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Form. 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public. OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

For	alen	dar year 2013 or tax year beginning		, and ending		
Name of foundation A Employer identification number					number	
		. KOBAYASHI FAMILY FOUN	99-0282744			
		8 ALA MOANA BLVD, SUITE	,	Room/suite	B Telephone number 808-535-21	27
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmor public obseits	D 1. Foreign organizations	ahasi kara
u c	HECK	Final return	Amended return	Timer public chartty	i. Foreign organizations	s, check here
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
HO	heck	type of organization: X Section 501(c)(3) ex		· · · · · · · · · · · · · · · · · · ·	1	
			Other taxable private founda	tion	E if private foundation sta under section 507(b)(1)	(A), check here
Fa		rket value of all assets at end of year J Accounti		Accrual	F If the foundation is in a	
		Part II. col. (c), line 16)	ther (specify)		under section 507(b)(1)	
_	\$	241,827. (Part I, colu	mn (d) must be on cash b	pasis)		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	199,936.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	5.	5.		STATEMENT 1
	4	Dividends and interest from securities	1,593.	643.		STATEMENT 2
	5a	Gross rents				
	_	Net rental income or (loss)	1			
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1 •	1.	 		
eve	7	Capital gain net income (from Part IV, line 2)		1.		
~	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
		Less Cost of goods sold			ļ	
		Gross profit or (loss)				
	11	Other income Total. Add lines 1 through 11	201,535.	649.		
	12	Compensation of officers, directors, trustees, etc	201,333.	0.		0.
	14	Other employee salaries and wages				`
		Pension plans, employee benefits		· · · · · · · · · · · · · · · · · · ·		
ses		Legal fees		F	7	
ens		Accounting fees			KECEIVED	
Exp	C	Other professional fees STMT 3	2,670.	1,335.		ກ 1,335.
ive	17	Interest		1,335.	NOV 2 4 2014	¥1
trat	18	Taxes				<u>Ľ </u>
inis	19	Depreciation and depletion			GDEN, UT	
Ę	20	Occupancy			700211, 01	-
d A	21 22	Travel, conferences, and meetings Printing and publications	179.	0.		170
gar	23	Other expenses STMT 4	5,486.	150.	 	179. 5,336.
ting		Total operating and administrative	3,100.			3,330.
Operating and Administrative Expense	_7	expenses. Add lines 13 through 23	8,335.	1,485.		6,850.
Ö	25	Contributions, gifts, grants paid	79,736.			79,736.
		Total expenses and disbursements.		 		
		Add lines 24 and 25	88,071.	1,485.	<u> </u>	86,586.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	113,464.			
	b	Net investment income (if negative, enter -0-)		0.		
	C	Adjusted net income (if negative, enter -0-)			N/A	1

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	End of year		
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	128,661.				
	2	Savings and temporary cash investments		142,189.	142,189.		
	3	Accounts receivable ►					
		Less: allowance for doubtful accounts		1			
	4	Pledges receivable ▶					
	`	Less: allowance for doubtful accounts ▶	Į.				
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	ľ	disqualified persons					
	١,	· · · · · · · · · · · · · · · · · · ·					
) '	Other notes and loans receivable	1				
	٦	Less: allowance for doubtful accounts					
ets	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		44 225			
Q.	1	Investments - U.S. and state government obligations STMT 5	0.	41,335.	41,335. 58,303.		
	6	Investments - corporate stock STMT 6	0.	58,601.	58,303.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis					
	l	Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation	ľ				
	15	Other assets (describe ▶)					
		Total assets (to be completed by all filers - see the					
	'	instructions. Also, see page 1, item 1)	128,661.	242,125.	241,827.		
_	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
Liabilities	1	ŀ					
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons					
Ē	21	Mortgages and other notes payable					
	22	Other liabilities (describe					
		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	0.			
_	23	Total liabilities (add lines 17 through 22)					
	Į .	Foundations that follow SFAS 117, check here					
Ś	١	and complete lines 24 through 26 and lines 30 and 31.					
ည		Unrestricted					
Net Assets or Fund Balances	25	Temporarily restricted					
Ä	26	Permanently restricted					
Š		Foundations that do not follow SFAS 117, check here	1	1			
Ē		and complete lines 27 through 31.					
S	27	Capital stock, trust principal, or current funds	252,642.	252,642.			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
As	29	Retained earnings, accumulated income, endowment, or other funds	<123,981.>		>		
É	30	Total net assets or fund balances	128,661.	242,125.			
_	1	ĺ					
	31	Total liabilities and net assets/fund balances	128,661.	242,125.			
		Analysis of Changes in Net Assets or Fund B	alances				
L	art	Analysis of Changes in Net Assets of Fand B					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30				
	(mus	st agree with end-of-year figure reported on prior year's return)		1	128,661.		
2	Ente	amount from Part I, line 27a		2	113,464.		
3	Othe	r increases not included in line 2 (itemize)	_	3	0.		
4	Add	lines 1, 2, and 3		4	242,125.		
5		eases not included in line 2 (itemize)		5	0.		
6		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	242,125.		
_					Form 990-PF (2013)		

