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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
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)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning Apr 1 , 2008, and ending Mar 31 , 2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARMED FORCES COMMUNICATIONS ELECTRONICS ASSOCIATION HAWAII Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 31156 City or town, state or country, and ZIP + 4 HONOLULU HI 96820
D Employer identification number 52-1272922	E Telephone number (808) 227-2588
F Group Exemption Number	
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ N/A	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 129,438.	

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

1 Contributions, gifts, grants, and similar amounts received	1	5,289.
2 Program service revenue including government fees and contracts	2	7,292.
3 Membership dues and assessments	3	
4 Investment income	4	5,589.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ 5,289. of contributions reported on line 1)	6a	111,268.
b Less: direct expenses other than fundraising expenses	6b	40,154.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	71,114.
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	89,284.
10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	40,790.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	2,518.
14 Occupancy, rent, utilities, and maintenance	14	1,689.
15 Printing, publications, postage, and shipping	15	240.
16 Other expenses (describe ▶ See Other Expenses Statement)	16	43,265.
17 Total expenses (add lines 10 through 16)	17	88,502.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	782.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	275,488.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year (Combine lines 18 through 20)	21	276,270.

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	275,488.	275,016.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ See L-24 Stmt)	0.	1,254.
25 Total assets	275,488.	276,270.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,488.	276,270.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.Form **990-EZ** (2008)

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

What is the organization's primary exempt purpose? **EFFECTIVE INTELLIGENCE & INFORMATION MANAGEMENT**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28	PROMOTING INDUSTRY-GOVERNMENT COOPERATION IN DEVELOPING EFFECTIVE INTELLIGENCE AND INFORMATION MANAGEMENT INCLUDING THE DEVELOPMENT OF EQUIPMENT, SYSTEMS AND SERVICES IN COMMUNICATIONS. THE ORGANIZATION HAS APPROXIMATELY 780 MEMBERS. (Grants \$ <u>40,790.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	78,024.
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	78,024.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
RICHARD MACKE C/O AFCEA HONOLULU HI 96820	PRESIDENT 4.00	0.	0.	0.
ROBERT PUTES C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 4.00	0.	0.	0.
EDWARD RYGLEWICZ C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
ANDREW CHUN C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
MARK TORREANO C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
RUSSELL AU C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
DEAN FOX C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
LAMONT ATKINS C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
LAMONT MORROW C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
DAVID ONAKA C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
DONNA RUSSELL C/O AFCEA HONOLULU HI 96820	VICE-PRESIDENT 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes

34		X
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35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T**a** Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a		X
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b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

35b		
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36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
If 'Yes,' complete applicable parts of Schedule N

36		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions▶ **37a** 0.**b** Did the organization file **Form 1120-POL** for this year?

37b		X
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a		X
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved**38b****39** 501(c)(7) organizations Enter**a** Initiation fees and capital contributions included on line 9**39a****b** Gross receipts, included on line 9, for public use of club facilities**39b****40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶**b** 501(c)(3) and (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,' complete Schedule L, Part I

40b		
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c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

▶

d Enter amount of tax on line 40c reimbursed by the organization

▶

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

40e		X
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41 List the states with which a copy of this return is filed ▶**42a** The books are in care of ▶ DANIEL SCHWARZTelephone no. ▶ (808) 478-2398Located at ▶ P.O. BOX 31156HONOLULUHI ZIP + 4 ▶ 96820**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. ▶

	Yes	No
42b		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country. ▶

42c		X
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year▶ **43****44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45		X
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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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
N/A				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors receiving over \$100,000		

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) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Daniel E. Schwane Date: 5/17/10

Type or print name and title: DANIEL E. SCHWANE Treasurer

Paid Preparer's Use Only

Preparer's signature: COO & COO Date: 05/14/2010 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: ALLEN M. ARAKAKI, CPA, INC.
1314 SOUTH KING STREET, SUITE 710
HONOLULU HI 96814

Preparer's Identifying Number (See instructions): (808) 591-8480

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	TECHNET (event type)	NONE (total number)	(Add col (a) through col (c))
	1 Gross receipts	5,822.	105,446.		111,268.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	5,822.	105,446.		111,268.
DIRECT EXPENSES	4 Cash prizes		1,750.		1,750.
	5 Non-cash prizes		161.		161.
	6 Rent/facility costs				
	7 Other direct expenses	20,454.	17,789.		38,243.
	8 Direct expense summary Add lines 4- through 7 in column (d)				40,154.
	9 Net income summary Combine lines 3 and 8 in column (d)				71,114.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES NO

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in:• **a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address.

