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A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

C Name of organization

DLN: 93490250000000

D Employer identification number

OMB No 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

Address	change	Please use IRS	HAWAII STATE JUNIOR GOL	F ASSOCIATION			99-0	9-0335776		
Name cl	-	label or print or		box if mail is not delivered to	o street addre	ess) Room/suite	E Telepi	hone n	umber	
Initial re	-	type. See Specific	4330 KUKUI GROVE STREE	Γ			(808)) 532-	-0559	
_		Instruc-	City or town, state or count	ry, and ZIP + 4		1			thod Cash Accrual	
Final ret		tions.	LIHUE, HI 96766				┌ Oth	ner (spe	ecify) 🕨	
Amende	ed return									
Applicati	ion pending					L H and Tam (ot applica	bla to c	raction E27 organizations	
			501(c)(3) organizations an nust attach a completed Sci						rection 527 organizations r affiliates? Yes No	
			•		/-	H(b) If "Yes				
G Webs	site: 🟲 WW	W HSJGA (O RG			H(c) Are all				
J Organi	zation type	e (check only	one) ► 🔽 🕏 501(c) (3) 🖪	(insert no)) or $\ \ $	(If "No	o," attach a	a list S	ee instructions)	
					· · · · · · · · · · · · · · · · · · ·	H(d) Is this	a separate	e return	filed by an organization	
normall	y not more	than 25,000	ion is not a 509(a)(3) support A return is not required, but if			covere	d by a gro	up rulır	ng?	
be sure	to file a cor	nplete return				I Grou	Exemp	tion N	umber ►	
l Gross	racaints	Add lines 6	b, 8b, 9b, and 10b to line	0 1 2 b		M Check	► V if t	the orga	anization is not required to	
Part I			enses, and Change		Fund Do		•), 990-EZ, or 990-PF)	
1			s, grants, and similar am		ruiiu ba	ialices (See	the m	isti u	ctions.)	
a		, 3	, 3		_{1a}					
Ь	Contributions to donor advised funds									
			oport (not included on line	•	1c		90,903			
d				•	1d					
"	Government contributions (grants) (not included on line 1a) Total (add lines 1a through 1d) (cash \$ 298,965 noncash \$)								298,965	
e							-	1e	·	
2	Program service revenue including government fees and contracts (from Part VII, line 93)						2	36,621		
3	Membership dues and assessments						.	3	15,405	
4		-					•	4	517	
5			erest from securities .				. -	5		
6a		rents			6a					
b		ental exper			6b			_		
_ c			or (loss) subtract line 6b				-	6c		
4 7 8a			income (describe 🕨)					7		
발 8a 건			n sales of assets	(A) Securities		(B) O ther				
			ry		8a					
b			sis and sales expenses		8b					
C			ach schedule)		8c					
d	_	· ·	Combine line 8c, column				_:	8d		
9	Specia	l events and	d activities (attach sched	dule) If any amount is fi	om gamin g	j, check here 🕨	-1			
а	Gross	revenue (no	t including \$	of	1 1					
		•	rted on line 1b) 🥵		9a		57,213			
b		•	ises other than fundraisir	-	9b	2	24,145			
C		•	s) from special events S		1 1			9с	133,068	
10a			entory, less returns and a		10a		1,612			
Ь		•	s sold		10b			4.5		
C	•	, ,	rom sales of inventory (attach	,			-	10c	1,612	
11			m Part VII, line 103)				-	11	825	
12			lines 1e, 2, 3, 4, 5, 6c,					12	487,013	
13			(from line 44, column (B)				-	13	210,866	
ij 14	_	_	general (from line 44, col				- H	14	249,221	
14 15 16			line 44, column (D))				. -	15		
			ites (attach schedule)				-	16	460.007	
17			d lines 16 and 44, colum					17	460,087	
<u>ه</u> ا		, ,	for the year Subtract lin				⊢	18	26,926	
19			balances at beginning o				.	19	143,127	
<u> </u>		-	net assets or fund balanc	, , ,			-	20	170.053	
_ 21	net as:	sets or fund	balances at end of year	compine lines 18, 19, a	ina ZU .			21	170,053	

