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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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.

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning Apr 1, 2009, and ending Mar 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ 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
3185

G Accounting method. ☒ Cash ☐ Accrual
 Other (specify) ►

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

I Website: ► N/A

J Tax-exempt status (check only one) — ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

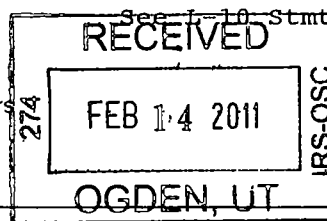
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. **\$ 309,382.**

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

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	1	8,450.
	2	Program service revenue including government fees and contracts	2	8,366.
	3	Membership dues and assessments	3	
	4	Investment income	4	4,202.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 6,950. of contributions reported on line 1)	6a	288,364.
	6b	Less: direct expenses other than fundraising expenses	6b	27,963.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	260,401.
	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	281,419.
	EXPENSES	10	Grants and similar amounts paid (attach schedule)	10
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	1,819.
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	105.
16		Other expenses (describe ► See Other Expenses Statement)	16	44,408.
17		Total expenses. Add lines 10 through 16	17	95,432.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	185,987.
	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	276,270.
	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	462,257.



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. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	275,016.	22 461,282.
23 Land and buildings	0.	23 0.
24 Other assets (describe ► See L-24 Stmt)	1,254.	24 975.
25 Total assets	276,270.	25 462,257.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	276,270.	27 462,257.

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

Form 990-EZ (2009)

TEEA0812 01/30/10

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

28	<u>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.</u> (Grants \$ <u>49,100.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>84,506.</u>
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) <input type="checkbox"/>	32	<u>84,506.</u>

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
COL DEAN FOX, USAF C/O AFCEA HONOLULU HI 96820	PRESIDENT 4.00	0.	0.	
CYNTHIA PACHECO C/O AFCEA HONOLULU HI 96820	EXEC VICE-PRESIDENT 4.00	0.	0.	
DONNA RUSSELL C/O AFCEA HONOLULU HI 96820	SECRETARY 2.00	0.	0.	
DANIEL SCHWARZ C/O AFCEA HONOLULU HI 96820	TREASURER 2.00	0.	0.	
CDR JAMES DARENKAMP, USN C/O AFCEA HONOLULU HI 96820	VP AWARDS 2.00	0.	0.	
GARY MURAKAMI C/O AFCEA HONOLULU HI 96820	VP PROGRAMS 2.00	0.	0.	
CDR GLENN HERNANDEZ, USCG C/O AFCEA HONOLULU HI 96820	VP EDUCATION 2.00	0.	0.	
CORY LINDO C/O AFCEA HONOLULU HI 96820	VP MEMBERSHIP 2.00	0.	0.	
CAPT LARRY OSBORN, USN C/O AFCEA HONOLULU HI 96820	VP PUBLIC RELATIONS 2.00	0.	0.	
ADM DICK MACKE, USN C/O AFCEA HONOLULU HI 96820	DIRECTOR 2.00	0.	0.	
CATHY PONG C/O AFCEA HONOLULU HI 96820	DIRECTOR 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V 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 description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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 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?		X
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		X
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?		X
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?		X
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		
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		X
41 List the states with which a copy of this return is filed ▶ _____		

42a The organization's books are in care of **▶** DANIEL SCHWARZ Telephone no **▶** (808) 478-2398
 Located at **▶** P.O. BOX 31156 HONOLULU HI 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 **▶** _____

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 **▶** _____

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

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

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.

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		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47		
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
------------	--	--

b If 'Yes,' was the related organization a section 527 organization?

49b		
------------	--	--

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 and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

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

Sign Here

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.

Signature of officer

Date

DAVID E. TCHUMAR Treasurer

Paid Preparer's Use Only

Preparer's signature

Date

02/08/11

Check if self-employed

Preparer's Identifying Number (See instructions)

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

EIN

Phone no (808) 591-8480

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ARMED FORCES COMMUNICATIONS ELECTRONICS ASSOCIATION HAWAII

Employer identification number

52-1272922

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part III 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.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 TECHNET (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	42,957.	252,357.		295,314.
	2 Less. Charitable contributions	6,950.	0.		6,950.
	3 Gross income (line 1 minus line 2)	36,007.	252,357.		288,364.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,994.	13,968.		27,962.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				27,962.
	11 Net income summary. Combine lines 3, column (d) and line 10				260,402.

