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· 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 \$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

OMB No 1545 1150

2009

Open to Public Inspection

Α	For the 2009 c	a <u>lendar</u>	year, or tax year beginning	, 2009, and	<u>d endin</u>			_	,
В	Check if applicable		C Name of organization		_		D Empi	loyer	identification number
X	Address change	Piease use IRS	SJ FOUNDATION			[20-5687012		
-	Name change	label or print or	Number and street (or P O box, if mail is not	delivered to street address)	Room/su	ıite	E Telep		
<u> </u>	Initial return	itype.	2375 KUHIO AVENUE		ŀ	1	18	08)	921-6521
<u> </u>	Termination	See Specific	City or town, state or country, and ZIP + 4		L			00,	JZ1 0JZ1
-	Amended return	Instruc- tions.			0.001				xemption
<u>L</u>	Application pending		HONOLULU	HI_	9681		Num		
	• Section	501(c)(3 nust att	3) organizations and 4947(a)(1) nonexer ach a completed Schedule A (Form 990	mpt charitable trusts or 990-EZ).	G	Accounting n Other (specif		X	Cash Accrual
					ļΗ] if th	e or	ganization is not
ı			pamjamhawaii.com	 	_	required to a	ttach S	Sche	dule B (Form 990,
J			nly one) $ X 501(c) (3) \blacktriangleleft (insert not)$			990-EZ, or 9			
K	Check ►if \$25,000 A For	the org	anization is not a section 509(a)(3) supp EZ or Form 990 return is not required, bi	oorting organization and in ut if the organization choo	ts gross ses to f	receipts are ile a return, b	normal e sure	lly n e to fi	ot more than le a complete return.
L	Add lines 5b, 6	b, and	7b, to line 9 to determine gross receipts:	; if \$500,000 or more, file	Form 9	90			70 425
	instead of Forn			A		<u> </u>		<u>► \$</u>	79,435.
P			Expenses, and Changes in Net		<u>ances</u>	(See the ii	nstruc	IOIT	ns for Part I.)
<u> </u>	4	_	fts, grants, and similar amounts received				_	1	
Z	_		revenue including government fees and	contracts			<u> </u>	2	53,621.
8		•	s and assessments				-	3	
	4 Investme		· · ·	1 -	. 1		<u> </u>	4	
\sim			om sale of assets other than inventory		a			1	
R			er basis and sales expenses	L	b				
REV			ale of assets other than inventory (Subtract line 5b		-41. 4-	re ▶ [→ ├-	5c	
E			ctivities (complete applicable parts-of-Schedule G)		спеск пе	ie - [_	- 1	
SCAMMED	I .	lı lı		of contributions	. 1			.]	
E	reported	on line	inses other than fundralsing expenses		a			- 1	
4				<u></u>	b			_	
			from special events and activities (Subtract line 6t	ı	1	25 0:	, , -	6c	
8			ventory, less returns and allowances	<u> </u>	a	25,8		ŀ	
Š			oss) from sales of inventory (Subtract III		<u>b</u>	6,82		7 c	10 000
	1		•			(`\	、 ⊢	\rightarrow	18,992.
	8 Other rever	•					`_	8	70 612
			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		/		` \	9	72,613.
	1		ar amounts paid (attach schedule)					0	
E		•	or for members	\				1	
X P			ompensation, and employee benefits					2	
E N			s and other payments to independent co	ntractors			-	3	35,707.
S E	•	•	, utilities, and maintenance					4	
S	_		tions, postage, and shipping				<u> </u>	5	26.206
			cribe See Other Expenses Statement			,		6	36,306.
			Add lines 10 through 16					7	72,013.
	\	-	t) for the year (Subtract line 17 from line	•			<u> </u>	8	600.
N E	19 Net asse	ts or fur	nd balances at beginning of year (from li	ne 27, column (A)) (must	agree v	vith end-of-ye		ا ۱	25 075
T S	:I - ·		n prior year's return)				-	9	35,275.
4	61	-	n net assets or fund balances (attach exp					20	25 075
5			nd balances at end of year Combine line					1	35,875.
P	art II Bala	ance 5	heets. If Total assets on line 25, colum	n (B) are \$1,250,000 or r				of F	
0.0			(See the instructions for Part II)		<u> </u>	N) Beginning o		1	(B) End of year
2			nvestments		<u> </u>	35,		22	35,875.
23		-	-	,	<u> </u>			23	0.
24		(describ	je)		35 (24	0.
2!			who b	`		35,		25	35,875.
20)		3.5		26	0.
2			alances (line 27 of column (B) must agr			35,	275.	27	35,875.
BA	A For Privacy	Act and	Paperwork Reduction Act Notice, see to	ne separate instructions.					Form 990-EZ (2009)