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$_____

(iii) the amount allocated to Management and general \$

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.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22a				
2b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22b				
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
5a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
С	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
6	Salaries and wages of employees not included on lines 25a, b and c	26	10,110		10,110	
7	Pension plan contributions not included on lines 25a, b and c	27				
8	Employee benefits not included on lines 25a - 27	28	12,485		12,485	
9	Payroll taxes	29	845		845	
0	Professional fundraising fees	30				
1	Accounting fees	31	1,950		1,950	
2	Legal fees	32				
3	Supplies	33	24,896	725	24,171	
4	Telephone	34	2,058		2,058	
5	Postage and shipping	35	731	357	374	
6	Occupancy	36	30,000		30,000	
7	Equipment rental and maintenance	37	13,051	1,251	11,800	
8	Printing and publications	38	13,785	6,290	7,495	
9	Travel	39	107,218	56,302	50,916	
0	Conferences, conventions, and meetings	40				
1	Interest	41				
2	Depreciation, depletion, etc (attach schedule) 🕏	42	1,160		1,160	
3	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
Ь		43b				
с		43c				
d		43d				
e		43e				
f 		43f				
g	Total functional expenses. Add lines 22a through 43q	43g				
4	(Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	460,087	210,866	249,221	

_, (ii) the amount allocated to Program services \$___

, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

All d		nents	JUNIORS THROUGHOUT HAWAII, IN ORDER TO ENHANCE THE ENJOYMENT AND PRESERVE THE TRADITION & INTEGRITY OF THE GAME In a clear and concise manner State the number of clients served,	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for
	olications issued, etc. Discuss achievements that are not mo intable trusts must also enter the amount of grants and allo		ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt is to others)	others)
а	PROMOTION, ORGANIZATION, & ADMINIS STATE OF HAWAII	TRA	FION OF GOLF TOURNAMENTS FOR JUNIORS IN THE	
	(Grants and allocations \$)		If this amount includes foreign grants, check here 🕨 🦵	210,602
b	ORGANIZATION OF RULES TEST AND TRAI JUNIOR GOLFERS	NIN	G/INSTRUCTIONAL WORKSHOPS AND CLINICS FOR	
	(Grants and allocations \$)		If this amount includes foreign grants, check here 🟲 🦵	264
С				
d	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
u				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should equ	ıal lır	ne 44, column (B), Program services) 🕨	210,866

Part IV	Balance	Sheets	(See	the	instructions.)

Pa	rt IV	Balance Sheets (See the instruc	ctions.)				
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		e description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			143,231	45	168,312
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b			47c	
	"	Less allowance for doubtful accounts	475			4/0	
	48a	Pledges receivable	48a				
	Ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officer key employees (attach schedule)				50a	
	ь	Receivables from other disqualified persons 4958(c)(3)(B) (attach schedule)	s (as defined i	under section		50b	
	51a	Other notes and loans receivable (attach schedule)	1 1				
υħ		Less allowance for doubtful accounts	51a 51b			51c	
Assets	52	Inventories for sale or use	310			510	
	53	Prepaid expenses and deferred charges .				53	
	54a	Investments—publicly-traded securities		ost FMV		54a	
		Investments—other securities (attach sch	'	' F		54a	
		·	edule) 🕶	Cost TMV		54D	+
	55a	Investments—land, buildings, and equipment basis	55a				
	Ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	3,054			
	Ь .	Less accumulated depreciation (attach schedule)	57b	1,313	2,901	57c	5 1,741
	58	Other assets, including program-related in (describe -					
			-		58	<u> </u>	
	59	Total assets (must equal line 74) Add line	s 45 through 5	58	146,132	59	170,053
	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
4	63	Loans from officers, directors, trustees, an					
		schedule)		-		63	
\;	64a	Tax-exempt bond liabilities (attach schedu	•	-		64a	
	Ь	Mortgages and other notes payable (attach	·	. F	0.005	64b	
	65	Other liablilities (describe 🟲 🔃)	3,005	65	0
	66	Total liabilities Add lines 60 through 65			3,005	66	0
	Orga	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	► 🔽 and com	plete lines			
φ.	67	Unrestricted			143,127	67	170,053
뙲	68	Temporarily restricted		[68	
Balances	69	Permanently restricted		[69	
Fund	Orga	anizations that do not follow SFAS 117, chec complete lines 70 through 74	nd				
ъ Б	70	Capital stock, trust principal, or current fur	nds			70	
Ø.	71	Paid-in or capital surplus, or land, building,	, and equipmei	nt fund		71	
Asset	72	Retained earnings, endowment, accumulate	ed income, or o	other funds .		72	
Z O	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19	•				
	_	line 21)			143,127		170,053
	74	Total liabilities and net assets / fund balances	Add lines 66 and	1/3 L	146.132	74	170.053

