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Form **990-PF** 

Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 16, 2015 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. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of. OMB No 1545-0052

For cale	ndar year 2014 or tax year beginning		, and ending		
Name o	f foundation	<del></del>		A Employer identificatio	n number
A.C	. KOBAYASHI FAMILY FOUN	DATION		99-0282744	1
	and street (or P O box number if mail is not delivered to stree	•	Room/suite	B Telephone number	
	8 ALA MOANA BLVD, SUITE			808-535-21	L27
	town, state or province, country, and ZIP or foreign p IOLULU, HI 96814	ostal code		C If exemption application is i	pending, check here
	k all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	s check here
- 000	Final return	Amended return	poblic charty		
	Address change	Name change		2 Foreign organizations m check here and attach c	eeting the 85% test, omputation
1 Chec	k type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	
	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1	
Fair n	· · · · · · · · · · · · · · · · · · ·	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
(from		ther (specify)		under section 507(b)(1	
▶\$	601,010. (Part I, colu	ımn (d) must be on cash l	basis)		
Part	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	600,000.		N/A	
2	Check I if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	15.	15.		STATEMENT 2
4	Dividends and interest from securities	3,229.	2,279.		STATEMENT 3
5	a Gross rents		TC		
	b Net rental income or (loss)	4 225			
6   و	Net gain or (loss) from sale of assets not on line 10     Gross sales price for all	<1,335.	>		STATEMENT 1
Revenue	assets on line 6a				7 11
<u>ر</u> ا	Capital gain net income (from Part IV, line 2)		0.	2 1/2 1/21	
_ [	•				135
1,	Income modifications Gross sales less returns			1111 107 1	D SUCE 1
"	a and allowances  b Less Cost of goods sold			(0)	3 ( / 2
	c Gross profit or (loss)	<u> </u>		0/3	1
11	' '				- <del> </del>
12		601,909.	2,294.		
13		0.	0.		0.
14	Other employee salaries and wages				
	Pension plans, employee benefits				
benses	a Legal fees				
	b Accounting fees	0.000	4.60	ļ	
and Administrative Ex	c Other professional fees STMT 4	2,806.	1,403.		1,403.
.¥   1	Interest				
istra	Taxes				
iii 2					<u> </u>
A S					
힏,	2 Printing and publications	205.	0.		205.
g 2	3 Other expenses STMT 5	1,874.	162.		1,712.
	4 Total operating and administrative	• • •		<del></del>	
e.	expenses. Add lines 13 through 23	4,885.	1,565.	,	3,320.
$ _{2}$	5 Contributions, gifts, grants paid	242,877.			242,877.
2	5 Total expenses and disbursements				
$\bot$	Add lines 24 and 25	247,762.	1,565		246,197.
2	7 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	354,147.		1	
	b Net investment income (if negative, enter -0-)		729		
- 1	C Adjusted net income (if negative, enter -0-)	instructions		N/A	Form 900-PE (2014

(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

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

1 242,125.

2 354,147.

3 0.

4 596,272.

5 0.

Form **990-PF** (2014)

