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DLN: 93493314025670

Form **990**

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2009 ca	lendar yea	r, or tax year beginning	01-01-2009	and ending 12-31-20	009			
_		pplicable	Please	C Name of organization OAHU VETERANS COUNC	IL				. ,	dentification number
Add	Iress ch	nange	use IRS label or	Doing Business As					99-03022 E Telephone	
☐ Nar	ne chai	nge	print or type. See	Doing Business vis					·	
Init	ıal retui	rn	Specific Instruc-		O box if mail is	not delivered to street add	dress) Roor	n/suite	(808) 422 G Gross receipt	
Ter	mınated	d	tions.	1298 KUKILA STREET					d Gloss receipt	
☐ Am	ended i	return		City or town, state or cou	ıntry, and ZIP +	4				
☐ App	lication	pending		HONOLULU, HI 96818						
			F Nan	ne and address of princ	ıpal officer		H(a)	Is th	ı ıs a group retu	ırn for
				BALLARD MOLINA STREET				affılıa		┌ Yes
				LULU, HI 96818			н(р)	Are al	l affiliates inclu	ıded?
										t (see instructions)
I Ta	x-exem	npt status	501(c)) (3) ◀ (insert no)	947(a)(1) or	527	H(c)	_	ip exemption r	
J W	ebsit e	:► 0A	HUVETER	ANSCENTER COM			<u> </u>			
	n of org			ion Trust Association	Other ►		L Y∈	ar of fo	rmation 2003	M State of legal domicile HI
Ра		Sumr Briefly d	•	e organization's missio	n or most sia	nificant activities				
s & Governance	2	ADVOC CONNE MAINTA THE FU	ATE FOR CTED TO AIN A PUE NDING WA	G AND UNITY AMOUN VETERANS RIGHTS A VETERANS, ACTIVE I BLIC BUILDING TO HO AS ADMINISTERED BY	ND BENEFIT OUTY SERVI OUSE THE O 'THE STATE	S TO PROVIDE COL CEMEN AND WOMEN AHU VETERANS COL E DEPARTMENT OF D	LEGE SC I AND TH JNCIL TH EFENSE	HOLA EIR DI HE STA	RSHIPS TO I EPENDENTS ATE FUNDED	NDIVIDUALS TO BUILD AND THE BULIDING AND
Ĕ			,	nembers of the governi						3 5
Activities			=	ident voting members o		·				4 35
ă				nployees (Part V , line 2			, -			5 3
		Total number of volunteers (estimate if necessary)								6 80
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 .								7a
	ь	Net unre	elated busi	ness taxable income fr	om Form 990	-T, line 34				7b 0
								Prio	r Year	Current Year
_	8	Contril	butions and	d grants (Part VIII, line	1h)				21,902	17,597
훒	9	Progra	Program service revenue (Part VIII, line 2g)							0
Revenue	10				• • • • • • • • • • • • • • • • • • • •	•			1,082	1
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							118,893	88,158
	12								141,877	105,756
	13			ar amounts paid (Part I)					5,340	1,600
	14	Benefit	ts paid to o	r for members (Part IX	, column (A),	line 4)				0
(b	15		s, other co	ompensation, employee	s 5-					
<u>8</u>		10)						14,267	40,094	
Expenses	16a			raising fees (Part IX, c		ne lle)				0
Д	b			enses (Part IX, column (D),		115 245	-		207.077	140.704
	17 18			(Part IX, column (A), lır Add lınes 13–17 (must					207,977	149,704
	19		•	penses Subtract line 18	•				-85,707	-85,642
<u> </u>			unp						g of Current	End of Year
Net Assets or Fund Balances	20	Totala	issate (Dar	t X, line 16)	_		-	<u> </u>	3,207,012	3,130,503
d B	21			Part X, line 26)					4,900	14,033
25	22			d balances Subtract lii					3,202,112	3,116,470
Pai	t II		ature Blo							<u> </u>
Sign	l		ef, it is true, o	gury, I declare that I have ecorrect, and complete Decla					on of which prep	o the best of my knowledge arer has any knowledge
Here		Signa	ature of office	er				Date		_
			BALLARD PF							
		Туре	or print nam	e and title						
Paid Prepa	arer'e	Preparer' signature	LARRY	L ANDERSON	nt II.C	Date 2010-08-19	Check if self-empolyed	• [Preparer's ider (see instruction	ntifying number ns)
Use (ıf self-en	nployed),	accounting managemen					EIN 🕨	
•		address,	and ZIP + 4	55 merchant STREET S	TE 1930				Phone no	(808) 537-1212
May t	he IR	 S discus	s this retu	HONOLULU, HI 968134		see instructions) .				Yes