Part	i IV-A	Reconciliation of Reve	enue per Audited Fina	ncial Sta	tements V	Vith Rever	nue per	Return (See
а	Total	revenue, gains, and other sup	port per audited financial sta	tements			а	
b		ints included on line a but not						
1	Netu	nrealized gains on investment	s	b1	1			
2		ted services and use of faciliti		b2			1	
3	Reco	veries of prior year grants .		b3			1	
4		r (specify)					1	
_				b4				
	Addl	ines b1 through b4					В	
c	Subtr	act line b from line a					С	
d	A mou	ints included on Part I, line 12	, but not on line a					
1	Inves	tment expenses not included	on Part I, line		1			
	6b .		·	d1			_	
2	Othe	r (specify)						
				_ d2			4	
		ines d1 and d2					d	
e		revenue (Part I, line 12) Add						
Dari		Reconciliation of Expe		ncial St	atements	With Eyne	nee l	r Peturn
а		expenses and losses per audi					a	Return
a b		ints included on line a but not				• •	+	
1		ted services and use of faciliti		b1	1			
2		year adjustments reported on		- 51			 	
2		year adjustments reported on	raiti, iiile	b2				
3	Losse	es reported on Part I, line					1	
			•	Ь3]	
4	Othe	r (specify)						
				_ b4			4	
		ines b1 through b4					ь	
C		act line b from line a					С	
d	A mot	ınts ıncluded on Part I, lıne 17	, but not on line a:					
1		tment expenses not included	on Part I, line					
_				d1			-	
2	Other	r (specify)		d2				
	A dd I	ines d1 and d2					_d	
e		expenses (Part I, line 17) Ad	d lines cand					
•		· · · · · · · · · · · ·					e	
Part	t V-A	Current Officers, Director, trustee, or key einstructions.)					not comp	
	(A)	Name and address	(B) Title and average hours per week devoted to position		npensation d, enter -0)	employee ber deferred com plan	nefit plans & npensation	(E) Expense account and other allowances
See A	dditiona	l Data Table						
								_
								-