	Z(2009) SJ FOUNDATION				-568	37012 Page 2
Rart III	Statement of Program Se	rvice Accomplishments	See the instruction	ons.)	_	Expenses
What is the or	ganization's primary exempt purpose? PR	OVIDE RELIEF TO THE PO	OR THROUGH THE HAV	AII FOODBANK	(Reg	uired for section
Describe will describe the program tit	hat was achieved in carrying out the e services provided, the number of le	e organization's exempt purpo persons benefited, or other re	ses in a clear and conclevant information for e	cise manner, ach	orga 4947 for o	c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
	ORGANIZATION'S PURPO	SE IS TO COLLECT D	ONATIONS OF CA	NNED GOODS		T
AND	MONETARY DONATIONS O	N BEHALF OF THE HA	WAII FOODBANK,	THE		
	GEST_DISTRIBUTOR_OF_F			·		
(Gran	nts \$ 0.) If the	is amount includes foreign gr	ants, check here		28 a	54,080.
29						
	·					
(Gran	ots \$) If th	is amount includes foreign gra	ants, check here		29 a	
30						
-						
					20	
(Gran		is amount includes foreign gra	ants, check here		30 a	
	program services (attach schedule	•				
(Gran		is amount includes foreign gra	ants, check here		31 a	
	program service expenses (add lin				32	54,080.
Part IV	List of Officers, Directors	T	ployees. List each on	e even if not comp	oensa	
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	is and	(e) Expense account and other allowances
BARBARA	A CAMPBELL					
	75 KUHIO AVENUE	PRESIDENT				
		•			^	
HONOLUI		10.00	0.		0.	0.
	KAWAKAMI					
<u>C/O 237</u>	75 KUHIO AVENUE	VICE-PRES				
HONOLUI	LU HI 96815	2.00	0.		0.	0.
JENNY N	MEYER					
	75 KUHIO AVENUE	TREASURER				
HONOLUI		10.00	0.		0.	0.
		10:00				
JILL WE						
	75 KUHIO AVENUE	SECRETARY				
HONOLUI	LU HI 96815	10.00	0.		0.	0.
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Form	990-EZ (2009) SJ FOUNDATION	20-5687012	P	age 3
Par	tV Other Information (Note the statement requirements in the instrs for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed descreach activity	cription of 33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the	changes 34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported or attach a statement explaining why the organization did not report the income on Form 990-T	1 Form 990-T,		, i,
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 600 reporting, and proxy tax requirements?	35a		х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	ļ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du year? If 'Yes,' complete applicable parts of Schedule N	ring the 36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	0. ± 37 b	•	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the period covered by this return?	re	, , , , , , , , , , , , , , , , , , ,	X
b	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter		4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. do. 1
	Initiation fees and capital contributions included on line 9	A S. 15 mg		+ 1
	Gross receipts, included on line 9, for public use of club facilities			S
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			200 AND
	section 4911 ► ; section 4912 ► 0.; section 4955 ►	0.		
t	Dection 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 prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 'Yes,' complete Schedule L, Part I	person in a		x
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			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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	40 e	da s	X
41	List the states with which a copy of this return is filed >			
A2 a	The organization's			
72.0	books are in care of DUTRIGGER ENTERPRISES Telephone in	o ► <u>(808) 921</u>	<u>-65</u> 2	1
	Located at ► 2375 KUHIO AVENUE HONOLULU HI ZIP +	4 - 96815	- - - :	
		Г	Yes	No
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)	over a	162	X
	If 'Yes,' enter the name of the foreign country	2);		
			·	· .
		\ \frac{1}{2}		٠
			, rš	72
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			•
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If 'Yes,' enter the name of the foreign country.	<u>(:= =1</u>		
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	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		<u>X</u> _
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Form 990 must be completed instead of Form 990-EZ	'Yes,'		v
BAA		Form 990-	EZ (2	X 2009)
				/

