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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning		, 2006, and ending	
B Check if applicable:		C Name of organization	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See specific instructions. THE ANNUAL HAWAII CONVENTION Number and street (or P.O. box if mail is not delivered to street addr) Room/suite P O BOX 23434 City, town or country HONOLULU State ZIP code + 4 HI 96823-3434	
		D Employer Identification Number 99-0195966 E Telephone number F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	
G Web site: ► N/A			
J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) 3 (Insert no.) <input type="checkbox"/> 4947(e)(1) or <input type="checkbox"/> 527			
K Check here ► <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 206,370.			
H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H (b) If 'Yes,' enter number of affiliates ►			
H (c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'No,' attach a list. See Instructions.)			
H (d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Group Exemption Number ►			
M Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:	1a	1b	1c	1d	1e	206,357.
a Contributions to donor advised funds						
b Direct public support (not included on line 1a)						
c Indirect public support (not included on line 1a)						
d Government contributions (grants) (not included on line 1a)						
e Total (add lines 1a through 1d) (cash \$ 206,357. noncash \$ 0.00)						206,357.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2					
3 Membership dues and assessments	3					
4 Interest on savings and temporary cash investments	4					13.
5 Dividends and interest from securities	5					
6a Gross rents	6a					
b Less: rental expenses	6b					
c Net rental income or (loss). Subtract line 6b from line 6a	6c					
7 Other investment income (describe)	7					
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other				
b Less: cost or other basis and sales expenses	8a					
c Gain or (loss) (attach schedule)	8b					
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c					
8d						
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	9a					
a Gross revenue (not including \$ 0.00) of contributions reported on line 1b)	9b					
b Less: direct expenses other than fundraising expenses	9c					
c Net income or (loss) from special events. Subtract line 9b from line 9a	10a					
10b						
10c						
10a Gross sales of inventory, less returns and allowances	11					
b Less: cost of goods sold	12	206,370.				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	13	177,901.				
11 Other revenue (from Part VII, line 103)	14	9,373.				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	15	0.				
13 Program services (from line 44, column (B))	16					
14 Management and general (from line 44, column (C))	17	187,274.				
15 Fundraising (from line 44, column (D))	18	19,096.				
16 Payments to affiliates (attach schedule)	19	2,985.				
17 Total expenses. Add lines 16 and 44, column (A)	20					
18 Excess or (deficit) for the year. Subtract line 17 from line 12	21	22,081.				
19 Net assets or fund balances at beginning of year (from line 73, column (A))						
20 Other changes in net assets or fund balances (attach explanation)						
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20						

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 01/18/07 Form 990 (2006)

N
2
9-17

Part III: Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch)					
(cash \$ 0. non-cash \$ _____)					
If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a	0.	0.		
22b Other grants and allocations (att sch)					
(cash \$ 0. non-cash \$ _____)					
If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b	0.	0.		
23 Specific assistance to individuals (attach schedule)		0.	0.		
24 Benefits paid to or for members (attach schedule)		0.	0.		
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)		0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)					
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		12,000.	6,000.	6,000.	0.
25c		0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c		0.	0.	0.	0.
27 Pension plan contributions not included on lines 25a, b, and c		0.	0.	0.	0.
28 Employee benefits not included on lines 25a - 27		0.	0.	0.	0.
29 Payroll taxes		0.	0.	0.	0.
30 Professional fundraising fees		0.	0.	0.	0.
31 Accounting fees		300.	0.	300.	0.
32 Legal fees		0.	0.	0.	0.
33 Supplies		2,851.	1,367.	1,484.	0.
34 Telephone		991.	450.	541.	0.
35 Postage and shipping		442.	380.	62.	0.
36 Occupancy		3,605.	3,250.	355.	0.
37 Equipment rental and maintenance		0.	0.	0.	0.
38 Printing and publications		4,521.	4,376.	145.	0.
39 Travel		0.	0.	0.	0.
40 Conferences, conventions, and meetings		1,388.	1,145.	243.	0.
41 Interest		0.	0.	0.	0.
42 Depreciation, depletion, etc (attach schedule)					
43 Other expenses not covered above (itemize)					
a <u>BANK CHARGES</u>		61.	61.	0.	0.
b <u>CR AND DT CHARGES</u>		1,628.	1,628.	0.	0.
c <u>ON LINE FEES</u>		1,436.	1,436.	0.	0.
d <u>STORAGE</u>		1,498.	1,498.	0.	0.
e <u>AUDIO VISUAL</u>		24,892.	24,892.	0.	0.
f <u>FOOD AND ENT</u>		68,907.	68,664.	243.	0.
g See Other Expenses Stmt		62,754.	62,754.	0.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	187,274.	177,901.	9,373.	0.