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

CONNECTING VETERANS AND THE COMMUNITIES The Oahu Veterans Council (OVC) is an Organization comprised of representatives from all veteran organizations on island of Oahu, who meet monthly for mutual benefit We exsist to advocate for veterans rights and benefits, preserve the memory and pride of those who served in the U.S. Armed Forces, honor their sacrifices of our veterans, promote and foster understanding and unity amongst veterans, civic organizations and the community at large

2	Did the organization unde the prior Form 990 or 990			the year which were not listed or	Tes ▼ No
	If "Yes," describe these n	ew services on Schedi	ıle O		
3	Did the organization ceas services? If "Yes," describe these c			now it conducts, any program	┌ Yes ┌ No
4	Describe the exempt purp	oose achievements for 01(c)(4) organizations	and section 4947(a)(1)	n's three largest program service trusts are required to report the program service reported	
4a	(Code) (Expenses \$	4,438 including grants		
	1 STUDENT SCHOLARSHIPS - AND ACTIVITIES - \$04 SUPPO			HONORING VETERANS - \$19563 THE E	XPENSES PAID FOR MEMBER MEETINGS
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue	\$)
4c	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue	\$)
4d	Other program services				
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program service ex	rpenses ⊁ \$	4,438		
					Form 000 (2000)

Part IV	Check	dist of	Required	Schedules
	CIICCI	11136 01	IXC GGII CG	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

year

orm	990 (2009)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.	Yes	
2a	gaming (gambling) winnings to prize winners?	1c	res	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	_		l
	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	35		
_	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
ь	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
_		8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-		42.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
9	vear			

55 MERCHANT STSTE 1930 HONOLULU, HI 968134330

(808) 537-1212

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

36	ection A. Governing body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 5					
b	Enter the number of voting members that are independent 1b 35					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b		Νo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Ke	evenue Code.)		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		No		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
		11	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	164				
Se	ection C. Disclosure	16b				
17	List the States with which a copy of this Form 990 is required to be filed►HI					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website 🔽 Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n)-		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	•	ate any	curr	ent c	r fo	rmer o	fficei	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	organization (W- organiza 을 중 등 2/1099-MISC) (W- 2/10		Former Highest compensated employee		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
FRED BALLARD PRESIDENT	2 00	Х		х				0	0	0
CECIL MEADOWS 1ST VICE - PRESIDENT	2 00	х		х				0	0	0
SANDY BALLARD EXECUTIVE DIRECTOR	40 00	х						34,800	0	0
EUGENIA WOODWARD TREASURER	1 00	Х		х				0	0	0
JOHN HARMS SECRETARY	1 00	Х		Х				0	0	0
JIM SANTOS 2ND VICE - PRESIDENT	1 00	Х		х				0	0	0

For	n 990 (2009)			Page 8
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
<u>s</u>	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
		$\frac{1}{2}$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0	<u> </u>		
		F	orm 99 0) (2009)