'Form 990	EZ (2009) SJ FOUNDATION			20-56870		Page 4
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) non	exempt charitab	t charitable trusts only le trusts must answer	. All section questions	า
46 Did t for p	the organization engage in direct or indirect oblice office? If 'Yes,' complete Schedule C	t political campaign activ , Part I	ities on behalf of or i	n opposition to candidates	Yes	No X
47 Did t	the organization engage in lobbying activiti	es? If 'Yes,' complete Sc	hedule C, Part II		47	Х
	e organization a school as described in sec		· · · · · · · · · · · · · · · · · · ·	dule E	48	X
	the organization make any transfers to an e		lated organization?		49 a	<u> </u>
	es,' was the related organization a section	-			49 b	<u>1</u>
	iplete this table for the organization's five h loyees) who each received more than \$100				nd key	
	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 allowance	
NONE _						
f Tota	I number of other employees paid over \$10	00,000		<u> </u>		
	nplete this table for the organization's five he pensation from the organization. If there is		ependent contractors	who each received more that	an \$100,000 of	f
	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Compensati	on
NONE _						
	····				· -	
d Tota	Il number of other independent contractors	each receiving over \$100	0,000	<u>0</u>		
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (nined this return including accom (other than officer) is based on a	npanying schedules and sta Il information of which prep	atements, and to the best of my knowlearer has any knowledge	edge and belief, it	is
Sign	Signature of officer	I		Date Date	-	
Here	BARBARA CAMP Type or print name and title	BELL F	PRESIDE			
———— Paid	Preparer's signature		Date	I Sell-	arer's Identifying N instructions)	umber
Pre-	77.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	I, CPA, INC.	100.31	employed ►		
parer's Use	Firm's name (or ALLEN M. ARAKAK yours if self-employed). 1314 SOUTH KING		710	EIN ►		
Only	address, and ZIP + 4 HONOLULU		HI 96814	Phone no ► (808)	501 040	0
	12		UT 30014	(1 none no (000)	591-848	
May the IF	RS discuss this return with the preparer sho	own above? See instructi			X Yes	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

OMB No 1545 0047

Open to Public. Inspection

nonexempt charitable trust. Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service Employer identification number Name of the organization 20-5687012 SJ FOUNDATION Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33·1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33·1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type II c | Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (i) Name of Supported (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (ii) EIN (iv) is the rganization in col (i) listed in your (vii) Amount of Support Organization your support? governing document? Yes No Yes No Yes

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

Total

Schedule A (Form 990 or 990-EZ) 2009

Pai	t II Support Schedule for	Organizations			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
<u></u>	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)			
	tion A. Public Support		<u> </u>			Γ	7
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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.						
4	Total. Add lines 1-through 3						
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)						
6	Public support. Subtract line 5 from line 4			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				·		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	,			, , ,	^,	
12	Gross receipts from related activi	ties, etc (see ins	tructions)	<u>, , , , , , , , , , , , , , , , , , , </u>		12	275,046.
13	First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)	(3) ► <u>X</u>
	tion C. Computation of Pul						
14 15	Public support percentage for 200 Public support percentage from 2		•	e 11, column (f)		14	
16 a	33-1/3 support test – 2009. If the and stop here. The organization of	organization did qualifies as a publ	not check the box licly supported or	on line 13, and to	he line 14 is 33-1/	3 % or more, cl	neck this box
Ł	33-1/3 support test – 2008. If the and stop here. The organization of	organization did qualifies as a publ	not check a box o	in line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more, o	heck this box
17 a	10%-facts-and-circumstances te or more, and if the organization if the organization meets the 'facts-	neets the 'facts-ar	nd∙cırcumstances'	test, check this be	ox and stop here.	Explain in Part	IV how
	o 10%-facts-and-circumstances te or more, and if the organization no organization meets the 'facts-and	neets the 'facts-ar -circumstances' t	nd-circumstances' est The organiza	test, check this bo ation qualifies as a	ox and stop here. I publicly supporte	Explain in Part ed organization	IV how the ►
_18	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	box and see in	structions

