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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

| | | | | | |
|---|--|--|---------------------------|---|---------------------------|
| A For the 2008 calendar year, or tax year beginning | | Aug 1 | , 2008, and ending | Jul 31 | , 2009 |
| B Check if applicable | | C Name of organization | | D Employer identification number | |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Name change | HAWAII ASSOCIATION FOR COLLEGE ADMISSION COUNSELING | | 99-0266791 | |
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Termination | Number and street (or P O box, if mail is not delivered to street address) | | E Room/suite | F Telephone number |
| <input type="checkbox"/> Amended return | <input type="checkbox"/> Application pending | 4348 WAIALAE AVENUE | | 149 | (808) 737-8117 |
| | | City or town, state or country, and ZIP + 4 | | | |
| | | HONOLULU HI 96816 | | G Group Exemption Number | |
| <p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> | | | | | |
| <p>I Website: ► www.hawaiiacac.org</p> | | | | | |
| <p>J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> | | | | | |
| <p>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.</p> | | | | | |
| <p>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 ► \$ 47,113.</p> | | | | | |

| | | | |
|--|---|---|--|
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) | | | |
| REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) 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 \$ reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 1 17,000. 2 23,205. 3 6,900. 4 8. 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9 47,113. | | |
| | See L-10 Stmt | | |
| | EXPENSES 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement) 17 Total expenses (add lines 10 through 16) | 10 2,000. 11 12 13 14 15 16 38,523. 17 40,523. 18 19 20 21 | |
| | | (See the instructions for Part II.) | |
| | | ASSETS 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 | (A) Beginning of year 38,823. 22 0. 23 0. 24 38,823. 25 0. 26 (B) End of year 45,413. 0. 0. 45,413. 0. 38,823. 27 45,413. |

| | |
|--|--|
| 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.) | |
| 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ►) 25 Total assets 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | |
| (A) Beginning of year 38,823. 22 0. 23 0. 24 38,823. 25 0. 26 (B) End of year 45,413. 0. 0. 45,413. 0. 38,823. 27 45,413. | |

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? FOSTERING RESPONSIBLE COLLEGE COUNSELING

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

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

| | | | | |
|----|---|-------------------------------------|-----|---------|
| 28 | <u>ESTABLISHING, DEVELOPING, AND MAINTAINING HIGH PROFESSIONAL STANDARDS, WHICH FOSTER ETHICAL AND SOCIAL RESPONSIBILITY AMONG THOSE INVOLVED IN THE PROCESS OF PLANNING FOR POSTSECONDARY EDUCATION. THOUSANDS BENEFITED.</u> (Grants \$ 2,000.) If this amount includes foreign grants, check here | <input checked="" type="checkbox"/> | 28a | 38,158. |
| 29 | (Grants \$) If this amount includes foreign grants, check here | <input type="checkbox"/> | 29a | |
| 30 | (Grants \$) If this amount includes foreign grants, check here | <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here | <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | 32 | 38,158. |

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 |
|---|--|--|---|--|
| ASAI GILMAN C/O HACAC HONOLULU HI 96816 | PRESIDENT 1.00 | 0. | 0. | 0. |
| ANDREW KELSEY C/O HACAC HONOLULU HI 96816 | PRES-ELECT 1.00 | 0. | 0. | 0. |
| DERRICK KANG C/O HACAC HONOLULU HI 96816 | PAST-PRESIDENT 1.00 | 0. | 0. | 0. |
| DARLEE KISHIMOTO C/O HACAC HONOLULU HI 96816 | SECRETARY 1.00 | 0. | 0. | 0. |
| LORI SAKAGUCHI C/O HACAC HONOLULU HI 96816 | TREASURER 1.00 | 0. | 0. | 0. |
| CURTIS NISHIOKA C/O HACAC HONOLULU HI 96816 | ADM PRACTICE 1.00 | 0. | 0. | 0. |
| KATHRYN KEKAULIKE C/O HACAC HONOLULU HI 96816 | COMM RELATIONS 1.00 | 0. | 0. | 0. |
| SARA SATO C/O HACAC HONOLULU HI 96816 | DEVELOPMENT 1.00 | 0. | 0. | 0. |
| LAUREN SHIMIZU C/O HACAC HONOLULU HI 96816 | GVT RELATIONS 1.00 | 0. | 0. | 0. |
| MARISSA DASH C/O HACAC HONOLULU HI 96816 | MEMBERSHIP 1.00 | 0. | 0. | 0. |
| JEAN FUKUJI C/O HACAC HONOLULU HI 96816 | NATL COLLEGE FAIR 1.00 | 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

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

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?

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

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

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?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

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 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

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

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

41 List the states with which a copy of this return is filed ►

| | Yes | No |
|-----|-----|----|
| 33 | X | |
| 34 | X | |
| 35a | X | |
| 35b | | |
| 36 | X | |
| 37a | | |
| 37b | X | |
| 38a | X | |
| 38b | | |
| 39a | | |
| 39b | | |
| 40a | | |
| 40b | X | |
| 40c | | |
| 40d | | |
| 40e | | X |

42a The books are in care of ► JEAN FUKUJI Telephone no. ► (808) 737-8117
Located at ► 1335 MOI WAY, HONOLULU, HI ZIP + 4 ► 96816

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 |
|-----|---|

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 |

| | Yes | No |
|----|-----|----|
| 44 | | X |
| 45 | | X |

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

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?