(a) List and describe						(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a HAWAII STATE GOV				0 00.			5/13	05/01/14
b								
С								
d								
e	(C) Danasarkan allawad	(-) ()				(h) ()	e. (lae-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis				ain or (loss (f) minus	(g)
a 40,000.	<u></u>		40,00	<u> </u>				0.
b				İ				·
C								
d e								· · · · · · · · · · · · · · · · · · ·
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			I) Gains (C	of (h) gair	ı minus
	(i) Adjusted basis	· T	cess of col. (I)	$\neg$	co	L (k), but r	ot less tha	ın -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any	İ		Losses	(from col.	(n))
a				<u> </u>	<del></del>			0.
b								
C								
d		<u> </u>						
е		<u> </u>						
	∫ If gain, also ente	er in Part I, line 7	7	)   .				0
2 Capital gain net income or (net capi	tal loss) 🕴 [ If (loss), enter -(	0- in Part I, line	7	1 2	<del> </del>	<del></del>	<u> </u>	0.
3 Net short-term capital gain or (loss)		nd (6):						
If gain, also enter in Part I, line 8, co	olumn (c).			<b>)</b>	ļ		N/A	
If (loss), enter -0- in Part I, line 8  Part V   Qualification Un	der Section 4940(a) fo	r Paducad	Tay on Net	lnyest	ment in	come	N/E	4
(For optional use by domestic private for	dundations subject to the section	4940(a) tax 011	HEL HIVESTHENCH	icome.)				
If section 4940(d)(2) applies, leave this	s part blank.							
Was the foundation liable for the section	on 4942 tax on the distributable a	mount of any ve	ar in the base nei	rıod?				Yes X No
If "Yes," the foundation does not qualify								
1 Enter the appropriate amount in ea	ch column for each year; see the	instructions bef	fore making any e	entries.			•	
(a) Base period years	(b)			(c)			Nistr	(d) ibution ratio
Calendar year (or tax year beginning	ın) Adjusted qualifying di	stributions	Net value of no		le-use asset	s	(col. (b) d	ivided by col. (c))
2013		86,586.			36,01			.366863
2012		65,073.			60,87			.632776
2011		75,811.			08,25			.70030
2010		28,211.			89,72			1.428965
2009	1	16,547.			27,39	<u> </u>		4.254938
								7 202044
2 Total of line 1, column (d)						2	ļ	7.383849
3 Average distribution ratio for the 5		l on line 2 by 5,	or by the number	r of years				1 47677
the foundation has been in existen	ce if less than 5 years					3	ļ Ī	1.476770
	(. 00445 0-4)	( l 5					1	213,373
4 Enter the net value of noncharitable	e-use assets for 2014 from Part X	C, line 5				4	1	213,373
E Marketi lan Abrilian O						5		315,103
5 Multiply line 4 by line 3						-	<del> </del>	313,103
6 Enter 1% of net investment incom-	a / 1% of Dart L line 27h\					6		7
CHIEF I /6 OF HEL HIVESTILIENT HICOHI	0 (170 OFF arti, mic 270)					<b>⊢</b>		<u></u>
7 Add lines 5 and 6						7	1	315,110
. And into o and o							<del> </del>	,
8 Enter qualifying distributions from	Part XII, line 4					8		246,197
· · ·	line 7, check the box in Part VI, li	ne 1b. and com	plete that part usi	no a 1% ta	ax rate.			-

_	330 11 (2311)	028274		P	age 4
		366 1113	uu	-11011	3)
	Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.				
	Date of ruling or determination letter:			1	L5.
					<u> </u>
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				0.
	, , , , , , , , , , , , , , , , , , , ,			- 1	15.
	The miles it are a				0.
	Cability ((income) tax (comostic content to (a)(v) a zero and a zero and a			_	15.
	Credits/Payments: 2014 estimated tax payments and 2013 overpayment credited to 2014  6a 118.				
	2.001.pt 107.01g 10 gamazanon				
	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6d  6d				
				1 1	18.
	Total credits and payments. Add lines 6a through 6d				10.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			1 /	03.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2015 estimated tax   103. Refunded  11	<del></del>			0.
			-		<del></del>
	rt VII-A   Statements Regarding Activities	<del></del>		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	-+	163	X
	any political campaign?	<b>⊢</b>	1a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	$\vdash$	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	Į			
	distributed by the foundation in connection with the activities		.	ŀ	v
	Did the foundation file Form 1120-POL for this year?	<u> </u>	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ł	1	
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.			- 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		J	Į	
	managers. ► \$ 0.		ا ۱		v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ļ.	2	<del></del>	<u> </u>
	If "Yes," attach a detailed description of the activities.		ı	ŀ	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u> </u>	3		$\frac{x}{x}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		
	•	/A _	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<b> </b>	5		Α
	If "Yes," attach the statement required by General Instruction T		- {	- 1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		i	i	
	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?	i i	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	
88	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
1	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	
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	T			
_	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their names and addresses STMT	: 8 F	10	Х	

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_	rt VII-A` Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		<del></del>	
14	The books are in care of ► BERT KOBAYASHI Telephone no. ►808-			
		<u>96814</u>	:	т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	3.	. , , ▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		I/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
D	foreign country  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
<u> </u>			Yes	No
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  A During the year did the foundation (either directly or indirectly):		165	No
- 10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X	.		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	٠		
	a disqualified person?	io l	ļ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	10		
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	io		ł
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A 1b		Ì
	Organizations relying on a current notice regarding disaster assistance check here	] [		
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1	1	
	before 2014?	40	1	Ì
	If "Yes," list the years ▶ , , ,			
	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		ł	
	statement - see instructions.) N/Z	A 2b	i	1
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	• , <u> </u>			1
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	İ		
	during the year?	4o		
	b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after		1	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	Ì		}
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	_	1	-
	Form 4720, to determine if the foundation had excess business holdings in 2014)	A <u>3b</u>	↓	<u> </u>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a	1	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u> </u>	X
		Form <b>99</b>	IU-PF	(2014)