Form 9								Page 9
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$	1a	Federated cam	paigns 1a					
턴	ь	Membership du	es 1b	875				
કે. સ	c	Fundraising eve	ents 1c	12,463				
≢ ,≅	d	Related organiz	ations 1d					
ž, <u>m</u>	e	Government grants	s (contributions) 1e					
ıtío er ډ	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	4,259				
^듩	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	[17,597			
ပ္က	h	iotal. Add lines	S 1a-17		17,557			
a <u>a</u>]			Business Code				
ever ever	2a b							
Program Service Revenue								
Z N	d							
38	e							
<u>e</u>	f	All other progra	am service revenue					
ွိ	-			-				
	д 3		s 2a-2f					
			ome (including dividend ar amounts)	. +	1	1		
	4		tment of tax-exempt bond	F				
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents	144,543	100				
	Ь	Less rental expenses	57,159					
	c	Rental income or (loss)	87,384	100				
	d	Net rental inco	me or (loss)		87,484	87,484		
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other						
	_	than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gaın or (los	s)					
4.	8a	Gross income f	_					
Other Revenue		events (not inc \$12	,463					
υ >			reported on line 1c)					
č		See Part IV, IIII	a	9,013				
<u>e</u>	ь	Less direct ex	penses b	8,339				
5	С	Net income or (loss) from fundraising	events 🕨	674	674		
	9a	Gross income f See Part IV, lin	rom gaming activities					
		See l'alt IV, IIII	a a					
	ь	Less direct ex	penses b					
	С		loss) from gaming activ	/ities►				
	10a	Gross sales of returns and allo						
		returns and and	a a					
	ь		oods sold b					
	С		loss) from sales of inve					
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	4	Λ II o+bo===						
	d e	All other revenu	ue s 11a-11d					
		rotan Add lilles	,					
	12	Total revenue.	See Instructions					

88,159

105,756

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to co		(B), (C), and (B)	(D). (C)	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,600	1,600				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	34,800		34,800			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	2,340		2,340			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes	2,954		2,954			
11	Fees for services (non-employees)						
а	Management						
ь	Legal						
c	Accounting	7,967		7,967			
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other						
12	Advertising and promotion						
13	Office expenses	3,726		3,726			
14	Information technology						
15	Royalties						
16	Occupancy	18,000		18,000			
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings				_		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	95,333		95,333			
23	Insurance						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	GROUNDS MAINTENANCE	10,715		10,715			
ь	COMMUNICATIONS	3,287		3,287			
c	GENERAL BUILDING MAINTE	2,633		2,633			
d	BANK CHARGES	2,098	6	2,092			
e	VETERANS PROGRAM	2,001	2,001	,			
f	All other expenses	3,944	831	3,113			
25	Total functional expenses. Add lines 1 through 24f	191,398	4,438	186,960	0		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		,,,,30	233,300			

Part X Balance Sheet (A) (B) End of vear Beginning of vear 36.527 44.461 1 1 13.248 463 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Land, buildings, and equipment cost or other basis Complete 3,443,382 10a 10a Part VI of Schedule D 10b 358.066 b Less accumulated depreciation 3.156.795 10c 3.085.316 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 442 15 15 263 3,207,012 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,130,503 17 2.728 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 4.900 11.305 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 4,900 26 14,033 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete lines 30 through 34. ö 30 0 30 0 Capital stock or trust principal, or current funds Assets 0 0 Paid-in or capital surplus, or land, building or equipment fund 31 31 3,202,112 32 3,116,470 Retained earnings, endowment, accumulated income, or other funds 32 ¥ 33 Total net assets or fund balances 3,202,112 3,116,470 34 Total liabilities and net assets/fund balances 3.207.012 3,130,503 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection

Employer identification number

Name of the organization OAHU VETERANS COUNCIL

Da	-+ T	Door	on for Deel	blic Charity Stat	us /All ara	ianizations	must some	Note this sa				
	rt I									tructions		
1	rigaiii								,)			
2	<u>'</u>							/(±//A//·/·				
3	<u>'</u>							n 170(b)(1)(۸ ۱/iii)			
4	,									MAMiii) Ent	erthe	
•	•			•	ea in conjun	ction with a	nospital desc		.o., 1, 0(B)(1)	,(A)(III)12111	er the	
5	Γ	An orga	ınızatıon ope	erated for the benefit	of a college	or universit	ty owned or o	perated by a (governmental	l unıt descrit	ed in	
	_				-		In through 11, check only one box) Inches section 170(b)(1)(A)(i). Schedule E) In described in section 170(b)(1)(A)(iii). In with a hospital described in section 170(b)(1)(A)(iii). Enter in with a hospital described in section 170(b)(1)(A)(iii). Enter in with a hospital described in section 170(b)(1)(A)(v). In the described in section 170(b)(1)(A)(v). It of its support from a governmental unit or from the general purpose of its support from contributions, membership fees, and its support from the functions of, or to carry out the purpose for feet from the functions of, or to carry out the purpose from 509(a)(2). (Complete Part III) Set for public safety Seesection 509(a)(4). Set for public safety Seesection 509(a)(4). Set for public safety Seesection 509(a)(2). See section 509(a)(1) or section 509(a)(2). See section 509(a)(2) for purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out the purpose from the functions of, or to carry out					
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)	(A)(v).			
7	굣	describ	ed in	·		l part of its	support from	a government	tal unit or froi	m the genera	al public	2
8	\sqcap	A comn	nunity trust	described in section	170(b)(1)(A	A)(vi) (Con	nplete Part II)				
9	Γ	Anorga	ınızatıon tha	t normally receives	(1) more tha	an 331/3%	of its support	from contribu	ıtıons, memb	ership fees,	and gro	SS
		receipt	from activi	ties related to its ex	empt functio	ns—subjec	t to certain ex	cceptions, an	d (2) no more	than 331/3°	% of	
		ıts supp	ort from gro	ss investment incom	ne and unrel	ated busine	ss taxable in	come (less se	ection 511 ta	x) from busi	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee section 5	5 09(a)(2). (C	omplete Part	III)			
10	Γ	An orga	ınızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See section 5	09(a)(4).			
11 e	Г	one or r the box a By chec other th	more publicly that describ Type I cking this bo ian foundatio	y supported organizations the type of supported by Type II ox, I certify that the control or the	tions descri orting organi c organization	bed in secti zation and o Type III is not contr	ion 509(a)(1) complete lines - Functionall colled directly	or section 50 s 11e through ly integrated or indirectly	09(a)(2) See n 11h d by one or mo	Type I	(a)(3). II - Otled pers	. Check her ons
f				received a written de	termination	from the IR	S that it is a 1	Гуре I, Туре :	II or Type III	I supporting	organiz	zation,
		check t	hıs box							., ,		Ė
g			-	006, has the organiz	ation accep	ted any gift	or contribution	on from any of	fthe			
				ectly or indirectly co	ntrols, eithe	eralone ort	ogether with i	persons desc	rıbed ın (ıı)		Yes	No
				·	•				, ,	11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed in (i) abo	ve?				11g(ii	, 	
		• •	•	•	• • •		ıbove?					
h											<u>. I</u>	
(i) Name of supported organization organization organization organization organization Innes 1- 9 above or IRC section organization organization organization in col (i) listed in your governing document? Did you notify the organization in col (i) of your col (i) or your support? Is the organization in col (i) of your col (i) or your support?					Is th organizat col (i) org	e :ion in anized	Am	(vii) ount of oport?				
				instructions))	Yes	No	Yes	No	Yes	No		
						1						
			Reason for Public Charity Status (All organizations must complete this part.) Ition is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). (Complete Part II) A norganization operated for the benefit of a college or university owned or operated by a gove section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contribution receipts from activities related to its exempt functions—subject to certain exceptions, and (2 st support from gross investment income and unrelated business taxable income (less section acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. Seesection 509(a) and organization organizated and operated exclusively for the benefit of, to perform the functions more or more publicly supported organizations according to section 509(a)(1) or section 509(a) and organization organizated and operated exclusively for the benefit of, to perform the functions more or more publicly supported organization and complete lines 11e through 11 a Type II b Type II c Type III c									
					1	1				1		
Total			1	I	İ	1		I	1	1	1	