(a) List and describe	the kind(s) of property sold (e.g ouse; or common stock, 200 she	., real estate,	Income	(b) How acquired P - Purchase	(c) Date ac	quired	(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS DIVIDENDS			D - Donation			(mo., day, yr.)	
b	VIDENDS			 			
C				-			
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			n or (loss) f) minus (
a 1.							1.
b							
<u>c</u>							
<u>d</u>							
Complete only for assets showing g	iain in column (h) and owned by	the foundation	on 12/31/60		(I) Cours (Co	l /h\	
Complete only for assets showing g	(j) Adjusted basis		cess of col. (i)		(I) Gains (Co ol. (k), but no		
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			rom col. (
a							1.
b							
С							
d							
е							
	If gain, also ente If (loss), enter -0	r in Part I, line	7)			_
2 Capital gain net income or (net capital	al loss) 🐧 (loss), enter -0	- ın Part I, lıne	7	f 2			<u> </u>
3 Net short-term capital gain or (loss)		nd (6):					
If gain, also enter in Part I, line 8, col	umn (c).)		N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification Unc	er Section 4940(e) for	Reduced	Tax on Ne	t Investment Ir	come	IV/A	
(For optional use by domestic private for	<u></u>						
,		i i i i i i i i i i i i i i i i i i i		,			
If section 4940(d)(2) applies, leave this	part blank.						
Was the foundation liable for the section	4942 tax on the distributable an	nount of any ye	ear in the base pe	riod?			Yes X No
If "Yes," the foundation does not qualify							
1 Enter the appropriate amount in each	h column for each year; see the i	nstructions be	fore making any e	entries.			
(a) Base period years	(b)	tributions	Not value of pe	(c) oncharitable-use asse		Distrib	(d) oution ratio
Calendar year (or tax year beginning i			Net value of the			col. (b) div	rided by col. (c))
2012		5,073. 5,811.		260,87			.632776
2011		8,211.		108,25 89,72			.700307
2010		$\frac{6,211}{6,547}$		27,39	1		1.428965 4.254938
2009		8,626.		133,75			1.559716
2000		0,0200		133,73	- 		
2 Total of line 1, column (d)					2		8.576702
3 Average distribution ratio for the 5-ye	ear base period - divide the total	on line 2 by 5.	or by the numbe	r of vears	- -	- ·	
the foundation has been in existence	•		,		3		1.715340
, , , , , , , , , , , , , , , , , , ,	·						
4 Enter the net value of noncharitable-u	use assets for 2013 from Part X,	line 5			4		236,017.
5 Multiply line 4 by line 3					5		404,849.
6 Enter 1% of net investment income (1% of Part I, line 27b)				6		0.
							404 04-
7 Add lines 5 and 6					7		404,849.
	13/11 1 4						06 506
8 Enter qualifying distributions from Pa					8		86,586.
If line 8 is equal to or greater than lin	e 7, check the box in Part VI, line	tb, and comp	lete that part usi	ng a 1% tax rate.			

