requir	ed, by using EFTPS	
(Ele	ectronic Federal Tax Payment System). See instru	ctions.		8c  \$	0
	Signature and Verifica	ation mus	st be completed for P	art II only.	
-	alties of perjury, I declare that I have examined this form, it rrect, and complete, and that I am authorized to prepare this for	_	ompanying schedules and statem	ents, and to the best of my knowle	edge and belief,
Signature 🕨	· Robuta of Myra		Title ▶EA	Date ► AUG	1 5 2013
-diemic b	vot wat will it		1,00 F		8 (Rev. 1-2013)