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Form **990-EZ****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)

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

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

A For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
HICKAM OFFICERS' SPOUSES' CLUB
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PMB 168 P.O. BOX 30800
City or town, state or country, and ZIP + 4
HONOLULU HI 96820

D Employer identification number
99-6008182

E Telephone number
(808) 449-6603

F Group Exemption Number
►

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 Organization type (check only one) — ☒ 501(c) (4) (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 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 188,710.

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

REVENUE	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less: cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>
6a	Gross revenue (not including \$ of contributions reported on line 1)
6b	Less: direct expenses other than fundraising expenses
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
7a	Gross sales of inventory, less returns and allowances
7b	Less: cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe ►)
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► <u>148,671.</u>
EXPENSES	
10	Grants and similar amounts paid (attach schedule) See L-10 Stmt.
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe ► See Other Expenses Statement)
17	Total expenses (add lines 10 through 16) ► <u>125,749.</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9) ► <u>22,922.</u>
NET ASSETS OR FUND BALANCES	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20	Other changes in net assets or fund balances (attach explanation)
21	Net assets or fund balances at end of year Combine lines 18 through 20 ► <u>94,955.</u>

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>63,607.</u>	<u>89,210.</u>
23 Land and buildings	<u>0.</u>	<u>0.</u>
24 Other assets (describe ► See L-24 Stmt)	<u>8,426.</u>	<u>5,745.</u>
25 Total assets	<u>72,033.</u>	<u>94,955.</u>
26 Total liabilities (describe ►)	<u>0.</u>	<u>0.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>72,033.</u>	<u>94,955.</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)2
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Part III	Statement of Program Service Accomplishments (See the instructions.)
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Expenses

What is the organization's primary exempt purpose? PROMOTING SOCIAL, RECREATIONAL, CHARITABLE & EDUCATIONAL ENDEAVOR
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	SOCIAL/RECREATIONAL PROGRAMS: ACTIVITIES WERE CONDUCTED WHICH WHICH PROMOTED GOODWILL, HARMONY AND INCREASED MORALE WITHIN THE MILITARY COMMUNITY. 1 SCHOLARSHIP AND 22 ORGANIZATIONS. (Grants \$ 26,873.) If this amount includes foreign grants, check here	28 a	98,736.
29		29 a	
30		30 a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	98,736.

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

Part V Other Information (Note the statement requirement in General Instruction 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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ LSM ACCOUNTING SOLUTIONS Telephone no ▶ (808) 674-0700
 Located at ▶ 1001 KAMOKILA BLVD, STE 118 KAPOLEI HI ZIP + 4 ▶ 96707

	Yes	No
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: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ▶ ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** _____

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	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	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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: Tammy Hillborn Date: 5/17/10
Type or print name and title: Tammy Hillborn President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 05/17/10 Check if self-employed: ☐
Firm's name (or yours if self-employed), address, and ZIP + 4: ALLEN M. ARAKAKI, CPA, INC.
1314 SOUTH KING STREET, SUITE 710
HONOLULU HI 96814 Preparer's Identifying Number (See instructions): (808) 591-8480

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008Attachment
Sequence No **67**

Name(s) shown on return

HICKAM OFFICERS' SPOUSES' CLUB

Identifying number

99-6008182

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	447.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	303.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	2,735.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		446.	5.0 yrs	HY	200DB	89.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	3,574.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return

HICKAM OFFICERS' SPOUSES' CLUB

Employer Identification No.

99-6008182

Line 24 - Other Assets:	Beginning of Year	End of Year
FURNITURE & EQUIPMENT	16,375.	17,268.
A/D FURNITURE & EQUIPMENT	-7,949.	-11,523.
Totals to Form 990-EZ, Part II, line 24	8,426.	5,745.

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

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

BANKING FEES	67.
CASH SHORT & OVER	26.
CHARITABLE CONTRIBUTIONS	12,601.
CHILD CARE	226.
CREDIT & DISCOUNTS	3,186.
Depreciation	3,574.
GENERAL EXCISE TAX	7,500.
GIFTS	1,317.
INSURANCE	1,714.
MEALS & ENTERTAINMENT	1,876.
OFFICE EXPENSE	2,686.
PROGRAM	4,719.
REPAIRS	68.
SCHOLARSHIP EXPENSE	324.
SUPPLIES	4,116.
WEBSITE	120.

Total	<u>44,120.</u>
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Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> AIR FORCE BALL COMMITTEE C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HAWAIIAN ISLAND TUMBLING SCHOOL C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HICKAM HISPANIC HERITAGE COMMITTEE C/O HOSC P.M.B 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	200.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> RADFORD PTSO C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	2,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> 15TH ABW ANNUAL COOKIE CAPER C/O HOSC P.M.B. P.O. BOX 30800 HONOLULU HI 96820	NONE	121.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> RADFORD HIGH SCHOOL CLOSE-UP PROGRAM C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	250.

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>LOKAHI PROJECT</u>	<u>NONE</u>	
	<u>C/O HOSC P.M.B. 168 P.O. BOX 30800</u>		
	<u>HONOLULU HI 96820</u>		<u>250.</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>BREAKFAST WITH SANTA</u>	<u>NONE</u>	
	<u>C/O HOSC P.M.B 168 P.O. BOX 30800</u>		
	<u>HONOLULU HI 96820</u>		<u>501.</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>KEOLA O KE KAI CANOE CLUB</u>	<u>NONE</u>	
	<u>C/O HOSC P.M.B. 168 P.O. BOX 30800</u>		
	<u>HONOLULU HI 96820</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