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Part VI Excise Tax Based on Investment In		1940(e), or 4	948 - see i	nstru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2),						
	(attach copy of letter if necessary-see instruct					_
b Domestic foundations that meet the section 4940(e) requiremen	ts in Part V, check here and enter 19	6 P				0.
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt for		ol. (b).)	1			_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and	taxable foundations only. Others enter -0-)	,	2			<u>0.</u>
3 Add lines 1 and 2			3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and	,		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. I	zero or less, enter -0-		5			0.
6 Credits/Payments	1 - 1	110				
a 2013 estimated tax payments and 2012 overpayment credited t		118.				
b Exempt foreign organizations - tax withheld at source	6b					
c Tax paid with application for extension of time to file (Form 886)						
d Backup withholding erroneously withheld	6d				_	
7 Total credits and payments. Add lines 6a through 6d			7		1	18.
8 Enter any penalty for underpayment of estimated tax. Check he			8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter a			9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, er		, >	10		1	18.
11 Enter the amount of line 10 to be: Credited to 2014 estimated t	ax ▶ 118	- Refunded ►	11			0.
Part 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 partic	apate or intervene	ın		Yes	
any political campaign?	admirable A. San and American			1a		X
b Did it spend more than \$100 during the year (either directly or i			•	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed described to the description of the		ateriais publishi	ed or			
distributed by the foundation in connection with the acti	/ities.					7.7
c Did the foundation file Form 1120-POL for this year?	a 4055) improved discuss the const			10		<u> </u>
d Enter the amount (if any) of tax on political expenditures (section		0		ŀ		
•	2) On foundation managers. > \$	0.	-			
e Enter the reimbursement (if any) paid by the foundation during managers. ► \$ 0 •	the year for political experioliture tax imposed or	Toungation				
managers. ► \$ U . 2 Has the foundation engaged in any activities that have not previous	nuchy been reported to the IDC9			١, ١		v
	dusty been reported to the INS?			2		<u>X</u>
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				
bylaws, or other similar instruments? If "Yes," attach a confo		or incorporation, t) (ا ا		v
4a Did the foundation have unrelated business gross income of \$1	•			3 4a		X
b if "Yes," has it filed a tax return on Form 990-T for this year?	ood of more during the year.		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial	contraction during the year?		14, 11	5		X
If "Yes," attach the statement required by General Instru	• •			-		
6 Are the requirements of section 508(e) (relating to sections 494						
By language in the governing instrument, or	r anough 10 10) satisfied states.					
By state legislation that effectively amends the governing insti-	ument so that no mandatory directions that cor	offict with the state	a law			
remain in the governing instrument?	amonto o that to mandatory an oodono that oo.	mor war are state	, 1444	6	х	
7 Did the foundation have at least \$5,000 in assets at any time du	and the year? If "Yes " complete Part II col	(c) and Part XI	/	7	X	
7 Did the foundation have actoust 40,000 in account at any time au	ing the year. It is real, complete i are in, cor	(c), and ran A	,			
8a Enter the states to which the foundation reports or with which it	is registered (see instructions)					
HI						
b If the answer is "Yes" to line 7, has the foundation furnished a co	inv of Form 990-PF to the Attorney General for	designate)				
of each state as required by General Instruction G? If "No,"	•	acoignate;		8b	х	
9 Is the foundation claiming status as a private operating foundation	•	4942(i)/5) for calc	endar	- 00		
year 2013 or the taxable year beginning in 2013 (see instruction	_			9		х
10 Did any persons become substantial contributors during the tax				10		X
To bid any personia badama administration during the tax	y rea, attach a sorieudie listing tries flames a	200103363		<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>		

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orm 990-Pr (2013) A.C. ROBATASHI FAMILI F			99-0282	44	Page 6
Part VII-B Statements Regarding Activities for Which	n Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:				- 1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,					
any voter registration drive?					
(3) Provide a grant to an individual for travel, study, or other similar purpos		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	es X No	1	
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or f			1	
the prevention of cruelty to children or animals?		Y ₀	es X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described i	n Regulations	l		
section 53.4945 or in a current notice regarding disaster assistance (see ins	tructions)?		N/A	5b]
Organizations relying on a current notice regarding disaster assistance chec	k here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemptio	n from the tax because it maintai	ined		1	1
expenditure responsibility for the grant?	N	// 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 45	945-5(d)				j
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870			T		
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	☐ Y	es X No	İ	
b If "Yes," did the foundation receive any proceeds or have any net income attr	ributable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Tru		nagers, Highl			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and the					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allo	owances
BERT A. KOBAYASHI	PRESIDENT				
1288 ALA MOANA BLVD., SUITE 201				1	
HONOLULU, HI 96814	0.00	0.	<u> </u>	<u>.</u>	0.
JAMES H. KOBAYASHI	VICE-PRESIDEN	T		1	
P.O. BOX 61100				1	
HONOLULU, HI 96839	0.00	0.	0 .		0.
RONALD H. KOBAYASHI	SECRETARY			1	
2206 MCKINLEY STREET					
HONOLULU, HI 96822	0.00	0.	0.	.	0.
		1			
		<u> </u>		<u></u>	
2 Compensation of five highest-paid employees (other than those		enter "NONE."	(4)		C
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
	devoted to position	(0)	compensation	allo	owances
NONE	⊣				
			ļ	 	
			ļ		
				<u> </u>	
		1			
	_]			
Aro occ			<u> </u>	<u> </u>	
rotal number of other employees paid over \$50.000					0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	·	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,	etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
		·····
2		
All other program-related investments. See instructions.		
3		
Table Add bear 1 Abours 2	>	0.
Total. Add lines 1 through 3		