Page 3 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 (a) 2005 (c) 2007 Calendar year (or fiscal yr beginning in) **(e)** 2009 **(b)** 2006 (d) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 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 amount on line 13 for the year c Add lines 7a and 7b sa silat e-Mili . 在这种企业的人员 8 Public support (Subtract line Draw Co Mark high AND THE PROPERTY OF THE PARTY O 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable incomé (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 b 33-1/3 support tests - 2008. 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 9	90-EZ) 200	9_ SJ	FOUNDATIO	ON		20-5687012	Page 4
Part IV	Supplemen	tal Inform	nation.	Complete th	is part to provide	e the explanations	required by Part II, lin formation. See instruc	e 10;
	- art ii, iiile	174 01 17	, and	Tart III, IIIIc	12. I TOVIGE ATIS	other additional in	Torriadori. See instruc	
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Form 990-EZ, Part I, Line 16 Other Expenses Statement

5.
479.
12,057.
20,270.
3,007.
105.
383.
36,306.

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

(Rèv April 2009) Exempt Organization Retur				'n			OMB No 1545 17	70 9	
Department of th	epartment of the Treasury ternal Revenue Service File a separate application for each return.								
• If you are	e filing for an A	Automatic 3-Month	Extension, comple	te only Part I and check this	box			·····	► X
				tension, complete only Part					_
Do not comp	olete Part II un	less you have alrea	ady been granted ar	automatic 3-month extension	on on a pre	eviously filed	Form 88	68.	
Part I	Automatic :	3-Month Exten	sion of Time. O	nly submit original (no	copies r	needed).			
A corporation	n required to fi	le Form 990-T and	requesting an autor	natic 6-month extension - c	heck this t	oox and comp	lete Pari	t I only	[
All other corporate tax r	oorations (inclueturns.	uding 1120-C filers), partnerships, REM	MICS, and trusts must use Fo	orm 7004 t	o request an	extensio	n of time to fi	le
returns noted the additional Form 990-T.	d below (6 mor il (not automat Instead, vou n	oths for a corporatic) 3-month extens	on required to file Fi ion or (2) you file Fi	m 8868 if you want a 3-mont orm 990-T). However, you ca orms 990-BL, 6069, or 8870, ined page 2 (Part II) of Form Nonprofits.	annot file F aroup reti	form 8868 ele urns, or a con	ctronical	ly if (1) you v or consolidate	vant d
Type or	Name of Exempt	Organization				E	mployer Ide	entification numb)OF
print									
File by the	SJ FOUND		r If a P O box, see instru	ctions			<u>0-568</u>	7012	
due date for			,						
filing your return. See instructions			STREET, SUI ode For a foreign address						
,			7 0. d 70.00g, 7 ddd, 600	1 200 11.00 000010.				0.601.4	
Check has a	HONOLULU		to contraction for an	ab saturals			HI	96814	
Form 990		med (me a separa	te application for ea	•	_] 4700			
Form 990			-	tion 401(a) or 408(a) trust)	-	Form 4720			
X Form 990	-			t other than above)		Form 5227 Form 6059			
Form 990			Form 1041-A	d other triair above)	<u> </u>	Form 8870			
1 1 1 101111 330	<u> </u>		1100111041-7			FOITH 66/U			
The book	s are in the ca	re of AT MAR	KETING						
Telephon	e No ► /808	3) 596-2780		FAX No. ►					
			or place of busines	s in the United States, check	thic box				▶ [7]
				Group Exemption Number (0		 16 Abr.	6 41	 	
				box and attach a li					ъ,
	sion will cover.		ino group, oncon uni		ist with the	riannes and i	_1145 01 6	in members	
			s for a corporation	required to file Form 990-T)	extension i	of time			
until <u>P</u>	Aug 16		the exempt organiz	ation return for the organizal					
		-	turn tor.						
	calendar year tax year begin	20_03_0	, 20, ar	ad anding	20				
ا ا	tax year begin	"""'g	^{, 20} ^{, ai}	'	, 20	- '			
2 If this ta	ax year is for le	ess than 12 months	, check reason:	Initial return Fir	nal return	Char	ige in ac	counting peri	od
3a If this a nonrefu	pplication is fo indable credits.	r Form 990-BL, 99 See instructions	0-PF, 990-T, 4720, (or 6069, enter the tentative ta	ax, less an	у	3a \$		0.
			990-T, enter any refu nt allowed as a cred	undable credits and estimated	d tax paym		3ь\$		0.
deposit	e Due. Subtract with FTD coup tructions	t line 3b from line 3 on or, if required, t	Ba. Include your pay by using EFTPS (Ele	ment with this form, or, if receptronic Federal Tax Paymen	quired, it System).	-	3c \$		0.
		make an alast-	n fund unthdennet :::	th this Form 8868, see Form	0452 50				
payment instr		make an electronic	ı ıunu withdrawal Wi	ui uiis Form 8868, see Form	8453-EU	and Form 887	Y-EO for	ſ	