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	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, column (d) and line 7				

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 Enter 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

YES	NO

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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____

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Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

AWARD EXPENSE	4,400.
Depreciation	279.
DUES & FEES	15.
INSURANCE	4,236.
MEETINGS & SPECIAL EVENTS	30,818.
MISCELLANEOUS	1,002.
OFFICE EXPENSE	403.
P.O. BOX RENTAL FEE	228.
	180.
STORAGE FEE	2,765.
WEBSITE	82.
Total	44,408.

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"/> BOB VENTURA C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LT COL ED RYGLEWICZ, USAF C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title REGIONAL VP Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CAPT SUSAN JANNUZZI, USN C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title COMMITTEE CHAIR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MSGT WILLIAM DERAMUS C/O AFCEA HONOLULU HI 96820 Foreign city _____ Foreign country _____	Title COMMITTEE CHAIR Hours/Week 2.00	0.	0.	

Form 990-EZ, Part I, Line 10

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"/> <u>JASON BLALOCK</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>IT1 ANDREW CRANE</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>IT2 JESSE OLIVER</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>TSGT DIAZ</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>SPC GLENISTER</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>IT1 TRUJILLO</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>PO2 ROY SMITH</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>CAPT JASON GINEZ</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>GLORYANN DELOS REYES</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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"/> <u>MEGAN KUOHARA</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>KELSON LAU</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>DANIEL CAUDELL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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

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>RYAN NOGUCHI</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>BEN BINTLEY</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>BEN TANIMOTO</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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"/> <u>MARGARET PASCUAL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>CAM-TU TRINH</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>500.</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>JERID LIDDIARD</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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

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"/> <u>JENNIFER JONES</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>150.</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>LUCIA MOCZ</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>300.</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>JAMES CHOW</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>500.</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

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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>THOMAS LEE</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>MAIKA KUNIOKA</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>TRACEY MIYASHIRO</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>500.</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

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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"/> <u>WILLIAM SPEED</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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

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>MICHAEL CHAE</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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>ALEXANDER PYBUS</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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

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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>JAMES MINA</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>TIMOTHY LE</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>KELSON LAU</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>3,000.</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

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Grants and Similar Amounts Paid

Continued

Purpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>PETERSON DELACRUZ</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>SEOK JOE LEE</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>ADAM FEURER</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>RONSON FOX</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>NICK LERNY</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>COLIN ERICSON</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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

Form 990-EZ, Part I, Line 10

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Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>MELODY LEE</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</u>	<u>2,000.</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>JACOB PHILIPS</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</u>	<u>2,000.</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>PENG TU LI</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</u>	<u>2,000.</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

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>LYNSEY MONTEL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>LESLIE MOHONEY</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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 SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>RUDOLPH UDAMAY</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>2,000.</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

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>TANNER KIM</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</u>	<u>2,000.</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

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>ABIGAIL BARTSOUR</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</u>	<u>2,000.</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

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>JEFFERY SPRAKER</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</u>	<u>2,000.</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

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>HAWAII ACADEMY OF ARTS & SCIENCES</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</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 GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>WAIALUA INTERMEDIATE SCHOOL</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</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 GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>IOLANI SCHOOL</u> <u>C/O AFCEA</u> <u>HONOLULU</u> <u>HI</u> <u>96820</u>	<u>NONE</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

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>STEVENSON ELEMENTARY</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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 GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>SACRED HEARTS ACADEMY</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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 GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>AUGUST ATHRENS SCHOOL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>KEALAKENE ELEMENTARY SCHOOL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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 GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>MAEHEE ELEMENTARY SCHOOL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>300.</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 GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>NANAKULI HIGH SCHOOL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GRANT</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>KALANI HIGH SCHOOL</u> <u>C/O AFCEA</u> <u>HONOLULU HI 96820</u>	<u>NONE</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

Form 990-EZ
Part II

Other Assets and Liabilities

2009

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	9,219.	9,219.
A/D - OFFICE EQUIPMENT	-7,965.	-8,244.
Totals to Form 990-EZ, Part II, line 24	1,254.	975.

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

**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 ☒ **X**
- 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 ► DANIEL SCHWARZ

Telephone No ► (808) 478-2398

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 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 Apr 1, 20 09, and ending Mar 31, 20 10

- 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 4-2009)

- 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the 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.	For IRS use only
	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 DANIEL SCHWARZ
Telephone No (808) 478-2398 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 15, 20 11
- 5 For calendar year _____, or other tax year beginning Apr 1, 20 09, and ending Mar 31, 20 10
- 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  Title CPA Date 11/09/10