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	98.711.
	Average of monthly cash balances	1b	98,711. 140,900.
	Fair market value of all other assets	10	
-	Total (add lines 1a, b, and c)	1d	239,611.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0 •	1 1	
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	239,611.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,594.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	236,017.
6	Minimum investment return. Enter 5% of line 5	6	11,801.
P	foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	11,801.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)	1 1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,801.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,801.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	11,801.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		06 506
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	86,586.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	· · · · · · · · · · · · · · · · · · ·	3a	
þ	Cash distribution test (attach the required schedule)	3b	05 505
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	86,586.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	86,586.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	r the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	· · · · · · · · · · · · · · · · · · ·			
line 7			İ	11,801.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 202, 178.				
b From 2009 115,177.				
c From 2010 123,725.				1
dFrom 2011 70,398.				1
eFrom 2012 152,029.	662 505			1
f Total of lines 3a through e	663,507.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 86,586.			0	
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount	0.			11,801.
e Remaining amount distributed out of corpus	74,785.			11,601
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	738,292.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	l	
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	<u> </u>	
e Undistributed income for 2012. Subtract line			}	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	202,178.			
9 Excess distributions carryover to 2014.	202,170.			
Subtract lines 7 and 8 from line 6a	536,114.			
10 Analysis of line 9:				
a Excess from 2009 115,177.			1	
b Excess from 2010 123,725.				
c Excess from 2011 70,398.				
dExcess from 2012 152,029.				
e Excess from 2013 74,785.				
				Form 990-PF (2013)

3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
AFTER-SCHOOL ALL-STARS HAWAII	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
4747 KILAUEA AVE, #210				
HONOLULU, HI 96816				3,50
ALOHA COUNCIL, BOY SCOUTS OF AMERICA	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
42 PUIWA RD				
HONOLULU, HI 96817				1,00
ALOHA MEDICAL MISSION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	1
810 N. VINEYARD BLVD.				
HONOLULU, HI 96817				87
ARMED SERVICES YMCA OF HONOLULU	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
1260 PIERCE STREET, SUITE 145				
PEARL HARBOR, HI 96860		 		5,00
CHILD & FAMILY SERVICE	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
200 N. VINEYARD BLVD., BLDG. B HONOLULU, HI 96817				10,00
	NTINUATION SHE	ET(S)	> :	
b Approved for future payment				
HAWAII COMMUNITY FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
827 FORT STREET MALL				
HONOLULU, HI 96813	 			50,00
HANAHAU'OLI SCHOOL	NONE	PUBLIC CHARITY	EDUCATION	
1922 MAKIKI STREET				
HONOLULU, HI 96822		+		25,00
PUNAHOU SCHOOL	NONE	PUBLIC CHARITY	EDUCATION	
1601 PUNAHOU STREET HONOLULU, HI 96822				100.00
Total		<u> </u>		100,00 3b 175,00

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.				by section 512, 513, or 514	(e)	
- · ·	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	code	Amount	sion	Amount	function income	
a	<u> </u>					
b			+			
C						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	5.		
4 Dividends and interest from securities			14	1,593.		
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			14	1.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory	ļ					
11 Other revenue:						
a						
b					··· <u>-</u> -	
c						
d			- - -			
e			0.	1,599.		
12 Subtotal. Add columns (b), (d), and (e)	L		9 • 1	13	1,599	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	1,599	
Part XVI-B Relationship of Activities t	o the Acco	mplishment of	Exempt	Purposes		

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
	NOT APPLICABLE					

A.C. KOBAYASHI FAMILY FOUNDATION Form 990-PF (2013) 99-0282744 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a)Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements \overline{N}/A

				
			_1	
2a is 1	the foundation directly or indirectly affiliated with,	or related to, one or more tax-exempt organ	izations described	
ın:	section 501(c) of the Code (other than section 50	1(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 i	relationship
	N/A			
				
				· · · · · · · · · · · · · · · · · · ·
	Under penalties of perjury, I declare that I have examine			e May the IRS discuss this
Sign	and belief, it is true, correct, and complete Declaration of			return with the preparer shown below (see instr.)?
Here		11/12/14	Prosident	Yes No
	Signature of officer or trustee	Date	Title	
	Print Type preparer's name	Preparer's signature	Date Check if	PTIN
			self- employed	
Paid	JESSICA S.E. ENOS	Janus on ring	11/7/14	P00647798
Prep	arer Firm's name ► KMH LLP	$\overline{\mathcal{O}}$	Firm's EIN ► 4	12-1539623