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
DIVIDEND	4,010.
INTEREST	1,579.
Total	<u>5,589.</u>

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return

ARMED FORCES COMMUNICATIONS ELECTRONICS ASSOCIATION HAWAII

Employer Identification No

52-1272922

Line 24 - Other Assets:	Beginning of Year	End of Year
OFFICE EQUIPMENT	7,826.	9,219.
A/D - OFFICE EQUIPMENT	-7,826.	-7,965.
Totals to Form 990-EZ, Part II, line 24	0.	1,254.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

BANK FEES	8.
Depreciation	139.
INSURANCE	4,236.
MEETINGS & SPECIAL EVENTS	21,844.
MEMBERSHIP EXPENSES	13,460.
WEBSITE	3,578.
Total	43,265.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MELVIN ING C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SUSAN JANNUZZI C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JAMES HICKERSON C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JAMES DONOVAN C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MATTHEW SWEENEY C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title INVESTMENT ADV Hours/Week 2.00	0.	0.	0.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment SENIOR RESEARCH AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	SIMON PAN	N/A	
	C/O AFCEA, P.O. BOX 31156		
	HONOLULU HI 96820		100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SENIOR RESEARCH AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	NOLAN KAMITAKI	N/A	
	C/O AFCEA, P.O. BOX 31156		
	HONOLULU HI 96820		200.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SENIOR RESEARCH AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	LUCIA MOCZ	N/A	
	C/O AFCEA, P.O. BOX 31156		
	HONOLULU HI 96820		300.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment JUNIOR RESEARCH AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCIENCE FAIR</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
<u>AWARD</u>	<u>BRYAN FEWELL</u>	<u>N/A</u>	
	<u>C/O AFCEA, P.O. BOX 31156</u>		
	<u>HONOLULU HI 96820</u>		<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNIOR RESEARCH AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCIENCE FAIR</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
<u>AWARD</u>	<u>HERMAN VIWAN</u>	<u>N/A</u>	
	<u>C/O AFCEA, P.O. BOX 31156</u>		
	<u>HONOLULU HI 96820</u>		<u>50.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNIOR RESEARCH AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCIENCE FAIR</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
<u>AWARD</u>	<u>THOMAS GOODIN</u>	<u>N/A</u>	
	<u>C/O AFCEA, P.O. BOX 31156</u>		
	<u>HONOLULU HI 96820</u>		<u>200.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment DIVISION AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	N/A	250.
	KATHY LIN		
	C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNIOR DISPLAY AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	N/A	50.
	CODY NG		
	C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNIOR DISPLAY AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	N/A	50.
	JOSHUA CHOY		
	C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment OPEN DIVISION AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	N/A	250.
	JAMIE NEKOBA		
	C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNIOR RESEARCH AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	N/A	50.
	CHRISTOPHER KYONO		
	C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment JUNIOR DISPLAY AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCIENCE FAIR AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	N/A	100.
	JENNA MATSUURA		
	C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment JUNIOR DISPLAY AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCIENCE FAIR</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
<u>AWARD</u>	<u>BEAU YAMAURA</u>	<u>N/A</u>	
	<u>C/O AFCEA, P.O. BOX 31156</u>		
	<u>HONOLULU HI 96820</u>		<u>50.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>GLENN LEE</u>	<u>N/A</u>	
	<u>C/O AFCEA, P.O. BOX 31156</u>		
	<u>HONOLULU HI 96820</u>		<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARDS</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>MICHAEL ABITZ</u>	<u>N/A</u>	
	<u>C/O AFCEA, P.O. BOX 31156</u>		
	<u>HONOLULU HI 96820</u>		<u>140.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP-UNIVERSITY OF SOUTHERN CALIFORNIA