	t V-A Current Officers, Directors	e Trustees and Key	v Employees (conti	inued)		Yes	Page 0
	Enter the total number of officers, director			·		res	No
, Ja	,	•	r to vote on organization	i busilless at boald			
h	meetings			thest compansated			
U	employees listed in Schedule A, Part I, or			·			
	, , ,			·			
	contractors listed in Schedule A, Part II-	•					l
	relationships? If "Yes," attach a statemen				75b		No
С	Do any officers, directors, trustees, or key						
	employees listed in Schedule A, Part I, or			·			
	contractors listed in Schedule A, Part II-	· ·	•	-			
	tax exempt or taxable, that are related to	the organization? See the	instructions for the de	finition of "related	75c		Νo
	organization"						-
	If "Yes," attach a statement that includes				<u></u> .		
	t V-B Former Officers, Director				75d		No.
Г	Benefits (If any former office (described below) during the benefits in the appropriate co	cer, director, trustee, e e year, list that person	or key employee red below and enter the	eived compensation	or oth	ner be	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	employee benefit plans and deferred compensation plans		oense aco ner allowa	count and ances
Par	t VI Other Information (See the	 instructions.)				Yes	No
76	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
	detailed statement of each change				76		No
77	Were any changes made in the organizing			RS?	77		No
	If "Yes," attach a conformed copy of the c		- F				
78a	Did the organization have unrelated business gross		ng the year covered by this	return?	78a		No.
	If "Yes," has it filed a tax return on Form 9		- '		78b		"
	Was there a liquidation, dissolution, termination, or				705		_
-	a statement		,		70		N ₀
802	Is the organization related (other than by association	on with a statewide or nationwi	de organization) through con	nmon memhershin	79		No
Jua	governing bodies, trustees, officers, etc , to any other			• •	80a		No
b	If "Yes," enter the name of the organization	on ►					
		and check whether it		nexempt			
	Enter direct or indirect political expenditu		<u> </u>		↓		
b	Did the organization file Form 1120-POL fo	orthis year?			81b		No

				rage
	Other Information (continued)		Yes	No
32a	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		Νo
ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
34a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	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 [?]	85h		
5	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
ь	Gross receipts, included on line 12, for public use of club facilities 86b			
	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2-	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		
Ju	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	88a		Νο
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			
		88b		Νo
Эа	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4915 ► 0			
b	501(c)(3) and $501(c)(4)$ orgs. 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	89b		Νο
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
_	transaction?			
_		89e		Νο
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		Νo
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?			
		80-		NI ~
) ~	List the states with which a copy of this return is filed ▶	89g		No
D	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)			
1a	The books are in care of ► CHOY WONG CPASINC Telephone no ► (808)	523-2	811	
	1001 BISHOP STREET ASB TOWER 2680			
	Located at ► HONOLULU, HI ZIP + 4 ► 96813			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Γ	V -	N.I
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	N o
	account)?	91b		Νο
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

	Did the reporting organization make any tr the Code? if "Yes," complete the schedule			ined in section 51	2(b)(13) of	Yes	No
	(A) Name and address of each controlled entity	Employer Id	B) lentification nber	(C) Description o transfer	of A mount of	D) of transf	er
	Totals						
107	Did the reporting organization receive any	transfers from a	controlled entity as	s defined in sectio	n 512(b)(13) of	Yes	No
	the Code? if "Yes," complete the schedule (A) Name and address of each controlled entity	(I Employer Id	(B) (C) Employer Identification Description of Number transfer		T I	(D) t of transfer	
	Totals						
	Did the organization have a binding writter royalties and annuities described in quest		t on August 17, 20	006 covering the i	nterests, rents,	Yes	No
elease Sign	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete Dec				n of which preparer has ar		
	Signature of officer MARY BEA PORTER-KING PRESIDENT Type or print name and title			Date			
aid	MARY BEA PORTER-KING PRESIDENT Type or print name and title Preparer's signature JAN SH CHOY	_	ate 010-09-07	Check if self-empolyed	Preparer's SSN or PTIN (S	iee Gen I	nst W)
lere Paid Preparer'	MARY BEA PORTER-KING PRESIDENT Type or print name and title Preparer's signature JAN SH CHOY Firm's name (or yours CHOY & WONG CPAS	2 INC		Check If self-	Preparer's SSN or PTIN (S	iee Gen I	nst W)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490250000000

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(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.)