Firm's address ▶ 1003 BISHOP STREET, SUITE 2400

HONOLULU, HI 96813

Phone no. 808-526-2255

Use Only

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization

Employer identification number

	A.C. KOBAYASHI FAMILY FOUNDATION	99-0282744
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	1
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See instructions
General Rule		
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or momplete Parts I and II	re (in money or property) from any one
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	-
total contributio	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on one of more than \$1,000 for use exclusively for religious, charitable, scientific, literary of cruelty to children or animals Complete Parts I, II, and III.	, ,
contributions fo If this box is che purpose Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one use exclusively for religious, charitable, etc., purposes, but these contributions disecked, enter here the total contributions that were received during the year for an extra complete any of the parts unless the General Rule applies to this organization be able, etc., contributions of \$5,000 or more during the year	d not total to more than \$1,000 xclusively religious, charitable, etc.,
but it must answer "No" certify that it does not me	on that is not covered by the General Rule and/or the Special Rules does not file School Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	on its Form 990-PF, Part I, line 2, to
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. $$ Sc	neaule & (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

A.C. KOBAYASHI FAMILY FOUNDATION

99-0282744

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES KOBAYASHI P.O. BOX 61100 HONOLULU, HI 96839	\$\$.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RONALD KOBAYASHI 2206 MCKINLEY ST HONOLULU, HI 96822	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

A.C. KOBAYASHI FAMILY FOUNDATION

99-0282744

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PUBLICLY TRADED SECURITIES		
1			
		\$ 99,936.	08/05/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		,	
			
		<u> </u>	
			990, 990-EZ, or 990-PF) (201

Employer identification number

	OBAYASHI FAMILY FOUNDA	TION	99-0282744
Pärt III			(i), or (10) organizations that total more than \$1,000 for the opportunity of the opportunity of the state of the opportunity o
	Use duplicate copies of Part III if addition		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	.,	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(2) Transfer of 1/4	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

3 'Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Marile and address (nome or business)	or substantial contributor	recipient		
COAST GUARD FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
394 TAUGWONK ROAD				1
STONINGTON, CT 06378		<u> </u>		1,000
FOLDS OF HONOR FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	Ì
5800 NORTH PATRIOT DRIVE			1	
OWASSO, OK 74055		<u> </u>		200
HANAHAU'OLI SCHOOL	NONE	PUBLIC CHARITY	EDUCATION	
1922 MAKIKI STREET				
HONOLULU, HI 96822				700
HAWAII ASSN OF INDEPENDENT SCHOOLS	NONE	PUBLIC CHARITY	EDUCATION	
1585 KAPIOLANI BLVD #1212				
HONOLULU, HI 96814				5,000
HAWAII CHILDRENS CANCER FOUNDATION	NONE	PIBLIC CHARTTY	GENERAL SUPPORT	
1814 LILIHA STREET	10.12	TODDIC CHARTIT	SUNDICAL SOLICICI	
HONOLULU, HI 96817				2,000
				,
BUCK & AURORA WONG CHARITIES INC.	NONE	DIDLIC CUARTEY	GENERAL SUPPORT	
3343 SOUTH EASTERN AVE	NONE	PUBLIC CHARITI	GENERAL SUPPORT	
LAS VEGAS, NV 89169				1,000
NOVOLULU VEZGERM OF ARM	NOVE	DIDLIG GUADIEN	GRANDAY GURDODE	
HONOLULU MUSEUM OF ART 900 S BERETANIA ST	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
HONOLULU, HI 96814		ľ		5,000
IZUMO TAISHAKYO MISSION OF HAWAII	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
215 NORTH KUKUI STREET				
HONOLULU, HI 96817				500
COURT & ANIMAT DELOCATION AND	MONE	DUDI TO GUADICA	CENEDAL CUPPORM	
KOHALA ANIMAL RELOCATION AND EDUCATION SERVICE	NONE	FUBLIC CHARITY	GENERAL SUPPORT	
P.O. BOX 44670				
KAMUELA, HI 96743				1,000
KUAKINI FOUNDATION	NONE	PUBLIC CHAPITY	GENERAL SUPPORT	
347 N. KUAKINI STREET		TODDIC CARRIED	DOLLOW!	
HONOLULU, HI 96817				1,000
Total from continuation sheets				59,364