Form 990-PF (2014) A.C. KOBAYASHI FAMILY FO			99-02827	<b>44</b> Pa	ge <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ied)		
5a During the year did the foundation pay or incur any amount to:	<u> </u>	· <del></del>			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,	1		
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?	,		s X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	ler the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru		<b>g</b> =	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi	•			$\rightarrow$	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned			
expenditure responsibility for the grant?			s 🔲 No		
If "Yes," attach the statement required by Regulations section 53 4945		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j					
, - , , , , , , , , , , , , , , , , , ,	Jay premiums on	□ v₄	s X No		
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	araanal hanafit aantraat?			6Ь	x
	ersonar benefit contract?		<del> -</del>	+++	<u>~</u>
If "Yes" to 6b, file Form 8870	h-lt tt0		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		TE		7b	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				70   1	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	,		
List all officers, directors, trustees, foundation managers and their	compensation		<del> </del>		—
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exper	nse
(a) Name and address	hòurs per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	ačcount, o	other
BERT A. KOBAYASHI	to position PRESIDENT	enter -0-)	compensation	allowanc	.62
	PKESIDENI				
	0.00	0.	0.	l	0.
HONOLULU, HI 96814	VICE-PRESIDEN	1 .	· · ·	<del> </del>	<u>· · · · · · · · · · · · · · · · · · · </u>
JAMES H. KOBAYASHI	ATCE-LKESIDEN	1			
P.O. BOX 61100	0 00		_	ĺ	^
HONOLULU, HI 96839	0.00	0.	0.	<u> </u>	<u>0.</u>
RONALD H. KOBAYASHI	SECRETARY				
2206 MCKINLEY STREET	0.00		١ .		^
HONOLULU, HI 96822	0.00	0.	0.		0.
	<u> </u>			<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		, enter "NONE."	[ (d) 0		
(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) Exper account, o	other
	devoted to position	(0)	compensation	allowand	ces
NONE	_				
	<u>_</u>				
		<u> </u>	<u> </u>		
				<u> </u>	
Total number of other employees paid over \$50,000					0
			Form	1990-PF (	2014)

form 990-PF (2014) A.C. KOBAYASHI FAMILY FOUNDATION		282744 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 3)	
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities	·•	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics	al information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc.	
1 <u>N/A</u>		
2		
3		<del> </del>
3		
4	· 1	
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2.	Amount
1 N/A		
2		
All ather are related in restments. Con patricipina		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0.

Form 990-PF (2014) A.C. KUBAYASHI FAMILY FOUNDATION	99-0	282/44	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundations, see	instructions)	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>	
a Average monthly fair market value of securities	1a	73,	422.
b Average of monthly cash balances	1b	143,	422.
c Fair market value of all other assets	1c	-	
d Total (add lines 1a, b, and c)	1d	216,	622.
e Reduction claimed for blockage or other factors reported on lines 1a and			
1c (attach detailed explanation)	0.		
2 Acquisition indebtedness applicable to line 1 assets	2		0.
3 Subtract line 2 from line 1d	3	216,	622.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,	249.
5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5		373.
6 Minimum investment return Enter 5% of line 5	6	10,	669.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating founds foreign organizations check here and do not complete this part.)	ations and certain	-	
1 Minimum investment return from Part X, line 6	1 1	10,	669.
2a Tax on investment income for 2014 from Part VI, line 5	15.	•	
b Income tax for 2014. (This does not include the tax from Part VI.)			
c Add lines 2a and 2b	2c		15.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	10,	654.
4 Recoveries of amounts treated as qualifying distributions	4		0.
5 Add lines 3 and 4	5	10,	654.
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	10,	654.
Part XII Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	246	<u>,197.</u>
b Program-related investments - total from Part IX-B	1b		0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3 Amounts set aside for specific charitable projects that satisfy the:			<del>_</del> .
a Suitability test (prior IRS approval required)	3a		
<b>b</b> Cash distribution test (attach the required schedule)	3b		
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	246	,197.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			<del></del>
income. Enter 1% of Part I, line 27b	5		0.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	<del></del>	,197.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou	ndation qualifies for th	e section	
4940(e) reduction of tax in those years.			

