

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

CMB No 1545-1150

2010

Open to Public Inspection

	A F	or the	2010 calenda	ar year, or tax year beginning	Jan. I	, 2010, and ending		Jec. 31	, 20 10	
	B cr	heck if ap	plicable	C Name of organization			D Employe	er identification	on number	
	A	ddress of	hange	Ratery Clib & Kona		6	26-4183938			
	Пи	lam a cha	nge	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite E		ne number		
	図 17	Initial return P.O.Box 2343				808 331-8191				
3	==	erminated		City or town, state or country, and ZIP + 4	· · · · · · · · · · · · · · · · · · ·			Exemption		
7		Amended return		Kadua-Kona, HI	96745		Numbe		573	
_	_	Application pending					H Check ► Z if the organization is not			
_								required to attach Schedule B		
			70.00							
•								(Form 990, 990-EZ, or 990-PF)		
.		K Check Diff the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally recognized to the control of the contro								
L.)		Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return								
		·								
	L. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,									
	line 25, column (B) below) are \$500,000 or more, file Form 990 in stead of Form 990-EZ									
2	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I									
SCANNED AUG 0 1 2016						uestion in this Part I	• • •	· · · · ·		
		1		ons, gifts, grants, and similar amounts receive				<u> 1 </u>	554	
		2	Program se	ervice revenue including government tees and	4 99 #46181	p	· · -		-0-	
		3	Membersh	ip dues and assessments	CEIVED		· · 上	3 6	256	
	ļ	4	Investment	tincome	CEIVEO	.,,	· · <u> </u>	4	-0	
	Revenue	5a	Gross amo	ount from sale of assets other than inventqry,	o trante	5a - O -		1		
		b								
		С							-0-	
		6	Gaming and fundraising events							
		а	Gross income from gaming (attach Schedule G GGDEN than							
			\$15,000)							
		b	Gross income from fundraising events (not including \$ of contributions							
			from fundraising events reported on line 1) (attach Schedule G if the					- }		
			sum of such gross income and contributions exceeds \$15,000) 6b 6700				>	ļ		
		C	Less: direc	t expenses from garning and fundraising eve	nts	60 2954	1	1		
	2	d	Net incom	e or (loss) from gaining and fundraising eve	ents (add line:	s 6a and 6b and sub	tract			
			line 6c) .				. 6	3d	3746	
		7a	Gross sale	s of inventory, less returns and allowances		7a - O-				
	,	b		of goods sold		7b -O-		1		
		С	Gross prof	it or (loss) from sales of inventory (Subtract III	ne 7b from lin	ne 7a)	7	7c	-0-	
		8		nue (describe in Schedule 0)				8	-0-	
		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶ □	9 1	4550	
		10		d similar amounts paid (list in Schedule O)				10	350	
		11		aid to or for members	!			11	<u>-0-</u>	
	တ္	12		ther compensation, and employee benefits.		A] : JUL I 8 2 :	s . [12	-0-	
	USE	13	Professional fees and other payments to independent contractors					13	-0-	
	Expenses	14		y, rent, utilities, and maintenance	[· 090 = 1 +		14	-0-	
	ŭ	15	•	ublications, postage, and shipping				15	-0-	
		16		enses (describe in Schedule O)			-	16	1047	
		17		enses. Add lines 10 through 16			. ▶ □	17))	397	
	ر <u>ب</u>	18	Excess or	(deficit) for the year (Subtract line 17 from line	e 9)				3 15 3	
	et	19		s or fund balances at beginning of year (from						
	\ss			ar figure reported on prior year's return) 🤸			ŧ	19	5313	
	Net Assets	20	•	nges in net assets or fund balances (explain i	n Schedule O)		20	-0-	
	ž	21		s or fund balances at end of year. Combine Irr		•			8466	
	Ear	or Panerwork Reduction Act Notice see the separate instructions							990-FZ 2010	