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support				г			
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	In) Gifts, grants, contributions, and membership fees received (Do not include any "unusual"		4 870,93	6 8,538			5,134	2,828,704
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,922,19	4 870,93	6 8,538	21,902		5,134	2,828,704
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included o line 1 that exceeds 2% of the amount shown on line 11, column	n						
6	(f) Public Support. Subtract line 5 from line 4	n						2,828,704
S	ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	A mounts from line 4	1,922,194	101	8,538	21,902		5,134	2,828,704
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114	101	53	1,082		1	1,351
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets							
11 12	Total support (Add lines 7 through 10) Gross receipts from related activit	les etc (See inst	ructions)			12		2,830,055
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or fı	fth tax year as a) organız	
	ection C. Computation of Pu			4.4 1 (0)				
14	Public Support Percentage for 200			II column (f))		14		99 950 %
15	Public Support Percentage for 200	•	•			15		99 940 %
	33 1/3% support test—2009. If the and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organization	alıfıes as a publıc e organızatıon dıd	y supported orga not check the bo	nization x on line 13 or 16:			,	▶ ▼
l7a	10%-facts-and-circumstances test is 10% or more, and if the organiza- in Part IV how the organization me organization	—2009. If the orga ation meets the "fa	anization did not a acts and circums	check a box on line tances" test, chec	k this box and st	op here.	Explain	·
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organiza	nization meets the ation meets the "fa	e "facts and circu acts and circums	ımstances" test, c tances" test The	heck this box and organization qual	d stop he ifies as a	e re. a publicly	▶ □
.0	instructions	cion dia not check	a box on mile 13	, 10a, 10b, 17a Or	I/D, CHECK HIIS	DOV BIID	3 C C	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third, fourth, or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493314025670

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	me of the organization	·		Employe	rıdent	ıfıcatıo	n numbe	er	
				99-0302					
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c)	or is a section	527	orgai	<u>nizatio</u>	<u>n.</u>	_
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign activ	ities in Part IV					
2	Political expenditures			•	- 9	\$			
3	V olunteer hours								
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)	(3).					_
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		> 9	\$			
2	Enter the amount of any excise	tax incurred by organization manage	ers under section 4	1955	>	\$			
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				┌ Yes	Γr	40
4a	Was a correction made?						┌ Yes	┌ r	40
b	If "Yes," describe in Part IV								
aı	t I-C Complete if the or	ganization is exempt under s	section 501(c)	except section	า 501	(c)(3).		
L	Enter the amount directly expe	nded by the filing organization for sec	ction 527 exempt	function activities	- 9	\$			
2		rganızatıon's funds contrıbuted to oth	ner organizations f	or section 527					
	exempt funtion activities				F 9	\$			
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 1120	POL, line 17b	-	\$			
4	Did the filing organization file F	orm 1120-POL for this year?					☐ Yes	Γr	ю
5	were made For each organizati contributions received that wei	nd employer identification number (EI on listed, enter the amount paid from re promptly and directly delivered to ittee (PAC) If additional space is ne	the filing organiza a separate politica	ition's funds Also e il organization, such	nter th	e amo	unt of po	litical	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid f		(e) A	mount of	fpolit	

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

	•	· · · · · · · ·
Part II-B	Complete if the organization	is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501	(h)).

		(;	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r section

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2с	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Activities	WHENEVER LEGISLATION INVOLVES VETERANS, LEGISLATORS WILL BE INFORMED OF THE POSITION THE HAWAII VETERANS SUPPORT LEGISLATORS OFTEN ASK FOR INFORMATION ON THE RAMIFICATIONS OF THE LEGISLATION ON VETERANS ALL OF THIS ACTIVITY IS DONE BY VOLUNTEERS AND IS LESS THAN 10% OF THE OVERALL ACTIVITIES

