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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type or See Specific Instructions.	C Name of organization TRANSFORMATION Hawaii, Inc		D Employer identification number 20-2299695
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 37939		E Telephone number 808-524-7656
		City or town, state or country, and ZIP + 4 Honolulu, HI 96837		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) - 501(c) () ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	82,450	
	2	Program service revenue including government fees and contracts	2	-	
	3	Membership dues and assessments	3	43,703	
	4	Investment income	4	-	
	5a	Gross amount from sale of assets other than inventory	5a	-	
	5b	Cost of other basis and sales expenses	5b	-	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	-	
	6b	Less: direct expenses other than fundraising expenses	6b	-	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-	
	7a	Gross sales of inventory, less returns and allowances	7a	-	
	7b	Less: cost of goods sold	7b	-	
	7c	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	126,153	
	Expenses	10	Grants and similar amounts paid (attach schedule)	10	42,000
		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	23,141	
14		Occupancy, rent, utilities, and maintenance	14	18,405	
15		Printing, publications, postage, and shipping	15	2,003	
16		Other expenses (describe ▶ SUC CHG, Licenses, Supplies, website)	16	3,234	
17	Total expenses. Add lines 10 through 16	17	85,783		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	37,370	
	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	23,657	
	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	61,027	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year	
Assets	22	Cash, savings, and investments	22	61,027
	23	Land and buildings	23	-
	24	Other assets (describe ▶)	24	-
	25	Total assets	25	61,027
	Liabilities	26	Total liabilities (describe ▶)	26
27		Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	-

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

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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 outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. 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	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>Hawaii</u>		
42a	The organization's books are in care of ▶ <u>Robert N. Marchant</u> Telephone no. ▶ <u>808-524-7656</u> Located at ▶ <u>101 N. PAUANI ST Honolulu, HI 96817</u> ZIP + 4 ▶ <u>96817</u>		
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)?	42b	<input checked="" type="checkbox"/>
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
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 _____ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **None**

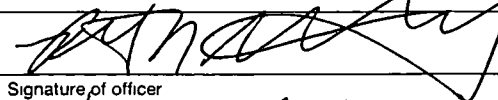
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **None**

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 _____ Date **7/1/10**
ROBERT N. MARCHANT, TREASURER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ Preparer's identifying number (See instructions) _____
 EIN _____ Phone no _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Transformation Hawaii / Hawaii Chapter of ITN		Rev. 07/27/2009	
Board of Directors	First Name	Address:	E-mail Address:
1	Alexander	1184 Bishop Street Honolulu, HI 96813	MAlexander@rcchawaii.org Ofc Cell
2	Asato	136 W Hawaii Street Kahului, HI 96732	eddie asato@hawaiiantel.net 385-5331
3	Baron	430-E Haleloa Place Honolulu, HI 96821	chrisbh@aol.com Wk Cell
4	Cardines <i>PRESIDENT</i>	94-1063 Kaaholo Street Waipahu, HI 96797	cardines@hawaii.rr.com Cell
5	Chinen	45-322 Kahowaa Place Kaneohe, HI 96744	joychinen@hotmail.com Cell
6	Chinen		
7	Fujinaka <i>SECRETARY</i>	1288 Kapiolani Blvd #1003 Honolulu, HI 96826	dfujinaka@rrfirstallied.com 591-8125 741-8125
8	Higa		mshiga927@msn.com Hope Chapel Kauai
9	Honold		john@hopechapelkapolei.org Hope Chapel Kapolei
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11	Kawakami	162 Alamaha Street Kahului, HI 96732	myleskawakami@msn.com Day
12	Kawakami		Joyce@feedmysheepmaui.com Cell
			Hm 876-0450
13	Marchant <i>TRUSTEE</i>	P O Box 37939 Honolulu, HI 96837	bigdogs2@aol.com Wk
14	Mulcahy	46-055 Meheanu Place, #3432 Kaneohe, HI 96744	harbedar@msn.com Cell
15	Nagato	87-125 Maipalaoa Road Waianae, HI 96792	geonagato@aol.com Wk
16	Nakamoto	P O Box 11768 Honolulu, HI 96828	snakamoto@piliangroup.com 351-6645
17	Oda	88 Waitupe Circle Honolulu, HI 96821	oda@group70int.com Hm
18	Oda		cwoda@mac.com
19	Palompo	95-108 Wekiu Place Mililani, HI 96789	palompom@gmail.com 392-9364
20	Teixeira	75-4855 Kananani Street	ptsrnkona@yahoo.com 937-2002

			Kailua-Kona, HI 96740						
21 Yamada	Daryl	95-801 Kipapa Drive Mililani, HI 96789		mililanimissionary@hotmail.com	Day Hm Cell	623-4469 625-1375 220-9476		Mililani Missionary Church	
22 Yamada	Jimmy	98-1265 Kulawai Street Aiea, HI 96701		JR@a-1-a.com	Cell	226-5394 839-2771		A-1 A-Lectrician, Inc	
23 Yamashita	Jeff	94-425 Lakau Place Waipahu, HI 96797		yamashitas@hawaiiantel.net	Day Cell	677-0461 864-8902		Waianae Assy of God	