Form **990-PF** (2014)

#### Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) 2013 2014 Corpus Years prior to 2013 1 Distributable amount for 2014 from Part XI, 10,654. 2 Undistributed income if any, as of the end of 2014 0. a Enter amount for 2013 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2014: 115,177 a From 2009 123,725 **b** From 2010 70,398. c From 2011 152,029. d From 2012 74,785. e From 2013 536,114 f Total of lines 3a through e 4 Qualifying distributions for 2014 from 246,197. Part XII, line 4: ►\$ 0 a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 10,654. d Applied to 2014 distributable amount 235,543 e Remaining amount distributed out of corpus O. 0. Excess distributions carryover applied to 2014 (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; 771,657 a Corpus Add lines 3f 4c and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. 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 0. assessed d Subtract line 6c from line 6b. Taxable 0 . amount - see instructions e Undistributed income for 2013. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2009 115,177 not applied on line 5 or line 7 9 Excess distributions carryover to 2015 656,480. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 123,725 a Excess from 2010 70,398. b Excess from 2011 152,029. c Excess from 2012 74,785. d Excess from 2013

e Excess from 2014

235,543

orm 990-PF (2014) A.C. KOP Part XIV   Private Operating Fo		IILY FOUNDA!		N/A	82/44 Page 1
1 a If the foundation has received a ruling or					***
foundation, and the ruling is effective for					
b Check box to indicate whether the founda	•		in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	1	Prior 3 years	VII. 1	
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for		<del>                                     </del>			
each year listed		1			
b 85% of line 2a			-	<del></del>	
c Qualifying distributions from Part XII,		<del>                                     </del>			
line 4 for each year listed					
d Amounts included in line 2c not	<del>, </del>		+		•
used directly for active conduct of				]	
,					
exempt activities		<del> </del>		<del></del>	<del>                                     </del>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		_	-		<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross				}	•
investment income (interest,		į			
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)				Ì	
(2) Support from general public					
and 5 or more exempt		1			
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	-			
Part XV   Supplementary Info	rmation (Comp	lete this part onl	y if the foundation	n had \$5,000 or n	nore in assets
at any time during t				·	
1 Information Regarding Foundation	on Managers:	· · · · · ·			
a List any managers of the foundation wh		re than 2% of the total co	intributions received by t	he foundation before the cl	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See	e section 507(d)(2).)	<b>,</b>		•
SEE STATEMENT 9					
<b>b</b> List any managers of the foundation who other entity) of which the foundation ha			n (or an equally large po	rtion of the ownership of a	partnership or
NONE	SE 1070 or grouter fille	- <del></del>			
2 Information Regarding Contribut	ion Grant Gift Loa	n. Scholarship, etc	Programs:		.=
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contribution	is to preselected charitab	le organizations and doe		
	<u>:</u>				
${f a}$ The name, address, and telephone num ${f N/A}$	iber or e-mail address (	or the person to whom at	opiications snoutu be aud	resseu.	
<b>b</b> The form in which applications should	be submitted and infor	mation and materials they	should include:		
N/A c Any submission deadlines:			<del>- ·-</del>		
N/A					
d Any restrictions or limitations on award	ls, such as by geograpi	nical areas, charitable fiel	ds, kinds of institutions,	or other factors:	
N/A					