1

DLN: 93493314025670

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

	of the organization ETERANS COUNCIL			Emp	loyer identifi	cation numb	er
				99-	0302212		
art I	Organizations Maintaining Donor Accordance organization answered "Yes" to Form 99	0, Part IV, line 6.				•	
		(a) Donor advised	funds	(b) Funds and	d other accou	ınts
Tot	tal number at end of year						
Αg	gregate contributions to (during year)						
Αg	gregate grants from (during year)						
Αg	gregate value at end of year						
	d the organization inform all donors and donor advinds are the organization's property, subject to the o			or advi	sed	☐ Yes	┌ No
us	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben		-			□Yes	□No
	nferring impermissible private benefit Conservation Easements. Complete	of the executation and	rand IIVaall ta		- 000 Dowt		1 140
Г Г с°	rpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Implete lines 2a-2d if the organization held a quali	on or pleasure) Pre	servation of an	ertifie	d historic str		e a
eas	sement on the last day of the tax year		г				
_			-	_	Held at t	he End of the	Year
	tal number of conservation easements		-	2a			
	tal acreage restricted by conservation easements			2b			
	ımber of conservation easements on a certified his		(a)	2c			
Nu	ımber of conservation easements ıncluded ın (c) ad	cquired after 8/17/06		2d			
the	imber of conservation easements modified, transfe e taxable year • imber of states where property subject to conserva			d by tr	ie organizatio	on during	
Do	es the organization have a written policy regarding forcement of the conservation easements it holds?	the periodic monitoring, ir		— ling of	violations, a	nd Yes	┌ No
Sta	aff and volunteer hours devoted to monitoring, insp	pecting and enforcing conse	ervation easem	ents d	uring the yea	r ►	
Αn	nount of expenses incurred in monitoring, inspectii	ng, and enforcing conserva	tion easements	during	the year ► s	\$	
	es each conservation easement reported on line 2 0(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requi	rements of sect	tion		☐ Yes	┌ No
bal	Part XIV, describe how the organization reports co lance sheet, and include, if applicable, the text of t organization's accounting for conservation easen	he footnote to the organiza				•	
rt II	Complete if the organization answered "						
	the organization elected, as permitted under SFAS						
art	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, educa	ation or researc	h ın fu			e,
art pro If t his	, historical treasures, or other similar assets held	for public exhibition, education ancial statements that des 116, to report in its reven public exhibition, education	ation or researc cribes these ito ue statement ai	h in fu ems nd bala	rtherance of	public servic orks of art,	е,
art pro If t his pro	t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin the organization elected, as permitted under SFAS storical treasures, or other similar assets held for p	for public exhibition, education ancial statements that des 116, to report in its reven public exhibition, education is	ation or researc cribes these ito ue statement ai	h in fu ems nd bala	rtherance of ance sheet we rance of pub	public servic orks of art,	
art pro If t his pro (i)	this torical treasures, or other similar assets held by ide, in Part XIV, the text of the footnote to its find the organization elected, as permitted under SFAS storical treasures, or other similar assets held for povide the following amounts relating to these items	for public exhibition, education ancial statements that des 116, to report in its reven public exhibition, education is	ation or researc cribes these ito ue statement ai	h in fu ems nd bala	rtherance of ance sheet we rance of pub	public servic orks of art, lic service,	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe										(continued)
	items (check all that apply)			_			L				
а	Public exhibition		d	ı	Loan	orexcl	hange prog	rams			
Ь	Scholarly research		е	Г	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furth	er the c	organızatıor	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	┌ Yes	┌ No
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribi	utions d	or other ass	ets	not	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г		A	mount	
с	Beginning balance							1c			
d	Additions during the year						F	1d			
e	Distributions during the year						F	1e			
f	Ending balance						F	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			┌ Yes	□ No
	If "Yes," explain the arrangement in Part XIV									,	,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	es" to I	Form 990.	Par	t IV, line 10		
	•	(a)Current Year) Prior `			o Years Back		Three Years Back		r Years Back
1a	Beginning of year balance										
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment 🕨 %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are hel	d and a	dministere	d for	the	Υe	s No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations			•					За	(ii)	
	If "Yes" to 3a(II), are the related organizatio							•	3	3b	
4	Describe in Part XIV the intended uses of th					200 B		4.0			
B			nt 🛰					7 (1			
Par	t VI Investments—Land, Buildings	s, and Equipme				•	i '				
Par	Description of investment	s, and Equipme		(a	Orm 9 Cost o	r other	(b)Cost or o	other	(c) Accumulate depreciation	d (d)	Book value
				(a) Cost o	r other	(b)Cost or obasis (other	other		ed (d)	Book value
	Description of investment			(a) Cost o	r other	(b)Cost or obasis (other	other er) L,708		(a)	
1a b	Description of investment			(a) Cost o	r other	(b)Cost or obasis (other	other er) L,708	depreciation	(a)	61,708
1a b c	Description of investment Land			(a) Cost o	r other	(b)Cost or c basis (other	other er) L,708	depreciation 310,0	080	61,708
1a b c d	Description of investment Land			(a bas) Cost o	r other stment)	(b)Cost or c basis (other 6: 3,199	other er) 1,708 9,627	310,0 27,8	080	61,708 2,889,547