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ARMED FORCES YMCA C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WOMEN'S HISTORY MONTH SCHOLARSHIP PROJECT C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> AIRMAN FAMILY READINESS CENTER C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	3,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> AMERICAN RED CROSS C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ARMED FORCES YMCA-HOME OF THE BRAVE QUILT PROJECT C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HICKAM HURRICANES YOUTH SWIM TEAM C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS	NONE	
	C/O HOSC P.M.B. 168 P.O. BOX 30800		
	HONOLULU HI 96820		500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	AMERICAN CANCER SOCIETY	NONE	
	C/O HOSC P.M.B. 168 P.O. BOX 30800		
	HONOLULU HI 96820		500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	HAWAII FOOD BANK	NONE	
	C/O HOSC P.M.B. 168 P.O. BOX 30800		
	HONOLULU HI 96820		1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WELFARE EAST MEETS WEST ORPHANAGE C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	250.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> VISAVAN FORUM FOUNDATION HALFWAY HOUSE FOR TRA C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	250.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> WELFARE SHELTER FOR CHILDREN IN MANILA C/O HOSC P.M.B. 168 P.O. BOX 30800 HONOLULU HI 96820	NONE	250.

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>HOLLY CROSS</u> <u>103 20TH STREET</u> <u>HONOLULU HI 96818</u>		<u>1,500.</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 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>COMMUNITY COLLEGE OF THE AIR FORCE</u> <u>C/O HOSC</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 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>DEPLOYED SPOUSES MEALS</u> <u>C/O HOSC</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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> RED CROSS-HICKAM C/O HOSC HONOLULU HI 96820	NONE	500.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HICKAM FAMILY CHILD CARE PROVIDER APPRECIATION C/O HOSC HONOLULU HI 96820	NONE	500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment AWARD

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
AWARD	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> TEAM HICKAM C/O HOSC HONOLULU HI 96820	NONE	1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NONE	1,000.
	HEART LINK		
	C/O HOSC		
	HONOLULU HI 96820		

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NONE	1,000.
	AIR FORCE VILLAGE		
	C/O HOSC		
	HONOLULU HI 96820		

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	NONE	500.
	YMCA PEARL HARBOR		
	C/O HOSC		
	HONOLULU HI 96820		

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> JOINT SPOUSE'S CONFERENCE C/O HOSC HONOLULU HI 96820	NONE	1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NATIONAL MILITARY FAMILY ASSOCIATION C/O HOSC HONOLULU HI 96820	NONE	1,100.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> CUB SCOUTS HICKAM C/O HOSC HONOLULU HI 96820	NONE	200.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	GIRL SCOUTS HICKAM	NONE	
	C/O HOSC		
	HONOLULU HI 96820		750.

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
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	HICKAM AFB PUBLIC COMMUNITY SCHOOLS	NONE	
	C/O HOSC		
	HONOLULU HI 96820		1,650.

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

2008

HICKAM OFFICERS' SPOUSES' CLUB

Tax Year 2008

Form 990 - / Form 990EZ

► Keep for your records

99-6008182

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
COMPUTER		11/10/08	893		100.00		447	446	5.00	200DB/HY		89
SUBTOTAL CURRENT YEAR			893	0		0	447	446			0	89
AIR CONDITIONER		11/10/03	508		100.00			508	5.00	SL/HY	457	51
REFRIGERATOR		04/02/04	865		100.00			865	5.00	SL/HY	779	86
CASIO CASH REGISTER		03/30/05	416		100.00			416	5.00	SL/HY	291	83
XEROX COPY MACHINE		07/11/05	4,054		100.00			4,054	5.00	SL/MQ	2,331	811
LIBERATOR WITH 17" FLATSCREEN & BACKUP		06/30/06	1,856		100.00			1,856	5.00	SL/MQ	788	371
LIBERATOR WITH 17" FLATSCREEN & BACKUP		06/30/06	1,856		100.00			1,856	5.00	SL/MQ	788	371
PRINTER USB ELTRON DIRECT THERMAL 4		06/30/06	449		100.00			449	5.00	SL/MQ	191	90
PRINTER PARALLEL RECEIPT U220PD		06/30/06	379		100.00			379	5.00	SL/MQ	161	76
LIBERTY 4C SINGLE USER SOFTWARE		06/30/06	995		100.00			995	3.00	SL/NA	692	303
SCANNER USB 3		06/30/06	349		100.00			349	5.00	SL/MQ	149	70
CASH DRAWER - HERITAGE		06/30/06	189		100.00			189	5.00	SL/MQ	81	38
LIBERATOR WITH 17" FLATSCREEN & BACKUP		06/30/06	1,855		100.00			1,855	5.00	SL/MQ	788	371
PRINTER DELL LASER		06/30/06	249		100.00			249	5.00	SL/MQ	106	50
MONITOR		09/02/06	309		100.00			309	5.00	SL/MQ	116	62
RACK		06/08/07	2,047		100.00			2,047	10.00	SL/MQ	231	205
SUBTOTAL PRIOR YEAR			16,376	0		0	0	16,376			7,949	3,038
TOTALS			17,269	0		0	447	16,822			7,949	3,127

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV3601 10/10/08

Page 1 of 1

**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
	HICKAM OFFICERS' SPOUSES' CLUB		99-6008182
	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 ► ALLEN M. ARAKAKI, CPA, INC.

Telephone No ► (808) 591-8480 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 Feb 16, 2010, 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 Jul 1, 2008, and ending Jun 30, 2009

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2008)

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

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

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

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	HICKAM OFFICERS' SPOUSES' CLUB	99-6008182
	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 ALLEN M. ARAKAKI, CPA, INC.
Telephone No (808) 591-8480 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 May 17, 20 10.
- 5 For calendar year _____, or other tax year beginning Jul 1, 20 08, and ending Jun 30, 20 09.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension. THE ANNUAL ACCOUNTING NEEDS TO BE COMPLETED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification

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

Signature [Signature] Title CPA Date 02/12/10