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y	<del></del>	Payment	Γ	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
AFTER-SCHOOL ALL-STARS HAWAII	NONE	PUBLIC CHARITY	GENERAL SUPPORT	8,500
ONOLULU, HI 96816				8,300
ALOHA MEDICAL MISSION 810 N. VINEYARD BLVD. HONOLULU, HI 96817	NONE	PUBLIC CHARITY	GENERAL SUPPORT	2,000
AMERICAN HEART ASSOCIATION 677 ALA MOANA BLVD., SUITE 600	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
HONOLULU, HI 96813	<u> </u>			5,000
ARMED SERVICES YMCA OF HONOLULU 1260 PIERCE STREET, SUITE 145 PEARL HARBOR, HI 96860	NONE	PUBLIC CHARITY	GENERAL SUPPORT	5,000
BISHOP MUSEUM 1525 BERNICE STREET	NONE	PUBLIC CHARITY	GENERAL SUPPORT	3 000
HONOLULU, HI 96817  Total SEE CO	NTINUATION SHE	፲ ፪ጥ(S)	<b>▶</b> 3a	3,000 242,877
b Approved for future payment				
QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813	NONE	PUBLIC CHARITY	GENERAL SUPPORT	50,000
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE STREET, BACHMAN HALL 105 HONOLULU, HI 96822	NONE	PUBLIC CHARITY	EDUCATION	20,000
Total			▶ 3b	70,000

Form **990-PF** (2014)

A.C. KOBAYASHI FAMILY FOUNDATION

ter gross amounts unless otherwise indicated.	Unrelated	ousiness income		y section 512, 513, or 514	(e)
3, 555 a.m. 5 m. 5 m. 5 m. 5 m. 5 m. 5 m.	(a) Business	(b)	Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a		,- <u>-</u> ,-			
)	_				
·		····			
d	_				
e					
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash			ŀ		
investments			14	15.	
Dividends and interest from securities			14	3,229.	
Net rental income or (loss) from real estate:		<del></del>			
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property			1	1	
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	<1,335.	>
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			1		
Other revenue:	<del></del>		<del>-   -  </del>		
a			1 1		
b		we			
c	_ <del>                                    </del>		<del>                                      </del>		
_			<del></del>		
d	l l				
d					
е		(	0.	1,909.	
e 2 Subtotal. Add columns (b), (d), and (e)			0.	1,909.	1,9
e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	s.)		0.	1,909.	1,9
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations				13	1,9
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations				13	1,9
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eve worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	1,9
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  ine No.  Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  ine No.  Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B  Relationship of Activities  ine No.  Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which the foundation's exempt purposes (other)	es to the Acco	mplishment of	Exempt P	13_ urposes	

Form 990-l	PF (2014) A.C.	KOBAYASHI	FAMILY	FOUNDATION		99-0	282744	Page 13
Part X	VII Information Re		fers To a	nd Transactions a	nd Relations	ships With Non	charitable	
1 Did#	Exempt Organ ne organization directly or indi		f the following	with any other organization	n described in sec	tion 501(c) of		Yes No
	ode (other than section 501(c					11011 30 1(0) 01	<u> </u>	163 140
	sfers from the reporting found				zations		iii	}
(1)		anon to a nononantabl	io oxompt or ge	intation of,			1a(1)	X
	Other assets						1a(2)	X
	r transactions:						1.5(-/	
	Sales of assets to a noncharita	ible exempt organizati	on				1b(1)	х
	Purchases of assets from a no						1b(2)	X
	Rental of facilities, equipment,						1b(3)	X
٠,	Reimbursement arrangements						1b(4)	Х
(5)	Loans or loan guarantees						1b(5)	X
(6)	Performance of services or me	embership or fundrais	ing solicitation	S			1b(6)	Х
c Shar	ing of facilities, equipment, ma	ailing lists, other asset	s, or paid emp	loyees			1c	X
<b>d</b> If the	answer to any of the above is	"Yes," complete the fo	ollowing sched	lule. Column (b) should alw	ays show the fair	market value of the go	oods, other ass	ets,
	rvices given by the reporting t			d less than fair market value	e in any transactio	n or sharing arrangen	nent, show in	
	mn (d) the value of the goods,			overnit organization	1 (4) =			
(a)Line no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	n of transfers, transaction	is, and sharing arr 	angements
			N/A					
	<del> </del>	<u> </u>						
					+	-		
		<del> </del>			+			
	·	<del></del>			<del>- </del>	<del></del>	·····	<del></del>
		<del> </del>						
		+						
					1		-	
					<del></del>			
		1						
	-							
	2.1.1					· · · · · · · · · · · · · · · · · · ·		
	e foundation directly or indire	•	-	· -	zations described			
	ection 501(c) of the Code (oth	· ·	(3)) or in secti	on 527?			L Yes	X No
<u>b</u> If "Y	es," complete the following sc			(b) Type of organization		(c) Description of re	lationship	
	(a) Name of or	yanızanın		(b) Type of organization		(c) Description of re	lationship	
	N/A						<del></del>	
						<del> </del>	<del></del>	
		<del></del>						
	Under penalties of perjury I declar	e that I have examined this	s retum, includin	g accompanying schedules and	statements and to the	ne best of my knowledge	May the IHS	discourse this
Sign	and belief, it is true, correct, and c	omplete Declaration of pre	eparer (other than	n taxpayer) is based on all inform	nation of which prepar	rer has any knowledge	return with the	e preparer
Here				11/06/16	PREE	<b>SLIDENT</b>	X Yes	
	Signature of officer or truste	эе		Date	Title			
	Print/Type preparer's	name	Preparer's si	gnature	Date	Check if	PTIN	
			KCY	<b>—</b>	11/201	self- employed		
Paid	DANIELLE				11/02/15		P01258	
Prepa	1	F TAX ADVI	SORS L	LC	<u>-</u>	Firm's EIN ► 4	7-27015	78
Use C	Only	_						