Part VIII Investments—Other Securities. See	-orm 990, Part X, line 1. T		d . 6
(a) Description of security or category (including name of security)	(b)Book value		d of valuation f-year market value
Financial derivatives			,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII Investments—Program Related. See	: Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of end-o	- year market value
Total, (Column (b) should equal Form 990, Part X, col (B) line 13.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount	. ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	e 15. tion 5.) , line 25. (b) A mount		(b) Book value

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314025670

OMB No. 1545-0047

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

SCHEDULE G

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. Name of the organization Employer identification number OAHU VETERANS COUNCIL Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a 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 activities? 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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo contr contribu	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		165	140			
Total			.			

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

F (9	rt III	more than \$15,000 on Form					Героги	cu
			(a) Event #1 VETERANS DAY PICNIC (event type)	(b) Event #2	(c) O ther Events 1 (total number)	(Add col	tal Ever (a) thr I (c))	
Φ	1	Gross receipts	21,470	5			21	L,476
Revenue	2	Less Charitable	12,46					,463
ž	3	contributions Gross income (line 1	9,01					9,013
		minus line 2)	3,01			+		
	4	Cash prizes						
968	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages	1,32				1	1,329
Direct	8	Entertainment	500					500
	9	Other direct expenses .	4,66	9				1,669
	10	Direct expense summary Add lin	_	• •			6 	5,498
Do	11	Net income summary Combine li			white loss 10 or road	arted mer		2,515
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		tes to rottil 990, Pa	incrv, line 19, or repo		e tilali	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gamı (a) thr I (c))	
	1	Gross revenue						
9	2	Cash prizes						
Expenses	3	Non-cash prizes						
ш ij	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	│ Yes% │ No			
	7	Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	ibine lines 1, column d, a	nd line 7	<u> ▶</u>		T., T	
9 a b	Is t	er the state(s) in which the organiza The organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11	<u> </u>	
	torn	ned to admınıster charıtable gamınç	,			. 12	1 1	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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 contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493314025670

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization OAHU VETERANS COUNCIL

Employer identification number

99-0302212

- 0	Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations • A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
ь	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
Ь	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493314025670

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

Name	of	t he	org	jani	izat	io	r
AHU \	/ETE	RAN:	s co	NUC	CIL		

Employer identification number

99-0302212

Part I	Excess Benefit Transactions	(section 501(c)(3) and section	n 501 (c)(4) organızatıons only).	

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under
	section 4958
	· · · · · · · · · · · · · · · · · · ·
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

From

Loans to and/or From Interested Persons.

Τo

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(b) Loan to or from the (a) Name of interested person and organization? purpose

(c)Original principal amount

(d)Balance due

(e) In default?

Yes

Approved by board or

(f)

(g)Written agreement?

committee?

Yes No

Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

WIFE OF OFFICER

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

34,800 EMPLOYED AS EXECUTIVE DIRECTOR

Νo

No

SANDY BALLARD

Schedule L (Form 990 or 990-EZ) 2009

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DLN: 93493314025670

OMB No 1545-0047

2009

Inspection

Open to Public

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization OAHU VETERANS COUNCIL Employer identification number

