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Form ,990-EZ

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

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

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

Open to Public Inspection

Α	For		/31		, 2010		
<u>B</u>	Check	(if applicable Discourse C	Employer identification number				
Ш	Addre	ess change Please use IRS HUI O WAHINE OWC	9	990250137			
	Name	change label or 4285 LAWEHANA STREET A-9		Telephone number			
	Initial	return bype. HONOLULU. HI 96818-3128		•			
	Termi	nation See Specific	8	4522	<u>: </u>		
	Amen	ided return Instruc-	F Gr	un F	xemption		
П	Applio	cation pending		mber	▶		
_		• Section 501(cV3) organizations and 4947(aV1) nonexempt charitable trusts G Accou	nting metho	d. X	Cash Accrual		
			(specify)	<u>د.</u>	J odan 🔲 Accidai		
		H Check		ha ar	non-rotion is not		
	Weh			Scho	ganization is not dule B (Form 990,		
		1I	Z, or 990-PF	Julie	dule D (I OIIII 330,		
		exempt status (check only one) — [25] 301(c) (42) 3 (insert no.) [4347(a)(1) or [327]		•			
		ck ►if the organization is not a section 509(a)(3) supporting organization and its gross receip 000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a ri	its are norm	ally n e	ot more than		
		The state of the s	sturri, de Sur	e 10 1	complete return.		
L	Add	lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990		- A	202 224		
		ead of Form 990-EZ		- 5	203,234.		
178	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (Se	e the instr	uctio			
	1	Contributions, gifts, grants, and similar amounts received	L	1	26,580.		
	2	Program service revenue including government fees and contracts		2	176,647.		
	3	Membership dues and assessments	Ī	3			
	4	Investment income	1	4	7.		
	5	a Gross amount from sale of assets other than inventory 5a					
		b Less. cost or other basis and sales expenses 5b		- 1			
R		c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)		5c			
E	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here					
REVENU			· ' 🗀 [1			
Ü	•	a Gross revenue (not including \$ of contributions	[1			
E	_	reported on line 1)		- 1			
		b Less direct expenses other than fundraising expenses 6b		1			
	•	Net income or (loss) from special events and activities (Subtract line 6b-from_line 6a)	L	6c			
	7 8	a Gross sales of inventory, less returns and allowances		1			
	1	b Less cost of goods sold		1			
	(c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other revenue (describe >	, [8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	203,234.		
	10	Grants and similar amounts paid (attach schedule)		10	203,234.		
		Grants and similar amounts paid (attach schedule)			 		
Ê	11	Benefits paid to or for members	-	11			
P	12	Salaries, other compensation, and employee benefits	ļ.	12	55,195.		
E N	13	Professional fees and other payments to independent contractors		13	635.		
EXPENSE	14	Occupancy, rent, utilities, and maintenance	ļ	14			
S	15	Printing, publications, postage, and shipping	Ļ	15	300.		
	16	Other expenses (describe ► See Statement 1) [16	156,804.		
	17	Total expenses. Add lines 10 through 16	▶	17	212,934.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-9,700.		
, A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with er	d-of-vear				
ES	'	figure reported on prior year's return).	ia-oi-yeai	19	36,672.		
ŦĘ	20	Other changes in net assets or fund balances (attach explanation). See Statemen	t. 2	20	12,390.		
_s	19 20 21	Net assets or fund balances at end of year Combine lines 18 through 20.		21	39, 362.		
Đ,	rt H	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form	n 990 instan				
4.		(See the instructions for Part II.) (A) Beg	inning of yea				
33	Ca	ash, savings, and investments	36,672		(B) End of year 39, 362.		
(XXXX	د ا	and and buildings	30,012	23			
Cyn		her assets (describe >)		24			
(25	T-	otal assets	36 672		20 262		
			36,672		39,362.		
26 27	I C	otal liabilities (describe >).	26 672	. 26	20.262		
_		et assets or fund balances (line 27 of column (B) must agree with line 21)	36,672	. 27	39,362.		
DA	M FC	or Privacy Act and Paperwork Reduction Act Notice, see separate instructions.			Form 990-EZ (2009)		