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

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 |
|--|--|------------------|---|--|
| NONE | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$100,000 ► | 0 | | | |

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 |
|--|---------------------|------------------|
| NONE | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of other independent contractors receiving over \$100,000 ► | 0 | |

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 ► *Jean Fukui* | 5/14/10
 Signature of officer Date
 ► *Jean Fukui Treasurer*
 Type or print name and title

| | | | | |
|--------------------------|--|-----------------|---|--|
| Paid Preparer's Use Only | Preparer's signature ► <i>ALLEN M. ARAKAKI, CPA, INC.</i> | Date 05/14/2010 | Check if self-employed ► <input type="checkbox"/> | Preparer's Identifying Number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► 1314 SOUTH KING STREET, SUITE 710 HONOLULU | HI 96814 | EIN ► | Phone no ► (808) 591-8480 |

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

BAA

► Yes No

Form 990-EZ (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------------|----------------|----------------|----------------|----------------|-----------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | 33,822. | 32,160. | 29,109. | 21,145. | 23,900. | 140,136. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Total. Add lines 1-3 | 33,822. | 32,160. | 29,109. | 21,145. | 23,900. | 140,136. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 74,800. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 65,336. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|-----------|-------------------------------------|
| 7 Amounts from line 4 | 33,822. | 32,160. | 29,109. | 21,145. | 23,900. | 140,136. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 232. | 232. | 9. | 11. | 8. | 492. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 Total support. Add lines 7 through 10 | | | | | | 140,628. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 91,656. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input checked="" type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 46.46% |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | 33.92% |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (add lines 9, 10c, 11, and 12) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ **Section C. Computation of Public Support Percentage**

| | | |
|---|----|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--------------------------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |
| 19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ | <input type="checkbox"/> |
| b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ | <input type="checkbox"/> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | ▶ | <input type="checkbox"/> |

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

| | |
|--------------------------|--------------------|
| COLLEGE FAIR | 11,165. |
| CONFERENCES | 6,468. |
| EXECUTIVE BOARD | 798. |
| HOSPITALITY | 966. |
| MEMBERSHIP | 1,374. |
| OPERATING EXPENSES | 1,566. |
| PROFESSIONAL DEVELOPMENT | 119. |
| STATE CONFERENCE | 16,067. |
| Total | <u>38,523.</u> |

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"/> GWEN MAU C/O HACAC HONOLULU HI 96816 | Title PROF DEVELOPMENT | | | |
| Foreign city | Hours/Week | 0. | 0. | 0. |
| Foreign country | 1.00 | | | |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LARRY KEKAULIKE C/O HACAC HONOLULU HI 96816 | Title NACAC DELEGATE | | | |
| Foreign city | Hours/Week | 0. | 0. | 0. |
| Foreign country | 1.00 | | | |

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid**Purpose of Payment****GRANT TO SUBSIDIZE COST FOR NATIONAL CONFERENCE**

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| POSTSECONDARY | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CURTIS NISHIOKA | N/A | |
| EDUCATION | C/O HACAC | | |
| PLANNING | HONOLULU HI 96816 | | 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**GRANT TO SUBSIDIZE COST FOR NATIONAL CONFERENCE**

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| POSTSECONDARY | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAYNA KANESHIRO | N/A | |
| EDUCATION | C/O HACAC | | |
| PLANNING | HONOLULU HI 96816 | | 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

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► 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 HAWAII ASSOCIATION FOR COLLEGE ADMISSION COUNSELORS | Employer identification number 99-0266791 | | | | | | | | | | | | |
| | 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). <table border="0"> <tr> <td><input type="checkbox"/> Form 990</td> <td><input type="checkbox"/> Form 990-T (corporation)</td> <td><input type="checkbox"/> Form 4720</td> </tr> <tr> <td><input type="checkbox"/> Form 990-BL</td> <td><input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)</td> <td><input type="checkbox"/> Form 5227</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990-EZ</td> <td><input type="checkbox"/> Form 990-T (trust other than above)</td> <td><input type="checkbox"/> Form 6069</td> </tr> <tr> <td><input type="checkbox"/> Form 990-PF</td> <td><input type="checkbox"/> Form 1041-A</td> <td><input type="checkbox"/> Form 8870</td> </tr> </table> | | | <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 |
| <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 ► ANDREW KELSEY

Telephone No. ► (808) 937-5261

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 Mar 15, 20 10, 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 Aug 1, 20 08, and ending Jul 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 \$ <u>0.</u> |
| 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 \$ <u>0.</u> |
| 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 \$ <u>0.</u> |

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 HAWAII ASSOCIATION FOR COLLEGE ADMISSION COUNSELING | Employer identification number 99-0266791 |
| | Number, street, and room or suite number. If a P O box, see instructions C/O 1314 SOUTH KING STREET, SUITE 710 | For IRS use only |
| | 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 ► JEAN FUKUJI Telephone No. ► (808) 737-8117 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 Jun 15, 20 10.
- 5 For calendar year or other tax year beginning Aug 1, 20 08, and ending Jul 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 \$ <u>0.</u> |
| 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 \$ <u>0.</u> |
| 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 \$ <u>0.</u> |

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 ► 

Title ► CPA

Date ► 03/12/10

BAA

FIFZ0502 04/16/08

Form 8868 (Rev 4-2008)