99-0302212

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		KEY EMPLOYEE (CENTER DIRECTOR) IS WIFE OF BOARD OFFICER BOARD OFFICER CUSES SELF FROM ALL SUPERVISOR OR COMPENSATION DECISIONS THERE IS NO CONFLICT OF INTEREST ALLOWED
Form 990, Part VI, Section A, line 6		COUNCIL IS A MEMBERSHIP ORGANIZATION WITH THE MEMBERS APPROVING ALL DECISIONS (MOTIONS) BOARD OF OFICERS RECOMMEND BUT DO NOT APPROVE MOTIONS AND DECISIONS
Form 990, Part VI, Section A, line 8b		COUNCIL IS A MEMBERSHIP ORGANIZATION WITH THE MEMBERS APPROVING ALL DECISIONS (MOTIONS) BOARD OF OFICERS RECOMMEND BUT DO NOT APPROVE MOTIONS AND DECISIONS COMMITTEES MUST GET APPROVAL FROM ALL MEMBERS VOTING
Form 990, Part VI, Section B, line 11		OAHU VETERANS CENTER BOARD REVIEWS AND APPROVES THE IRS FORM 990 AT A MONTHLY MEETING OR BY REVIEW INDIVIDUALLY ANND CONCURENCE OBTAINED BY CHAIRMAN
Form 990, Part VI, Section B, line 12c		ANY CONFLICT DISCLOSED IS REVIEWED BY A COMMITEE OF DIS-INTERESTED BOARD MEMBERS
Form 990, Part VI, Section B, line 15		KEY EMPLOYEE - MANAGER OF BUILDING AND DAILY ACTIVITIES REVIEW OF COMPENSATION DONE WITH KNOWLEDGE OF SIMILIAR POSITIONS KNOW BY BOARD MEMBERS BOARD MEMBERS HAVE EXPERIENCE FROM BEING ON OTHER NON-PROFIT BOARDS BOARD AND DIRECTOR DETERMINE WAGES OF STAFF WORKERS
Form 990, Part VI, Section C, line 18		THE ORGANIZATION SUPPLIES ANY REQESTED DOCUMENTS TO THE PUBLIC AS REQUESTED
Form 990, Part VI, Section C, line 19		THE ORGANIZATION SUPPLIES ANY REQESTED DOCUMENTS TO THE PUBLIC AS REQUESTED IN FUTURE YEARS, THE 990 AND 1023 FORMS WILL BE ASSESSIBLE ON THE WEBSITE

ldentifier	Return Reference	Explanation			
FORM 990, PAGE 6,	THE ORGANIZATION SUPPLIES ANY REQESTED DOCUMENTS	DOCUMENTS SUPPLIED AS NEEDED OR			
SECTION C, LINE 19	TO THE PUBLIC AS REQUESTED	REQUESTED BY REQUESTOR			

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493314025670

OMB No 1545-0172

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates **Identifying number** OAHU VETERANS COUNCIL Form 990 Page 10 99-0302212 **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. 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 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 2010 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. 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 15 15 Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 94.049 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 Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L 39 yrs S/L i Nonresidential real property S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System **20a** Class life See Add'l Data 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 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 95,333 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)
										,						-
(a) Type of property (list vehicles first)	(b) Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ onvention		(h Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlassin	% %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/inv	estment m	ıles driven diirina	the	(a)			(b)		(c)			(d)		≘)	(f)	
year (do not includ		-		Vehicle 1		Vehicle 2		2 Vehicle		le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehi	cle 6
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)	<u> </u>			I				10	.,					
(a)		Date		(c)			(d) Code		(e) A mortization		n (f) A mortization			an far		
Description of c	osts	s amortization			A mortizable amount			section		period or				rtizatio his yea		
		begins 								perce	ntage		-			
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

Additional Data

Software ID: Software Version:

EIN: 99-0302212

Name: OAHU VETERANS COUNCIL

Form 4562, Part III, Line 20a - c, Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative 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
20a Class life		150	10 0	HY	S/L	8
a Class life		912	10 0	HY	S/L	46
a Class life		1,100	20 0	HY	S/L	28
a Class life		524	20 0	HY	S/L	13
a Class life		1,072	20 0	HY	S/L	27
b 12-year		380	12 yrs	HY	S/L	16
b 12-year		18,242	12 yrs	HY	S/L	760
b 12-year		8,183	12 yrs	HY	S/L	341
b 12-year		911	12 yrs	HY	S/L	38
c 40-year			40 yrs	мм	S/L	

Additional Data

Software ID:

Software Version:

EIN: 99-0302212

Name: OAHU VETERANS COUNCIL

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GROUNDS MAINTENANCE	10,715		10,715	
COMMUNICATIONS	3,287		3,287	
GENERAL BUILDING MAINTE	2,633		2,633	
BANK CHARGES	2,098	6	2,092	
VETERANS PROGRAM	2,001	2,001		