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

OMB No 1545-0047

2007

Name of the organization HAWAII STATE JUNIOR GOLF ASSOCIATION	Employer identification number				
The state of the section of the sect			99-0335776		
	e Highest Paid Employees ons. List each one. If there a			nd Trustees	
(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 & deferred compensation	(e) Expense account and other allowances	
None					
	4				
	+				
	┪				
	4				
Total number of other employees paid over					
\$50,000					
(See page 2 of the instr	Five Highest Paid Indepe uctions. List each one (wheth				
"None.") (a) Name and address of each independent	contractor paid more than \$50.0	00 (b) Typ	e of service	(c) Compensation	
None	contractor para more than \$50,0	(b) 1 y p	e or service	(c) compensation	
Total number of others receiving over \$50,0 professional services	100 for				
Part II-B Compensation of the (List each contractor wh	Five Highest Paid Independence of performed services other to the contract of	han professional se			
(a) Name and address of each independent			e of service	(c) Compensation	
None					
		_			
Total number of other contractors receiving	over				
#EO 000 for other contractors receiving					

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

P	art I	Reason for Non-Private	Foundation Status	(See pages 4 th	rough 7 of the	instructions.)		
Icer	tıfy th	at the organization is not a private four	idation because it is (P	lease check only C	NE applicable b	ox)			
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)				
6	Γ	A school Section 170(b)(1)(A)(ii) (A	lso complete Part V)						
7	Γ	A hospital or a cooperative hospital s	ervice organization Se	ction 170(b)(1)(A)	(111)				
8	Γ	A federal, state, or local government	or governmental unit S	ection 170(b)(1)(A)(v)				
9	Γ	A medical research organization oper	ated in conjunction with	n a hospital Section	n 170(b)(1)(A)(ı	п) Enter the ho	ospital's name, city,		
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp	=	*	ated by a govern	nmental unit			
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	·		overnmental unit or from the general public				
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	e the Support Scheo	iule ın Part IV-A)			
12	▽	An organization that normally receives (1) more than 331/3% 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 331/3% 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	Γ	An organization that is not controlled requirements of section 509(a)(3) C					se meets the		
		Гтуре I	e III - Functionally Inte	egrated [7	Гуре III - Other				
		Provide the following informa	tion about the support	ed organizations. (s	see page 7 of the	e instructions.)			
ľ	Name((a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	pported isted in the ganization's	(e) A mount of support?		
				IRC section)	Yes	No			
Tota	1					<u> </u>	-		
	-					-	i		

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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.

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	169,417	142,372	89,209		113,489	514,487
16	Membership fees received	18,692	12,129	13,475		12,735	57,031
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	76,027	61,541	53,745		46,207	237,520
	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	465	140	32		50	687
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						C
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						C
	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						C
	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						C
23	Total of lines 15 through 22	264,601	216,182	156,461		172,481	809,725
24	Line 23 minus line 17	188,574	154,641	102,716		126,274	572,205
25	Enter 1% of line 23	2,646	2,162	1,565		1,725	
26	Organizations described on lines 10 or 11: a En				26a		
ŀ	Prepare a list for your records to show the name of	and amount contr	ributed by each p	erson (other			
	than a governmental unit or publicly supported org	•	-				
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. E	inter the total			
	of all these excess amounts				26b		(
	Total support for section 509(a)(1) test Enter line	24, column (e)		•	26c		
•	Add Amounts from column (e) for lines 18 _		. 19				
	22 _				26d		
	Public support (line 26c minus line 26d total)				26e		
f	Public support percentage (line 26e (numerator) d			<u>^</u>	26f		
27	- · J						
	prepare a list for your records to show the name of	•		h year from, each	"dısqua	lified pers	on "
	Do not file this list with your return. Enter the sun		•		(2000)		22.000
	(2006) (2005) (2005) For any amount included in line 17 that was received.		(2004)	1.6	(2003)		32,000
ŀ							
	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de						
	return. After computing the difference between the		and the larger an	nount described in	1 (1) or (2), enter	tne sum or
	these differences (the excess amounts) for each ye		(2004)		(2002)		
	(2006) (2005)		(2004)		(2003)_		
	: Add Amounts from column (e) for lines 15	514.	487 16	57,031			
•			0 21	0		27.	000.030
	17 237,520 20 Add Line 27a total 32,000	and line 27b tota				27c 27d	809,038
						27u 27e	32,000
	Public support (line 27c total minus line 27d total)			اعجدا	000 725	2/e	777,038
-	Total support for section 509(a)(2) test Enter am			27f	809,725	<u> </u>	0505.33.00
9	Public support percentage (line 27e (numerator) d				27g	<u> </u>	9596 32 %
- I	Investment income percentage (line 18, column (e				27h	<u> </u>	8 48 %
28	Unusual Grants: For an organization described in li prepare a list for your records to show, for each year		•	_	-	_	

