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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, 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.

A For the 2010 calendar year, or tax year beginning Jul 1, 2010, and ending Jun 30, 2011

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

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

D Employer identification number
99-6008182

E Telephone number
(808) 449-6603

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify)

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

I Website: N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A 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 instead of Form 990-EZ. \$ 150,319.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	22.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	12,674.
	4	Investment income	4	6.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	137,617.	
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	137,617.	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	150,319.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	110,526.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	41,674.
	13	Professional fees and other payments to independent contractors	13	2,740.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	402.
	16	Other expenses (describe in Schedule O)	16	36,495.
	17	Total expenses. Add lines 10 through 16	17	191,837.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-41,518.
	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return)	19	96,515.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-8,231.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	46,766.

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

Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	91,204.	42,546.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt)	6,684.	4,466.
25 Total assets	97,888.	47,012.
26 Total liabilities (describe in Schedule O) See L-26 Stmt)	1,373.	246.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,515.	46,766.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? PROMOTING SOCIAL, RECREATIONAL, CHARITABLE & EDUCATIONAL ENDEAVOR

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 SOCIAL/RECREATIONAL PROGRAMS: ACTIVITIES WERE CONDUCTED WHICH PROMOTED GOODWILL, HARMONY AND INCREASED MORALE WITHIN THE MILITARY COMMUNITY. 12 SCHOLARSHIP AND 45 ORGANIZATIONS. (Grants \$ 110,526.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	132,827.
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	132,827.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
AIMEE HENSON HICKAM AFB, HAWAII HONOLULU HI 96820	PRESIDENT 1.00	0.	0.	
KRISTA DANA C/O HICKAM AFB, HAWAII HONOLULU HI 96820	1ST VICE PRESIDENT 1.00	0.	0.	
ANNE BOWMAN C/O HICKAM AFB, HAWAII HONOLULU HI 96820	2ND VICE PRESIDENT 1.00	0.	0.	
TAMMY SAFFER C/O HICKAM AFB, HAWAII HONOLULU HI 96820	EXECUTIVE SECRETARY 1.00	0.	0.	
NADIA ANAC C/O HICKAM AFB, HAWAII HONOLULU HI 96820	WELFARE TREASURER 1.00	0.	0.	
MELIISA SEVIER C/O HICKAM AFB, HAWAII HONOLULU HI 96820	ADMINISTRATIVE TREASURER 1.00	0.	0.	
JANE WEST C/O HICKAM AFB, HAWAII HONOLULU HI 96820	THRIFT SHOP CHAIR 1.00	0.	0.	

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed <input type="checkbox"/>		

42a The organization's books are in care of ☐ MING MA Telephone no ☐ (636) 544-7289
 Located at ☐ PMB 168 P.O. BOX 30800 HONOLULU HI ZIP + 4 ☐ 96820

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country ☐

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country ☐

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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No' provide an explanation in Schedule O

	Yes	No
44a		X
44b		X
44c		X
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

45a		X
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

46		X
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

	Yes	No
47		X

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

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

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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

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

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Aimee Henson</i>		Date <i>May 11, 2012</i>		
	Type or print name and title <i>Aimee Henson President</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Allen M. Arakaki</i>	Date <i>05/08/12</i>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	ALLEN M. ARAKAKI, CPA, INC.			
	Firm's address	1314 SOUTH KING STREET, SUITE 710			
	HONOLULU HI 96814		Firm's EIN	Phone no (808) 591-8480	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

HICKAM OFFICERS' SPOUSES' CLUB

Employer identification number

99-6008182

990EZ, PART 1, LINE 16 SEE ATTACHED

990EZ, PART 1, LINE 20 SEE ATTACHED

990EZ, PART II, LINE 24 SEE ATTACHED

990EZ, PART II, LINE 26 SEE ATTACHED

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

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

OMB No 1545-0172

2010Attachment
Sequence No **67**

Name(s) shown on return

HICKAM OFFICERS' SPOUSES' CLUB

Identifying number

99-6008182

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
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	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,917.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	2,218.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	4,135.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI20812 10/29/10

Form **4562** (2010)

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

ADVERTISING	70.
BANKING FEES	170.
Depreciation	4,135.
GENERAL EXCISE TAX	5,261.
GIFTS	1,808.
INSURANCE	3,150.
INTERNET	1,005.
MEALS & ENTERTAINMENT	258.
OFFICE EXPENSE	1,056.
P.O. BOX RENTAL	126.
PAYROLL TAXES	5,465.
PROGRAM EXPENSE	8,523.
SCHOLARSHIP EXPENSE	897.
SUPPLIES	4,322.
WEBSITE	249.