Firm's address ▶ 900 FORT STREET MALL, SUITE 925 HONOLULU, HI 96813

Phone no. 808-440-5060 Form **990-PF** (2014)

#### 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

A.C. KOBAYASHI FAMILY FOUNDATION

OMB No 1545-0047

2014

Name of the organization

Employer identification number

99-0282744

Organization type (check o	ne)
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	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
	s 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	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Inne 1 Complete Parts I and II
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contribution is checked, enter purpose Do not (	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the is exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" o	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), in Part IV, line 2, of its Form 990. PF, Part I, line 2, to get the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

#### A.C. KOBAYASHI FAMILY FOUNDATION

99-0282744

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KOBAYASHI GROUP LLC  1288 ALA MOANA BLVD., SUITE 201  HONOLULU, HI 96814	\$600,000 <b>.</b>	Person X Payroll
(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
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

#### A.C. KOBAYASHI FAMILY FOUNDATION

99-0282744

art II No	oncash Property (see instructions) Use duplicate copies of Par	t 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
		     \$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art 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

Employer identification number

Ų	ie year nom any one contributor. Complete t	columns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,000 g line entry. For organizations
). T	ompleting Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		s for the year (Enter this info once)
0. 1	(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
—			
No. m rt 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
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
		(e) Transfer of gift	
	Transferee's name, address, a	ν,	Relationship of transferor to transferee
1			
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om art I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient PUBLIC CHILD & FAMILY SERVICE NONE GENERAL SUPPORT 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706 10,000. COAST GUARD FOUNDATION NONE PUBLIC CHARITY GENERAL SUPPORT 394 TAUGWONK ROAD STONINGTON, CT 06378 1,000. PUBLIC CHARITY GENERAL SUPPORT NONE GIFT FOUNDATION OF HAWAII 1288 ALA MOANA BLVD., SUITE 208 7,500. HONOLULU, HI 96814 PUBLIC CHARITY EDUCATION HAWAII ACADEMY OF SCIENCE NONE 1776 UNIVERSITY AVENUE UA4-4 HONOLULU, HI 96822 11,000. NONE PUBLIC CHARITY GENERAL SUPPORT HAWAII CHILDREN'S CANCER FOUNDATION 1814 LILIHA STREET HONOLULU, HI 96817 7,000. HAWAII COMMUNITY FOUNDATION NONE PUBLIC CHARITY GENERAL SUPPORT 827 FORT STREET MALL 12,000. HONOLULU, HI 96813 JAPANESE WOMEN'S SOCIETY FOUNDATION NONE PUBLIC CHARITY GENERAL SUPPORT P.O. BOX 3233 HONOLULU, HI 96801 3,250. NONE PUBLIC CHARITY GENERAL SUPPORT KAMP HAWAII P.O. BOX 701022 KAPOLEI, HI 96709 1,000. KAPIOLANI HEALTH FOUNDATION NONE PUBLIC CHARITY GENERAL SUPPORT 55 MERCHANT STREET, SUITE 2600 HONOLULU, HI 96813 60,000. KOHALA ANIMAL RELOCATION AND NONE PUBLIC CHARITY GENERAL SUPPORT EDUCATION SERVICE P.O. BOX 44670 KAMUELA, HI 96743 1,000. 219,377. Total from continuation sheets