Form			O WAHINE OF				0250)137 Page 2
Parl		Statement	of Program Se	rvice Accomplishments	s (See the instructi	ons.)		Expenses
What is	the orga	anization's primary	exempt purpose? Se	e Statement 3			(Reg	uired for section
Descr	ıbe wh	at was achieve	ed in carrying out th	ne organization's exempt purpor f persons benefited, or other re	ses. In a clear and con	cise manner,	orga	c)(3) and (4) nizations and section (a)(1) trusts, optional
descr	ibe the am title	services provi	ided, the number o	f persons benefited, or other re	elevant information for e	each	494/	(a)(1) trusts, optional thers.)
			OP RECEIVES	GOODS WHICH ARE SOL	D ON CONSTANME	NTT -	,,,,,	
20				RANSFERRED TO THE H			1	
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			Y SERVICE DI					100 000
	(Grant			nis amount includes foreign gra		-	28 a	120,290.
29	<u>See_</u> :	<u>Statement</u>	_4		-			
	-					 -		
							j '	
	(Grant	s \$) If th	nis amount includes foreign gra	ants, check here		29 a	28,995.
30								
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	(Grant			nis amount includes foreign gr	ants check here	-	30 a	
31			ces (attach schedule		arks, onesk here			
٠.	(Grant		•	nis amount includes foreign gra	ants check here	▶ □	31 a	
32				nes 28a through 31a)	artis, chock hore	·	32	149,285.
Parl				s, Trustees, and Key Em	inlovees. List each of	ne even if not con		
	<u> </u>	LISCOI OIL	ilocis, Biroctors	(b) Title and average hours		(d) Contributions		(e) Expense account
		(a) Name and	address	per week devoted	not paid, enter -0)	emplovee benefit pla	ns and	
				to position		deferred compensa	ation	
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	_	990-EZ (2009) HUI O WAHINE OWC 990250137		Р	age 3
F	ar	Other Information (Note the statement requirements in the instrs for Part V.)		1	
				Yes	No
` :	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
3	34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
3	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
	b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
3	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
3		Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		Х
3	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
	b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
3	39	Section 501(c)(7) organizations. Enter.			
		Initiation fees and capital contributions included on line 9 N/A			
,		Gross receipts, included on line 9, for public use of club facilities. Section 501(a)(2) except at the constant of the appearance of the constant of the cons			
-	10 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
				•	
	D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40b		Х
	С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
4	41	List the states with which a copy of this return is filed ► HI			
4	\$ 2a	The organization's books are in care of ► MICHELLE CLARK Telephone no ► 701-34	.n-7	502	
		Located at > HONOLULU HI		<u> </u>	
	_			Yes	N _c
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No X
		If 'Yes,' enter the name of the foreign country:			
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
	С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
		If 'Yes,' enter the name of the foreign country.			
4	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
		and enter the amount of tax-exempt interest received or accrued during the tax year		Ш	N/A
		- · · · · · · · · · · · · · · · · · · ·			
		5		Yes	No
4	44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
_	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х

►X Yes No Form 990-EZ (2009)

Part \	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ection 4947 ection 4947(a)(1) notes for lines 50 and	7(a)(1) nonexe onexempt char 51.	empt charitable trusts on ritable trusts must answe	ly. All sect r questions	ion s
46 D fo	d the organization engage in direct or indirect r public office? If 'Yes,' complete Schedule (ct political campaign act C, Part I	civities on behalf o	f or in opposition to candidates	46 Ye	s No
47 D	d the organization engage in lobbying activit	ies? If 'Yes,' complete :	Schedule C, Part I	I	47	<u> </u>
	the organization a school as described in se		•		48	
	d the organization make any transfers to an		related organization	on?	49 a	+
	'Yes,' was the related organization a section	-	,		L	
50 C	omplete this table for the organization's five nployees) who each received more than \$10	highest compensated ei 0,000 of compensation	mployees (other th from the organiza	nan officers, directors, trustees tion. If there is none, enter 'Nor	and key e.'	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio		(e) Expens account ar other allowar	nd
		_				
51 C	otal number of other employees paid over \$1 omplete this table for the organization's five ompensation from the organization. If there is	highest compensated in	dependent contra	ctors who each received more t	han \$100,000) of
	(a) Name and address of each independent con	tractor paid more than \$100,00	0	(b) Type of service	(c) Compensa	ation
-			- 			
d T∈	otal number of other independent contractors	s each receiving over \$1	00,000	-		
	Under penalties of perjury, I declare that I have exaltrue, correct, and complete Declaration of preparer	mined this return, including acc (other than officer) is based or	ompanying schedules a all information of which	nd statements, and to the best of my kno h preparer has any knowledge	wledge and belie	f, it is
Sign	- X Same Somber	<u>s</u> u		8/31/2017)	
Here	Type or print name and title	mberger,	Treasure			
Paid	Preparer's Patricia Ernce	Isnee) Date		parer's Identifying instructions)	Number
Pre- parer	s Firm's name (or Patricia's Tax					
Use Only	employed), - 25 Maluniu Ave.			/222	9-033356	
Jilly	ZIP+4 Kailua, HI 9673	4		Phone no ► (808	<u>) 262-83</u>	סס

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

BAA

Federal Statements		Page 1
HUI O WAHINE OWC		990250137
, and Meetings EERS	\$ Total \$	188. 11,126. 7,054. 2,192. 597. 28,995. 19. 2,497. 282. 2,046. 595. 50. 101,163. 156,804.
Or Fund Balances	Total \$	12,390. 12,390.
	HUI O WAHINE OWC	## HUI O WAHINE OWC \$ and Meetings EERS Total \$

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

FUNDING MILITARY & CIVILIAN SCHOLARSHIPS & PROJECTS.

Statement 4 Form 990-EZ, Part III, Line 29 Statement of Program Service Accomplishments

WELFARE AND COMMUNITY SERVICES PROVIDE MONEY TO VARIOUS ORGANIZATIONS THROUGHOUT THE STATE. FUNDS RECEIVED FROM THRIFT SHOP AND HUI O'WAHINE ARE DISTRIBUTED AS SCHOLARSHIPS AND DONATIONS.