Part XV . Supplementary Informatio 3 'Grants and Contributions Paid During the		·		
Recipient	If recipient is an individual.		<u> </u>	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient		
HAWAII COMMUNITY FOUNDATION	NONE	PIIRI.TC CHARTTY	GENERAL SUPPORT	
827 FORT STREET MALL	TO ALL	TODDIC CHARTIT	BENEROLD BOTTON	
HONOLULU, HI 96813				2,000
LA PIETRA - HAWAII SCHOOL FOR GIRLS	NONE	PUBLIC CHARITY	EDUCATION	
2933 PONI MOI ROAD				
HONOLULU, HI 96815		<u> </u>	·	2,000
LUNALILO HOME	NONE	POF	GENERAL SUPPORT	
501 KEKAULUOHI STREET				
HONOLULU, HI 96825				1,000.
		}		
MARYKNOLL SCHOOL	NONE	PUBLIC CHARITY	EDUCATION	
1402 PUNAHOU ST				
HONOLULU, HI 96822		 	 	500.
MID-PACIFIC INSTITUTE	NONE	PUBLIC CHARITY	TO THE TOTAL OF TH	
2445 KA'ALA STREET	HONE	FUBLIC CHARITI	EDUCATION	
HONOLULU, HI 96822				17,200.
SHANE VICTORINO FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
10100 WEST CHARLESTON, SUITE 110			DENDING BOTTON	
LAS VEGAS, NV 89135				1,931.
			i i	
ST FRANCIS HEALTHCARE FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
2228 LILIHA ST, SUITE 205				
HONOLULU, HI 96817		 		2,000.
SUSAN G. KOMEN FOR THE CURE HAWAII	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
3555 HARDING AVE, SUITE 2D				
HONOLULU, HI 96816		 		1,000.
THE GIFT FOUNDATION OF HAWAII	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
1288 ALA MOANA BLVD., SUITE 208 HONOLULU, HI 96814				6,000.
				0,000.
UH FOUNDATION	NONE	PUBLIC CHARITY	EDUCATION	
2444 DOLE STREET, BACHMAN HALL 105				
HONOLULU, HI 96822				5,000.
Total from continuation sheets				

Part XV | , Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient YMCA OF HONOLULU NONE PUBLIC CHARITY GENERAL SUPPORT 1441 PALI HIGHWAY HONOLULU, HI 96813 3,333. Total from continuation sheets

UBS FINANCIAL SERVICES INC. 5. 5.	FORM 990-PF INTERE	ST ON SAVIN	GS AND TEM	PORARY (CASH IN	VESTMENTS	STATEMENT 1
### TOTAL TO PART I, LINE 3	SOURCE		REVE	NUE	NET IN	VESTMENT	
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT CAPITAL	UBS FINANCIAL SERVI	CES INC.		5.		5.	
CAPITAL GROSS GAINS REVENUE NET INVEST- ADJUSTE NET INCOME NET INCO	TOTAL TO PART I, LI	NE 3		5.		5.	
SOURCE GROSS GAINS REVENUE NET INVEST- ADJUSTED NET INCOME NET INCOME NET INCOME	FORM 990-PF	DIVIDENDS	AND INTER	EST FROI	M SECUR	ITIES	STATEMENT 2
SERVICES INC.	SOURCE		GAINS	RE	VENUE	NET INVES	ST- ADJUSTED
FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAE PER BOOKS MENT INCOME NET INCOME PURPOSE PROFESSIONAL FEES 2,670. 1,335. 1,33 TO FORM 990-PF, PG 1, LN 16C 2,670. 1,335. 1,33 FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAE PER BOOKS MENT INCOME NET INCOME PURPOSE COMMUNITY SERVICE 5,331. 0. 5,33 INVESTMENT FEE 150. 150.		1,594.		1.	1,593.	64	13.
C	TO PART I, LINE 4	1,594.		1.	1,593.	64	13.
DESCRIPTION EXPENSES PER BOOKS MENT INCOME NET INCOME PURPOSE PROFESSIONAL FEES 2,670. 1,335. 1,33 TO FORM 990-PF, PG 1, LN 16C 2,670. OTHER EXPENSES FORM 990-PF OTHER EXPENSES DESCRIPTION (A) EXPENSES NET INVEST- ADJUSTED CHARITAE ADJUSTED CHARITAE ADJUSTED CHARITAE PER BOOKS MENT INCOME CHARITAE PER BOOKS MENT INCOME COMMUNITY SERVICE 5,331. 0. 5,33 INVESTMENT FEE	FORM 990-PF	ro	HER PROFES	SIONAL	FEES		STATEMENT 3
TO FORM 990-PF, PG 1, LN 16C 2,670. 1,335. 1,335. 1,335 FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	DESCRIPTION		EXPENSES	NET IN	VEST-	ADJUSTEI	CHARITABLE
FORM 990-PF OTHER EXPENSES (A) EXPENSES OTHER EXPENSES (B) EXPENSES OTHER EXPENSES (C) EXPENSES OTHER EXPENSES (D) EXPENSES OTHER EXPENSES OTHER EXPENSES (C) EXPENSES OTHER EXPENSES (D) EXPENSES OTHER EXPENSES OTHER EXPENSES (D) EXPENSES OTHER EXPENSES OTHER EXPENSES (D) EXPENSES OTHER EXPENSES OTHER EXPENSES (D) EXPENSES OTHER EXPE	PROFESSIONAL FEES		2,670.		1,335.		1,335.
COMMUNITY SERVICE INVESTMENT FEE (A) EXPENSES NET INVEST- ADJUSTED CHARITAE PER BOOKS MENT INCOME NET INCOME PURPOSE 5,331. 0. 5,33 150.	TO FORM 990-PF, PG	1, LN 16C	2,670.		1,335.		1,335.
EXPENSES NET INVEST- ADJUSTED CHARITAE PER BOOKS MENT INCOME NET INCOME PURPOSE COMMUNITY SERVICE 5,331. 0. 5,33 INVESTMENT FEE 150. 150.	FORM 990-PF		OTHER E	XPENSES			STATEMENT 4
INVESTMENT FEE 150. 150.	DESCRIPTION		EXPENSES	NET IN	VEST-	ADJUSTEI	CHARITABLE
	INVESTMENT FEE	- SE	150.		150.		5,331. 0. 5.
TO FORM 990-PF, PG 1, LN 23 5,486. 150. 5,33	TO FORM 990-PF, PG	1, LN 23	5,486.		150.		5,336.