**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager or substantial contributor status of Name and address (home or business) recipient PUBLIC CHARITY GENERAL SUPPORT NONE KUAKINI FOUNDATION 347 N. KUAKINI STREET 1,000. HONOLULU, HI 96817 PUBLIC CHARITY EDUCATION LA PIETRA - HAWAII SCHOOL FOR GIRLS NONE 2933 PONI MOI ROAD 1,000. HONOLULU, HI 96815 PUBLIC CHARITY GENERAL SUPPORT NONE MANOA HERITAGE CENTER 2859 MANOA ROAD 1,000. HONOLULU, HI 96822 PUBLIC CHARITY GENERAL SUPPORT NONE MARCH OF DIMES FOUNDATION 1580 MAKALOA STREET, SUITE 1200 3,000. HONOLULU, HI 96814 MOTHERS AGAINST DRUNK DRIVING NONE PUBLIC CHARITY GENERAL SUPPORT 511 E JOHN CARPENTER FRWY, SUITE 700 500. IRVING, TX 75062 PUBLIC CHARITY EDUCATION PUNAHOU SCHOOL NONE 1601 PUNAHOU STREET 20,000. HONOLULU, HI 96822 NONE PUBLIC CHARITY GENERAL SUPPORT QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL STREET HONOLULU, HI 96813 50,000. SESAME WORKSHOP NONE PUBLIC CHARITY GENERAL SUPPORT ONE LINCOLN PLAZA 10,000. NEW YORK, NY 10023 PUBLIC CHARITY EDUCATION ST. ANDREW'S SCHOOLS NONE 224 QUEEN EMMA SQUARE 2,000. HONOLULU, HI 96813 ST. FRANCIS HEALTHCARE FOUNDATION NONE PUBLIC CHARITY GENERAL SUPPORT 2228 LILIHA STREET, SUITE 205 HONOLULU, HI 96817 1,000. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the V		_	<del></del>	1
Recipient	If recipient is an individual.	_		† <del>"</del>
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		
EACH FOR AMERICA - HAWAII	NONE	PUBLIC CHARITY	EDUCATION	
000 ALA MOANA BLVD., SUITE 3-400				5,00
ONOLULU, HI 96813	<del></del>			3,000
NIVERSITY OF HAWAII FOUNDATION	NONE	PUBLIC CHARITY	FOUCATION	
2444 DOLE STREET, BACHMAN HALL 105	NONE	TODDIC CHARTIT	EDOCATION	ļ
HONOLULU, HI 96822				6,00
			-	
VAIKIKI COMMUNITY CENTER	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
310 PAOAKALANI AVENUE				
HONOLULU, HI 96815				79
WOMEN'S FUND OF HAWAII	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
P.O. BOX 438		1		
HONOLULU, HI 96809				1,00
YMCA OF HONOLULU	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
1441 PALI HIGHWAY				
HONOLULU, HI 93813		<del>  -</del>		3,33
				1
			<u> </u>	
Total from continuation sheets				<del></del>

FORM 990-PF	GAIN OR (	LOSS) I	FROM SAI	LE OF	ASSET	S	STA	TEMENT	1
(A) DESCRIPTION OF PROPI	ERTY				MANNE: ACQUIR:		TE IRED	DATE SO	DLD
HAWAII STATE GOV SEI	R DD				-	08/0	5/13	05/01/	114
(B) GROSS SALES PRIC	(C) VALUE TIME OF	AT	(D) EXPENS SAI	SE OF		(E) PREC.		(F) OR LOSS	5
40,0	00. 4	1,335.		0	•	0.		<1,33	35.
CAPITAL GAINS DIVID	ENDS FROM PA	ART IV							0.
TOTAL TO FORM 990-P	F, PART I, I	INE 6A				-		<1,33	35.
FORM 990-PF INTERE SOURCE		R	(A) EVENUE R BOOKS	N	( ET INV	B) ESTMENT OME	A	(C) DJUSTED	
UBS FINANCIAL SERVI	CES INC.	-	1	 5.		15.	-	,000.1,	
TOTAL TO PART I, LI	NE 3		1			15.			
·				_ =					
FORM 990-PF	DIVIDENDS	AND IN			SECURI	TIES	STA	TEMENT	3
	DIVIDENDS  GROSS AMOUNT	AND IN  CAPI GAI DIVID	TEREST TAL NS		() ENUE	TIES (B) NET INVE	ST-	(C) ADJUST	
FORM 990-PF	GROSS	CAPI GAI	TEREST TAL NS	FROM (A REVE PER E	() ENUE	(B) NET INVE MENT INC	ST-	(C) ADJUST	ED