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	LELAND CHAR	N/A	
	C/O AFCEA, P.O. BOX 31156		
	HONOLULU HI 96820		2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-DREXEL UNIVERSITY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	DEBORAH SILVERMAN	N/A	
	C/O AFCEA, P.O. BOX 31156		
	HONOLULU HI 96820		2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	JULIAN YUEN	N/A	
	C/O AFCEA, P.O. BOX 31156		
	HONOLULU HI 96820		2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP-UNIVERSITY OF WASHINGTON

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TESSA SONOBE C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-UNIVERSITY OF SOUTHERN CALIFORNIA

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PETER DE LA CRUZ C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-NORTHEASTERN UNIVERSITY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TIMOTHY DUNNE C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP-NORTHEASTERN UNIVERSITY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOHN LEONG C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-OREGON STATE UNIVERSITY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BRIAN LUM C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-COLORADO COLLEGE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ERIN YAMAMOTO C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP-LOYOLA MARYMOUNT UNIVERSITY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JORDAN HONOLD C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-OHIO STATE UNIVERSITY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEVEN NOZAKI C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-CLAREMONT MCKENNA COLLECT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BRITTANY ISOBE C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP-UNIVERSITY OF HAWAII

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KEN OYADOMARI C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-UNIVERSITY OF HAWAII

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MICHELLE TAGORDA C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-CALIFORNIA INSTITUTE OF TECHNOLOGY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JEFFERY SPRAKER C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP-UNIVERSITY OF HAWAII

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RYAN DAUGHERTY C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-SCRIPPS COLLEGE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JENNIFER WONG C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SCHOLARSHIP-SACRED HEARTS ACADEMY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CARL DEBO C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP-MOANALUA HIGH SCHOOL

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
EDUCATIONAL	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROBERT WIDHALM C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820	N/A	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WILLIAM BAKKE C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
AWARD	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CUONG DINH C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>SGT LOOMIS</u> <u>C/O AFCEA, P.O. BOX 31156</u> <u>HONOLULU HI 96820</u>		<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>SGT JONES</u> <u>C/O AFCEA, P.O. BOX 31156</u> <u>HONOLULU HI 96820</u>		<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>STG DEETS</u> <u>C/O AFCEA, P.O. BOX 31156</u> <u>HONOLULU HI 96820</u>		<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>LA'KORA ARMSTRONG</u> <u>C/O AFCEA, P.O. BOX 31156</u> <u>HONOLULU HI 96820</u>		<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>SGT JACOB</u> <u>C/O AFCEA, P.O. BOX 31156</u> <u>HONOLULU HI 96820</u>		<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>CP ROBELS</u> <u>C/O AFCEA, P.O. BOX 31156</u> <u>HONOLULU HI 96820</u>		<u>100.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>AWARD</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SGT PARGOSO C/O AFCEA, P.O. BOX 31156 HONOLULU HI 96820		100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	ARMED FORCES COMMUNICATIONS ELECTRONICS ASSOCIATION HAWAII		52-1272922
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	C/O 1314 SOUTH KING STREET, SUITE 710		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	HONOLULU		HI 96814

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► DAVID ONAKA

Telephone No. ► (808) 838-1399 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Nov 16, 20 09, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning Apr 1, 20 08, and ending Mar 31, 20 09

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number 52-1272922 For IRS use only
	ARMED FORCES COMMUNICATIONS ELECTRONICS ASSOCIATION HAWAII	
	Number, street, and room or suite number. If a P.O. box, see instructions	
	C/O 1314 SOUTH KING STREET, SUITE 710	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	HONOLULU HI 96814	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of DAVID ONAKA
Telephone No. (808) 838-1399 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until Feb 16, 20 10
- 5 For calendar year _____, or other tax year beginning Apr 1, 20 08, and ending Mar 31, 20 09
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension THE ANNUAL ACCOUNTING NEEDS TO BE COMPLETED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature David Onaka Title CPA Date 11/13/09