Total	<u>36,495.</u>
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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment

GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> AMERICAN RED CROSS C/O HICKAM OFFICER'S SPOUSES CLUB HONOLULU HI 96820	NONE	6,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> DISA PAC SAC PLAYGROUND C/O HICKAM OFFICER'S SPOUSES CLUB HONOLULU HI 96820	NONE	19,918.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> FRIENDS OF THE AFRC C/O HICKAM OFFICER'S SPOUSES CLUB HONOLULU HI 96820	NONE	6,500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> TRIPLER ARMY FISHER HOUSE C/O HICKAM OFFICER'S SPOUSES CLUB HONOLULU HI 96820	NONE	6,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment SCHOLARSHIPS & GRANTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIPS & GRANTS</u>	Business <input type="checkbox"/> Person <input type="checkbox"/> <u>ALL OTHERS \$5000 AND UNDER</u> <u>C/O HICKAM OFFICER'S SPOUSES CLUB</u> <u>HONOLULU HI 96820</u>	<u>NONE</u>	<u>72,108.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
<u>PRIOR YEAR ADJUSTMENT</u>	<u>-8,231.</u>
Total	<u>-8,231.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>FURNITURE & EQUIPMENT</u>	<u>18,722.</u>	<u>20,639.</u>
<u>A/D FURNITURE & EQUIPMENT</u>	<u>-14,405.</u>	<u>-18,540.</u>
<u>LEASEHOLD IMPROVEMENTS</u>	<u>2,367.</u>	<u>2,367.</u>
Total	<u>6,684.</u>	<u>4,466.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>PAYROLL TAXES</u>	<u>1,373.</u>	<u>246.</u>
Total	<u>1,373.</u>	<u>246.</u>

Form 4562

HICKAM OFFICERS' SPOUSES' CLUB

Depreciation and Amortization Report

Tax Year 2010

2010

Form 990 - / Form 990EZ

Keep for your records

99-6008182

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
CAMERA		02/25/11	194		100.00		194		7.00	200DB/MQ		0
SHED		04/18/11	797		100.00		797		7.00	200DB/MQ		0
FIRESAFE		04/25/11	274		100.00		274		7.00	200DB/MQ		0
EXTERNAL HARD DRIVE		05/09/11	140		100.00		140		5.00	200DB/MQ		0
PRINTER		06/02/11	512		100.00		512		5.00	200DB/MQ		0
SUBTOTAL CURRENT YEAR			1,917	0		0	1,917				0	0
AIR CONDITIONER		11/10/03	508		100.00			508	5.00	SL/HY	508	0
REFRIGERATOR		04/02/04	865		100.00			865	5.00	SL/HY	865	0
CASIO CASH REGISTER		03/30/05	416		100.00			416	5.00	SL/HY	416	0
XEROX COPY MACHINE		07/11/05	4,054		100.00			4,054	5.00	SL/MQ	3,953	101
LIBERATOR WITH 17" FLATSCREEN & BACKUP		06/30/06	1,855		100.00			1,855	5.00	SL/MQ	1,530	325
PRINTER DELL LASER		06/30/06	249		100.00			249	5.00	SL/MQ	206	43
PRINTER USB ELTRON DIRECT THERMAL 4		06/30/06	449		100.00			449	5.00	SL/MQ	371	78
PRINTER PARALLEL RECEIPT U220PD		06/30/06	379		100.00			379	5.00	SL/MQ	313	66
LIBERTY 4C SINGLE USER SOFTWARE		06/30/06	995		100.00			995	3.00	SL/NA	995	0
SCANNER USB 3		06/30/06	349		100.00			349	5.00	SL/MQ	288	61
CASH DRAWER - HERITAGE		06/30/06	189		100.00			189	5.00	SL/MQ	156	33
LIBERATOR WITH 17" FLATSCREEN & BACKUP		06/30/06	1,856		100.00			1,856	5.00	SL/MQ	1,531	325
LIBERATOR WITH 17" FLATSCREEN & BACKUP		06/30/06	1,856		100.00			1,856	5.00	SL/MQ	1,531	325
MONITOR		09/02/06	309		100.00			309	5.00	SL/MQ	240	61
RACK		06/08/07	2,047		100.00			2,047	10.00	SL/MQ	641	205
COMPUTER		11/10/08	893		100.00		447	446	5.00	200DB/HY	232	86
COMPUTER		11/30/09	543		100.00			543	5.00	200DB/MQ	136	163
COMPUTER		06/23/10	911		100.00			911	5.00	200DB/MQ	46	346
SUBTOTAL PRIOR YEAR			18,723	0		0	447	18,276			13,958	2,218
TOTALS			20,640	0		0	2,364	18,276			13,958	2,218

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

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	HICKAM OFFICERS' SPOUSES' CLUB	99-6008182
	Number, street and room or suite number. If a P.O. box, see instructions.	
	PMB 168 P.O. BOX 30800	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HONOLULU	HI 96820

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► LSM ACCOUNTING SOLUTIONS

Telephone No ► (808) 674-0700

FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year 20 _____ or► ☒ tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11

- 2** If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.Form **8868** (Rev. 1-2011)

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization	Employer identification number
	HICKAM OFFICERS' SPOUSES' CLUB	99-6008182
	Number, street, and room or suite number. If a P.O. box, see instructions	
	PMB 168 P.O. BOX 30800	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
HONOLULU HI 96820		

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of LSM ACCOUNTING SOLUTIONS
Telephone No (808) 674-0700 FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until May 15, 20 12

5 For calendar year _____, or other tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension THE ANNUAL ACCOUNTING NEEDS TO BE COMPLETED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification

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

Signature [Signature] Title CPA

Date 02/13/12

BAA

FIF20502 11/15/10

Form 8868 (Rev 1-2011)