FORM 990-PF U.S. AND STATE/C	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	5
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKE	r
HAWAII STATE GOV SER DD		х	41,335.	41,3	35.
TOTAL U.S. GOVERNMENT OBLIGATIONS					
TOTAL STATE AND MUNICIPAL GOVERNMEN	T OBLIG	SATIONS	41,335.	41,3	35.
TOTAL TO FORM 990-PF, PART II, LINE	E 10A	_	41,335.	41,3	35.
		=			
FORM 990-PF COF	RPORATE	STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKE	r
ALTRIA GROUP INC.		-	8,902.	9,5	
KRAFT FOODS GROUP, INC. MCDONALD'S CORP.			10,105. 9,931.	9,6! 9,7	
PHILIP MORRIS INTERNATIONAL, INC.			13,383.	13,0	
THE PROCTER & GAMBLE COMPANY			16,280.	16,2	
TOTAL TO FORM 990-PF, PART II, LINE	Е 10В	=	58,601.	58,3	03.
FORM 990-PF PART X	V - LIN		RS	STATEMENT	7

NAME OF MANAGER

BERT A. KOBAYASHI JAMES H. KOBAYASHI RONALD H. KOBAYASHI

AFFIDAVIT OF PUBLICATION

IN THE MATTER OF Public Notice } }	
STATE OF HAWAII } SSS. City and County of Honolulu }	
Notary Name: Patricia K. Reese Patricia K. Reese First Judicial Circuit	PUBLIC NOTICE The Annual Report of The A.C. Kobayashi Family Foundation, inc. for the year ended December 31, 2013, is available at the address noted below for inspection during regular business hours by any citteen who so requests within 180 days after publication of this notice of its availability. The A.C. Kobayashi Family Foundation, Inc., 1288 Ala Moana Bird., Suite 201, Honolulu, Hawaii 95814. (SA672596 9/25/14)
And that affiant is not a party to or in any way interested in the above entitled matter. Rose Rosales Subscribed to and sworn before me this	NOTARY PUBLIC Comm No 86-467

Ad# 0000672596

SP.NO.: ____L.N.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www irs gov/form8868 ·