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services

\$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III. Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► COMMUNITY SERVICE GROUP

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a CONDUCT A 4-DAY WORKSHOP FOR RECOVERING ALCOHOLICS AND FAMILIES INCLUDING GUEST SPEAKERS, LECTURES AND FUN ACTIVITIES TO REINFORCE ABSTINANCE OVER 2200 PARTICIPANTS

(Grants and allocations \$ 168,542.) If this amount includes foreign grants, check here ► 170,169.

b _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services
(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 170,169.

BAA

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Part IV: Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
ASSETS	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
	45 Cash - non-interest-bearing	2,985	45	24,420
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
LIABILITIES	54a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities (attach sch)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments - land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation (attach schedule)	57b		57c
	58 Other assets, including program-related investments (describe ►)			58
	59 Total assets (must equal line 74) Add lines 45 through 58	2,985	59	24,420
	60 Accounts payable and accrued expenses		60	2,339
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
NET ASSETS/FUND BALANCES	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	0	66	2,339
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
NET ASSETS/FUND BALANCES	67 Unrestricted	2,985	67	22,081
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
NET ASSETS/FUND BALANCES	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,985	73	22,081
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,985	74	24,420

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Part IV-A] Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a
b	Amounts included on line a but not on Part I, line 12.	
1	Net unrealized gains on investments	b1
2	Donated services and use of facilities	b2
3	Recoveries of prior year grants	b3
4	Other (specify):	b4
Add lines b1 through b4		b
c	Subtract line b from line a.	c
d	Amounts included on Part I, line 12, but not on line a:	
1	Investment expenses not included on Part I, line 6b	d1
2	Other (specify):	d2
Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d	e
Part IV-B: Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a	Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on Part I, line 17.	
1	Donated services and use of facilities	b1
2	Prior year adjustments reported on Part I, line 20	b2
3	Losses reported on Part I, line 20	b3
4	Other (specify):	b4
Add lines b1 through b4		b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 17, but not on line a:	
1	Investment expenses not included on Part I, line 6b	d1
2	Other (specify):	d2
Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d	e

Part V-A: Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Part V.A: Current Officers, Directors, Trustees, and Key Employees (continued)

Part V-A: Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) ..		
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ..		
	If 'Yes,' attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy?		
75b		X	
75c		X	
75d		X	

Part V-B: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits the Organization Had a Written Conflict of Interest Policy.

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI: Other Information (See the instructions.)

Part VI: Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78a	X
78b		78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a	X
b	If 'Yes,' enter the name of the organization ►	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85c	N/A
c Dues, assessments, and similar amounts from members	85d	N/A
d Section 152(e) lobbying and political expenditures	85e	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	86a	N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86b	N/A
b Gross receipts, included on line 12, for public use of club facilities	87a	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87b	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	88a	X
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88b	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	89a	0
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ► 0, section 4912 ► 0, section 4955 ► 0	89b	X
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89c	0
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89d	X
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	89e	X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	90a	NA
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	0
91a The books are in care of ► DEBORAH GILTNER Telephone number ► (808) 206-4887 Located at ► PO BOX 23434 HONOLULU HI ZIP + 4 ► 96823-3434	91b	Yes No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	92a	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	92b	

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

If 'Yes,' enter the name of the foreign country ►

 91c

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ►

and enter the amount of tax-exempt interest received or accrued during the tax year ► 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a _____
 b _____
 c _____
 d _____
 e _____
 f Medicare/Medicaid payments

g Fees & contracts from government agencies

94 Membership dues and assessments

95 Interest on savings & temporary cash invmts

96 Dividends & interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property
 b not debt-financed property

98 Net rental income or (loss) from pers prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a _____

b _____
 c _____
 d _____
 e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ►

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).				
	N/A				

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest %	Nature of activities	Total income	End-of-year assets

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

 Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XII Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) (see General Instruction W) information of which preparer has any knowledge.