FORM 990-PF O	THER PROFES	SIONAL FEE	ES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		
PROFESSIONAL FEES	2,806.	1,4	403.		1,40	03.
TO FORM 990-PF, PG 1, LN 16C =	2,806.	1,4	403.		1,40	03.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	ST-	(C) ADJUSTED NET INCOM		
COMMUNITY SERVICE INVESTMENT FEE MISCELLANEOUS EXPENSE	1,706. 162. 6.		0. 162. 0.		1,7	06. 0. 6.
TO FORM 990-PF, PG 1, LN 23	1,874.	:	162.		1,7	12.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'		вос	K VALUE	FAIR MARKE	т
HAWAII STATE GOV SER DD		x		0.		0.
TOTAL U.S. GOVERNMENT OBLIGAT	rions	•				
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBI	GATIONS		***************************************		
TOTAL TO FORM 990-PF, PART I	T.TNE 10A	-		0.	· · · · · · · · · · · · · · · · · · ·	0.

FORM 990-PF	CORPORATE STOCK			STATEMENT	7
DESCRIPTION		воок	VALUE	FAIR MARKE VALUE	т
ALTRIA GROUP INC.			8,902.	12,3	18.
KRAFT FOODS GROUP, INC.			10,105.		
MCDONALD'S CORP.			9,931.	9,3	70.
PHILIP MORRIS INTERNATIONAL, I	INC.		13,383.	12,2	
THE PROCTER & GAMBLE COMPANY			16,280.	18,2	18.
TOTAL TO FORM 990-PF, PART II,	LINE 10B		58,601.	63,339	
	SUBSTANTIAL CONTRI	BUTORS		STATEMENT	8
NAME OF CONTRIBUTOR	ADDRESS				
KOBAYASHI GROUP LLC	1288 ALA MOAI HONOLULU, HI		, SUITE 2	201	
	PART XV - LINE 1A OF FOUNDATION MANAG	ERS		STATEMENT	9

NAME OF MANAGER

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

#### AFFIDAVIT OF PUBLICATION

## IN THE MATTER OF Public Notice

STATE OF HAWAII	}			
City and County of Honolulu	} SS. }			
Notary Name: Patricia  Doc. Description: Publication  Rose Rosales being duly sworm to execute this affidavit of Oah Star-Advertiser, MidWeek, The Tribune-Herald, that said news State of Hawaii, and that the at aforementioned newspapers as	i, deposes and says that she is u Publications, Inc. publishe e Garden Island, West Hawai papers are newspapers of ger tached notice is true notice a	First Judicial Circuit  CA K. RECANDER OF HAMPING AND A COMM NO 86-467  Sa clerk, duly authorized of The Honolulu Today, and Hawaii neral circulation in the	The Annual Report of The Foundation, inc. for the year 2014, is available at the ad inspection during regular busins who so requests within 180 dithis notice of its availability. The Foundation, Inc., 1288 Ala Midonolutu, Hawaii 96814.  (SA798237 9/22/15)	A.C. Kobayashi Family ended December 31, idress noted below for ess hours by any citizen ays after publication of e A.C. Kobayashi Family oana Blvd., Suite 201,
Honolulu Star-Advertiser	1 times on:			
09/22/2015				
MidWeek	0 times on:			
The Garden Island	0 times on:			
Hawaii Tribune-Herald	0 times on:			
West Hawaii Today	0 times on:		THE PROPERTY OF THE PROPERTY O	
Other Publications:		0 times on:	NOTARY PUBLIC  Comm No 86-467	
And that affiant is not a party t	o or in any way interested in	the above entitled matter.	Comm No	
n	-		OF ALE OF HAWA!	lil.
Rose Rosales		) ,	Minning	
Subscribed to and sworm befor	e me this $22\text{My}$ of	A.D. 20/		
Muna	KRus !			
Patricia K Reese, Notary Pub		it, State of Hawaii		
My commission expires: Oct 0	4, 2018			
Ad # 0000798237	-		SP.NO.	L.N.