OMB No. 1545-1709

Ifvo	ou are filing for an Automatic 3-Month Extension, complet	e only Pa	et Land check this hov			X
	ou are filing for an Additional (Not Automatic) 3-Month Ext	_		this form)		
	t complete Part II unless you have already been granted a				m 8868	
	onic filing _(e-file) . You can electronically file Form 8868 if y					: 3 corporation
	• ,					=
	ed to file Form 990-T), or an additional (not automatic) 3-mor				•	
	e to file any of the forms listed in Part I or Part II with the exc	•				
	nal Benefit Contracts, which must be sent to the IRS in pap	er format (see instructions) For more details	on the elect	ronic filing	of this form,
	ww irs gov/efile and click on e-file for Charities & Nonprofits	Onlyn	where the same of	11\		<u></u>
Parl						
•	oration required to file Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and	complete		. —
Part I	•					▶
	er corporations (including 1120-C filers), partnerships, REM Income tax returns	iCs, and tr	rusts must use Form 7004 to reques			
to me i	ncome tax returns			Enter file	's identify	ing number
Туре	or Name of exempt organization or other filer, see instru	ctions		Employer	identificatio	on number (EIN) or
print			_		00 00	00744
File by tl	A.C. KOBAYASHI FAMILY FOUNI			ļ	99-02	82744
due date	e for Number, street, and room or suite no. If a P O box, se		tions '	Social sec	curity numb	er (SSN)
filing you return S		201		<u> </u>		
ınstructı	only, town of poor office, state, and all odds for a re	reign add	ress, see instructions.			
	HONOLULU, HI 96814					
Enter '	the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applic	cation	Return	Application			Return
ls For		Code	ls For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			
		06	 	 -		11
FOITH:	990-T (trust other than above) BERT KOBAYASHT	1 00	Form 8870			12
	e books are in the care of > 1288 ALA MOANA	תז זם	CUITME 201 - HONG	\T TTT fT	и τ 0.6	:01/
		מאחם		лионо,	птэс	014
	ephone No ▶ 808-524-1508		Fax No.			. —
	ne organization does not have an office or place of busines		· · · · · · · · · · · · · · · · · · ·			
• If the	nis is for a Group Return, enter the organization's four digit	1				
box	If it is for part of the group, check this box	and atta	ich a list with the names and ElNs o	of all memb	ers the exte	ension is for
1	I request an automatic 3-month (6 months for a corporation	•	•			
	AUGUST 15, 2014 , to file the exemp	t organıza	tion return for the organization nam	ned above.	The extens	ion
	is for the organization's return for					
	ightharpoonup X calendar year 2013 or					
	tax year beginning	, an	id ending			
						
2	If the tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return	Final retur	า	
	Change in accounting period					
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax, less any			
	nonrefundable credits See instructions	, ,	ten, interest ten, index any	3a	\$	118.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	enteran	v refundable credits and			
	· ·			3b	œ	118.
		-		0.	c	0.
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	
	on. If you are going to make an electronic funds withdrawal	(direct de	edit) with this Form 8868, see Form	8453-EO ar	na Form 88	79 EO for payment
มาเอเมน	JUITO					

Form 8	868 (Rev. 1-2014)					Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		X
Note.	Only complete Part II if you have already been granted an a	automatic :	3-month extension on a previously fi	led Form 8	8868	•
	u are filing for an Automatic 3-Month Extension, complet					
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies neede	ed).
			Enter filer's	identıfyin	g number, se	e instructions
Туре о	r Name of exempt organization or other filer, see instru-	ctions		Employer	identification	number (EIN) or
print			ļ			
File by th						2744
	turn See 1288 ALA MOANA BLVD, SUITE 201				curity number	(SSN)
return Se						
· · · · · · ·	City, town or post office, state, and ZIP code. For a form HONOLULU, HI 96814	oreign add	lress, see instructions.	·		
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	_ 		I			
Applic	ation	Return	Application			Return
is For	200 Fa 000 F7	Code	Is For			Code
Form 990 or Form 990-EZ 01						
					80	
					10	
					11	
					12	
	Do not complete Part II if you were not already granted			ously file	d Form 8868	
<u> </u>	BERT KOBAYASHI				2, 2, 2, 2, 2, 2	
• The	books are in the care of > 1288 ALA MOANA	BLVD	, SUITE 201 - HONO	LULU,	HI 968	14
	ephone No ▶ 808-524-1508		Fax No. ▶			
• If th	ne organization does not have an office or place of busines	s in the Ui	nited States, check this box			
• If th	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is foi	r the whole gr	oup, check this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o			
		NOVEM	BER 15, 2014			
	For calendar year 2013 , or other tax year beginning $_$, and endin	9		
6 i	If the tax year entered in line 5 is for less than 12 months, o	check reas	son Initial return	∫ Fınal r	eturn	
	Change in accounting period					
	State in detail why you need the extension	O 3 mrzini		=		
	ADDITIONAL TIME IS NEEDED TO) FILE A
	COMPLETE AND ACCURATE RETURN.		REFORE, TAXPAYER R	ESPEC	TFULLY	
	REQUESTS ADDITIONAL TIME TO T					
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			110
-	nonrefundable credits. See instructions.			8a	\$	118.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069					
	tax payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid	-		110
-	previously with Form 8868.		Ab the of the second of the se	8b	\$	118.
	Balance due. Subtract line 8b from line 8a. Include your pa	-	urruns form, ir requirea, by using	0.		0.
	EFTPS (Electronic Federal Tax Payment System). See instr Signature and Verifical		st be completed for Part II	8c	\$	<u> </u>
Under p	penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	ding accomi	•	-	f my knowledg	e and belief,
	Title			Data	7/25	s/ILL

Form 8868 (Rev 1-2014)