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

raity	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29 Do	es the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
oth	ner governing instrument, or in a resolution of its governing body?	29		
30 Do	es the organization include a statement of its racially nondiscriminatory policy toward students in all its			
bro	ochures, catalogues, and other written communications with the public dealing with student admissions,			
pro	ograms, and scholarships?	30		
31 Ha	s the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
the	e period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	at 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)			
		_		
		4		
	es the organization maintain the following			
	cords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Re	cords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
bas	sis?	32b		
c Co	pies of all catalogues, brochures, announcements, and other written communications to the public dealing			
wit	h student admissions, programs, and scholarships?	32c		
d Co	pies of all material used by the organization or on its behalf to solicit contributions?	32d		
Ify	you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Do	es the organization discriminate by race in any way with respect to			
a Stu	udents' rights or privileges?	33a		
b A d	missions policies?	33b		
c Em	nployment of faculty or administrative staff?	33c		
d Sc	holarships or other financial assistance?	33d		
e Ed	ucational policies?	33e		
f Us	e of facilities?	33f		
-				
a Atl	hletic programs?	33g		
9				
ь Ot	her extracurricular activities?	33h		
Īfν	you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
,	, ou answered Tree to any of the above, produce explain. (21 you have inside space) account a separate statement,			
		\dashv		
		-		
		-		
34a Do	es the organization receive any financial aid or assistance from a governmental agency?	34a		
5.4 50	22 the enganization received any interior and or application from a governmental agency.			
⊾ H⊃	s the organization's right to such aid ever been revoked or suspended?	34b		
_	you answered "Yes" to either 34a or b, please explain using an attached statement			
11)	you answered Tes to either 544 or b, please explain asing all attached statement			
ar Do	es the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9			200=

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

	(To be completed ONLY	' by an eligible organiz	atıon that	filed Form 5	768)	ı			
Che	ck a if the organization belongs		Check 🟲 b	l If you che	cked			contro 	l" provisions appl
		bying Expenditures means amounts paid or in				(a) Affiliated group totals			To be completed for all electing
36	Total lobbying expenditures to influen	<u> </u>		<u>a)</u>	36				organizations
37	Total lobbying expenditures to influen		•		37				
	Total lobbying expenditures (add lines		ct lobbying	'					
38	, 5 ,	36 and 37)			38				
39	<u> </u>				39				
40	Total exempt purpose expenditures (a	•			40				
41	1 Lobbying nontaxable amount Enter the amount from the following table—								
		The lobbying nontaxable a	mount is—						
	Not over \$500,000	20% of the amount on line 40							
		\$100,000 plus 15% of the exce							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exce	ss over \$1,00	0,000	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess	s over \$1,500	,000					
	Over \$17,000,000	\$1,000,000							
42	Grassroots nontaxable amount (enter	25% of line 41)			42				
43	Subtract line 42 from line 36 Enter -0)- ıf lıne 42 ıs more than lı	ne 36		43				
44	Subtract line 41 from line 38 Enter -0)- ıf lıne 41 ıs more than lı	ne 38		44				
	(Some organizations that m See the ir	istructions for lines 45 thr	ough 50 or	•	e ins	tructions)		
	Calendar year (or fiscal year beginning in)	(a 20	· I	(b) 2006		(c) 2005		(d) 004	(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of lin	e 45(e))							
47	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of	line 48(e))							
50	Grassroots lobbying expenditures								
	rt VI-B Lobbying Activity by (For reporting only by o) (Se	e page :	11 of th	e insi	ructions.)
	ing the year, did the organization attem mpt to influence public opinion on a leg	pt to influence national, st	ate or local	l legislation, in			Yes	No	A mount
а	Volunteers								
b	b Paid staff or management (Include compensation in expenses reported on lines c through h.)								
c	Media advertisements								
d	, , ,	•							
е	Publications, or published or broadca								
f	Grants to other organizations for lobb								
g	Direct contact with legislators, their								
h	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means						1	ı	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the 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 No Yes (i) Cash 51a(i) Νo (ii) Other assets a(ii) Nο **b** Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) Νo (ii) Purchases of assets from a noncharitable exempt organization b(ii) Νo (iii) Rental of facilities, equipment, or other assets b(iii) Νo (iv) Reimbursement arrangements b(iv) Νo (v) Loans or loan guarantees b(v) Νo (vi) Performance of services or membership or fundraising solicitations b(vi) Νo c Sharing of facilities, equipment, mailing lists, other assets, or paid employees Νo 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 (a) (b) (c) Description of transfers, transactions, and sharing Line no A mount involved Name of noncharitable exempt organization arrangements 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations ☐ Yes described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule (a) (b) (c) Name of organization Type of organization Description of relationship