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

Form 8868 (Rev 4-2009)

Form 8868	(Rev 4-2009) SJ FOUNDATION		20-5687012	Page 2			
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check the	is box	⊳ x			
Note. Only	complete Part II if you have already been granted an automatic 3-month exter	ision on a previously	y filed Form 8868.	_			
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1						
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies neede	ed).			
	Name of Exempt Organization	1112 2 1 1 1 1	Employer identification nu	mber			
Type or							
print	SJ FOUNDATION	The second second	20-5687012				
Eda bu tha	Number, street, and room or suite number. If a P O box, see instructions.		For IRS use only				
File by the extended due date for		A CONTRACTOR OF THE STATE OF TH					
filing the return See	C/O 1314 SOUTH KING STREET, SUITE 710			NO CONTRACTOR			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	HONOLULU HI 96814			一种的大型			
	of return to be filed (File a separate application for each return):		r—				
Form 9	—	Form 1041-A	├	m 6069			
Form 9		Form 4720	For	m 8870			
X Form 9		Form 5227					
	not complete Part II if you were not already granted an automatic 3-month ex	ension on a previou	ısly filed Form 8868.				
	oks are in care of AT MARKETING						
	ne No. ► (808) 596-2780 FAX No. ►			. 🗖			
	ganization does not have an office or place of business in the United States, of						
	for a Group Return, enter the organization's four digit Group Exemption Number, check this box			this is for the			
	o, check this box	and attach a list wit	in the names and Elivi	s of all			
	est an additional 3-month extension of time until $\underline{\text{Nov } 15}$, 20 1						
	alendar year 2009 , or other tax year beginning , 20	_	26	n			
		Final return	Change in accour	ting period			
	in detail why you need the extension THE ANNUAL ACCOUNTING			iting period			
	PLETED IN ORDER TO FILE A COMPLETE AND ACCURATE						
23.2							
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat	ive tax, less any					
	fundable credits. See instructions		8a\$	0.			
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cre	edits and estimated	tax v				
	ents made. Include any prior year overpayment allowed as a credit and any an orm 8868	nount paid previousi	8b\$	0.			
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or,	if required denosit					
with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem). See instrs	8c \$	0.			
	Signature and Verification						
Under penalties correct, and co	of perjury, I declare that I have examined this form, including accompanying schedules and statement inplete, and that I am aut <u>horized to prepare</u> this form	s, and to the best of my kr	nowledge and belief, it is true	9,			
_ (\sim						
Signature	Title CPA		Date ► 08	113/10			