Please
Sign
Here

► *Judith Earle EA* *8/26/09*
Signature of officer Date

► *Deborah Buttner, treasurer*
Type or print name and title

Paid
Pre-
parer's
Use
Only

Preparer's signature	► JUDITH EARLE EA	Date	Check if self- employed	Preparer's SSN or PTIN (See General Instruction W)
Firm's name (or yours if self- employed), address, and ZIP + 4	► JUDITH M. EARLE, EA LLC ► 419A ATKINSON DR APT 408 HONOLULU	HI 96814-4711	EIN	Phone no. ► (808) 943-2547

BAA

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust)

Supplementary Information — (See separate instructions.)

2006Department of the Treasury
Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

THE ANNUAL HAWAII CONVENTION

Employer identification number

99-0195966**Part I-A Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

NONE**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

NONE**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services

None

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See Instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ► \$ 0. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ►		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		0

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 An organization that normally receives: (1) **more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions — subject to certain exceptions, and (2) **no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶

Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A: Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	188,870.	186,870.	230,880.	261,054.	867,674.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0.	0.	451.	551.	1,002.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	188,870.	186,870.	231,331.	261,605.	868,676.
24 Line 23 minus line 17	188,870.	186,870.	231,331.	261,605.	868,676.
25 Enter 1% of line 23	1,889.	1,869.	2,313.	2,616.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 17,374.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 868,676.
d Add: Amounts from column (e) for lines: 18 1,002. 19					26d 1,002.
22 26b 0.					26e 867,674.
e Public support (line 26c minus line 26d total)					26f 99.88 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16					27c
17 20 21					27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part IV **Private School Questionnaire (See instructions.)**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31
 If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:
 a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a
 b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b
 c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c
 d Copies of all material used by the organization or on its behalf to solicit contributions? 32d

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:
 a Students' rights or privileges? 33a
 b Admissions policies? 33b
 c Employment of faculty or administrative staff? 33c
 d Scholarships or other financial assistance? 33d
 e Educational policies? 33e
 f Use of facilities? 33f
 g Athletic programs? 33g
 h Other extracurricular activities? 33h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency? 34a
 b Has the organization's right to such aid ever been revoked or suspended? 34b
 If you answered 'Yes' to either 34a or b, please explain using an attached statement.
 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. 35

Part VI-A: Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked 'a' and 'limited control' provisions apply.

4-Year Averaging Period Under Section 501(h)

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶		(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount . . .						
46 Lobbying ceiling amount (150% of line 45(e)) . . .						
47 Total lobbying expenditures . . .						
48 Grassroots nontaxable amount . . .						
49 Grassroots ceiling amount (150% of line 48(e)) . . .						
50 Grassroots lobbying expenditures . . .						

Part VI-B: Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Part VI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions):

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of.

(i) Cash

(ii) Other assets

Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees **c**
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 organization. If the organization 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.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . .

► Yes No

b If 'Yes,' complete the following schedule:

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SPEAKERS	3,384.	3,384.	0.	0.
SECURITY	2,859.	2,859.	0.	0.
RENT CONV CTR	37,122.	37,122.	0.	0.
CONV CTR EQUIP RENT	5,756.	5,756.	0.	0.
NURSES ON CALL	1,593.	1,593.	0.	0.
DECORATIONS	2,660.	2,660.	0.	0.
INSURANCE	3,298.	3,298.	0.	0.
EVENT EXP	3,180.	3,180.	0.	0.
FLOWERS FOR PARTICIPANTS	896.	896.	0.	0.
SPECIAL NEEDS	1,718.	1,718.	0.	0.
INTERNET	288.	288.	0.	0.
Total	<u>62,754.</u>	<u>62,754.</u>	<u>0.</u>	<u>0.</u>

PAYOFF CALCULATOR

Name: THE ANNUAL HAWAII CONVENTION INC SSN: 99-0195966

Calculation Result Based on INTST

MFT	Tax Period	Assessed Tax/Penalty	02/20/2010 (Target Date)			03/22/2010 (Target Date + 30 Days)			IDRS Hold Conditions
			Total FTP	Total Interest	Balance	Total FTP	Total Interest	Balance	
67	200612	2,620.00	0.00	303.34	2,923.34	0.00	312.97	2,932.97	START DATE MISSING/FTP FROZEN BY MF

 