Additional Data

Software ID:

Software Version:

EIN: 99-0335776

Name: HAWAII STATE JUNIOR GOLF ASSOCIATION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a BANK CHARGES	43a	1,944		1,944	
b DUES & SUBSCRIPTIONS	43b	1,800		1,800	
c INSURANCE	43c	6,180		6,180	
d WEBSITE	43d	1,099		1,099	
e ENTRY EXPENSES	43e	4,295	4,295		
f UNIFORMSBAGS	43f	17,149	17,149		
g LUNCHES	43g	10,285	10,285		
h PRIZES	43h	12,095	12,095		
i GREEN FEES	43i	34,908	34,908		
j GIFTS	43j	29,041	27,302	1,739	
k OUTSIDE SERVICES	43k	81,944		81,944	
I GENERAL EXCISE TAX	431	1,151		1,151	
m BANQUETS	43m	10,568	10,568		
n PRO PAY-OUT	43n	500	500		
• TOURNAMENTS	43o	28,839	28,839		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARY BEA PORTER-KING 4330 KUKUI GROVE STREET LIHUE, HI 96766	PRESIDENT 0 00	0	0	0
GREG NICHOLS 4330 KUKUI GROVE STREET LIHUE, HI 96766	VICE PRESIDENT 0 00	0	0	0
LARRY KEIL 4330 KUKUI GROVE STREET LIHUE, HI 96766	VICE PRESIDENT 0 00	0	0	0
LORI PLANOS 4330 KUKUI GROVE STREET LIHUE, HI 96766	VICE PRESIDENT 0 00	0	0	0
RICK CASTILLO 4330 KUKUI GROVE STREET LIHUE, HI 96766	VICE PRESIDENT 0 00	0	0	0
STEPHEN PERRY 4330 KUKUI GROVE STREET LIHUE, HI 96766	TREASURER 0 00	0	0	0
BRENDA REGO 4330 KUKUI GROVE STREET LIHUE, HI 96766	SECRETARY 0 00	0	0	0
CHARLIE KING 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
CHRIS MCLACHLIN 4330 KUKUI GROVE STREET LIHUE,HI 96766	PROFESSIONAL ADVISORY COMMITTEE 0 00	0	0	0
ERIC MIYAJIMA 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ERIK KUTZ 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
JAY HINAZUMI 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
JIM SAUNDERS 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
JOEY CASTILLO 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
JOHN LYNCH 4330 KUKUI GROVE STREET LIHUE,HI 96766	PROFESSIONAL ADVISORY COMMITTEE 000	0	0	0
KEVIN CARLL 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
KEVIN HAYASHI 4330 KUKUI GROVE STREET LIHUE,HI 96766	PROFESSIONAL ADVISORY COMMITTEE 000	0	0	0
MAUD CHANG 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
MELANIE ITO 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
MERV KOTAKE 4330 KUKUI GROVE STREET LIHUE,HI 96766	LEGAL ADVISOR 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL CASTILLO 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
PARD ERDMAN 4330 KUKUI GROVE STREET LIHUE,HI 96766	PROFESSIONAL ADVISORY COMMITTEE 0 00	0	0	0
RALPH MIYAMOTO 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
RICHARD HO 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
KOJI KATO 4330 KUKUI GROVE STREET LIHUE, HI 96766	LEGAL ADVISOR 0 00	0	0	0
RON CASTILLO JR 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
DON CHAE 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
ANDREW HOPOI 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
JODIE KIMURA 4330 KUKUI GROVE STREET LIHUE, HI 96766	DIRECTOR 0 00	0	0	0
DOUG STEPHENSON 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and ot her allowances
CATHY TORCHIANA 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
ALAN YAMAMOTO 4330 KUKUI GROVE STREET LIHUE,HI 96766	DIRECTOR 0 00	0	0	0
BRAD BOWEN 4330 KUKUI GROVE STREET LIHUE,HI 96766	PROFESSIONAL ADVISORY COMMITTEE 0 00	0	0	0
BEN HONGO 4330 KUKUI GROVE STREET LIHUE, HI 96766	PROFESSIONAL ADVISORY COMMITTEE 0 00	0	0	0
TIM MURPHY 4330 KUKUI GROVE STREET LIHUE,HI 96766	PROFESSIONAL ADVISORY COMMITTEE 0 00	0	0	0
WADE NISHIMOTO 4330 KUKUI GROVE STREET LIHUE,HI 96766	PROFESSIONAL ADVISORY COMMITTEE 000	0	0	0
HAROLD PERRY 4330 KUKUI GROVE STREET LIHUE, HI 96766	PROFESSIONAL ADVISORY COMMITTEE 0 00	0	0	0

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DLN: 93490250000000

OMB No 1545-0172

4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Name(s) shown on return Business or activity to which this form relates Identifying number HAWAII STATE JUNIOR GOLF ASSOCIATION Form 990 Page 2 99-0335776 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount See the instructions for a higher limit for certain businesses 125,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 500,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter - 0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2007 1,160 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L ΜМ i Nonresidential real 39 yrs S/L property ΜМ S/L Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year ММ **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 1,160 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2007) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period use only) cost percentage 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage

42 A mortization of costs that begins during your 2007 tax year (see instructions) 43 Amortization of costs that began before your 2007 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44



TY 2007 Land etc. Schedule

Name: HAWAII STATE JUNIOR GOLF ASSOCIATION

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
HP OFFICEJET 500	3,054	1,313	1,741



TY 2007 Other Liabilities Schedule

Name: HAWAII STATE JUNIOR GOLF ASSOCIATION

Description	Beginning of Year Amount	End of Year Amount
ACCRUED PAYROLL LIABILITIES	3,005	0

TY 2007 Special Events Schedule

Name: HAWAII STATE JUNIOR GOLF ASSOCIATION

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
MIXED PLATE	67,013	0	67,013	13,517	53,496
EVENING WITH THE CHAMPIONS	90,200	0	90,200	10,628	79,572



TY 2007 Self Dealing Statement

Name: HAWAII STATE JUNIOR GOLF ASSOCIATION

Line Number	Explanation
2c	ORGANIZATION OCCUPIES SPACE DONATED OWNED BY THE PRESIDENT'S SPOUSE. THE IN-KIND DONATION AND EQUIVALENT RENT EXPENSE ARE INCLUDED IN THE TAX RETURN.