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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*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning June 1 , 2011, and ending May 31 , 20 20

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

C Name of organization
Hilo Women's Club

Number and street (or P O box, if mail is not delivered to street address) Room/suite
7 Lele St

City or town, state or country, and ZIP + 4
Hilo, HI 96720

D Employer identification number
99-0105784

E Telephone number
808-935-9838

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: ►

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

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► $ **35,103**

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	125.
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	1,826.
	4	Investment income		4	22.
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 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 35,103		
	c	Less. direct expenses from gaming and fundraising events	6c 19,065		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	16,039
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	18,015
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	9,325
	11	Benefits paid to or for members		11	908
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	4,207
	15	Printing, publications, postage, and shipping		15	625
	16	Other expenses (describe in Schedule O)		16	7,171
	17	**Total expenses.** Add lines 10 through 16 ►		17	22,237
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(4,222)
	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	86,301
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	84,019

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2011)

G5

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	40,547	22	29,192.
23	Land and buildings	45,754	23	54,827
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	86,301	25	84,019
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	86,301	27	84,019

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

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

What is the organization's primary exempt purpose? **See attachment #3**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See attachement #4				

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✔
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		✔
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✔
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✔
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✔
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		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
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		✔
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 ▶ ; section 4912 ▶ , section 4955 ▶			
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		✔
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✔
41	List the states with which a copy of this return is filed ▶ **None**			
42a	The organization's books are in care of ▶ **See attachment #5** Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
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		✔
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✔
	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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✔
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	44b		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
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*	44d		✔
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔
45b	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 instructions)	45b		✔

			Yes	No
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		✔

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 ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
b	If "Yes," was the related organization a section 527 organization?	49b		✔

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

▶ Jane Boyd — Signature of officer — Date: 10-11-12

▶ Jane Boyd Recording Secretary — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Shelley Andrade	Shelley Andrade			

Firm's name ▶ Shelley Andrade — Firm's EIN ▶ 450712580

Firm's address ▶ PO Box 437472 Kamuela, HI 96743 — Phone no 808-870-3208

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
Hilo Women's Club

Employer identification number
99-0105784

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☑ Special fundraising events

2a 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 services? ☐ Yes ☐ No

b 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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Clubhouse (event type)	(b) Event #2 Club (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	20,994	11,634		32,628
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	20,994	11,634.00		32,628
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15231	3,835		19,066
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(19,066)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				13,562

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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? . . . . . ☐ Yes ☐ No

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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

2011

Attachment Sequence No **179**

Name(s) shown on return: Hilo Woman's Club

Identifying number: 99-0105784

Business or activity to which this form relates: Form 990EZ Page 1, Line 16

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	500,000.
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	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 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 2012 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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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 2011	17	3,090.
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 2011 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		13,109.	15.0 yrs	HY	150 DB	655.
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	3,745.
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	

Part V Listed Property (Include automobiles, certain other vehicles, 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, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? . . . . ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year . .												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Form 4562

Hilo Woman's Club

Depreciation and Amortization Report

Tax Year 2011

► Keep for your records

2011

99-0105784

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	Accumulated Depreciation*
DEPRECIATION													
Main Activity													
Land		01/01/79	0	23,530	100 00								
Building		01/01/79	0	159,159	100 00						159,159		159,159
Furniture		08/01/95	517		100.00			517	7.00	200DB/HY	517	0	517
Furniture		04/01/96	140		100.00			140	7.00	200DB/HY	135	0	135
Floor		07/01/96	560		100 00			560	7.00	200DB/HY	560	0	560
Shelves		07/01/96	1,950		100 00			1,950	7.00	200DB/HY	1,674	0	1,674
Roof replacement		09/01/96	15,266		100.00			15,266	39.00	SL/MM	1,997	546	2,543
Locks		10/01/96	79		100 00			79	7.00	200DB/HY	69	0	69
Trees		04/01/97	125		100 00			125	15 00	150DB/HY	125	0	125
Vacuum		05/01/97	38		100 00			38	7.00	200DB/HY	5	0	5
Benches		05/01/97	730		100 00			730	7 00	200DB/HY	628	0	628
Chairs		05/01/97	909		100 00			909	7 00	200DB/HY	909	0	909
Tables		07/01/97	284		100 00			284	7.00	200DB/HY	282	0	282
Fans		09/01/97	78		100 00			78	7.00	200DB/HY	77	0	77
Copier		09/01/97	350		100 00			350	5.00	200DB/HY	350	0	350
Fence		12/01/97	900		100 00			900	15.00	150DB/HY	864	24	888
Fence		01/01/98	900		100 00			900	15.00	150DB/HY	869	21	890
Tables		03/01/98	175		100 00			175	7 00	200DB/HY	175	0	175
PA System		04/01/98	224		100.00			224	7.00	200DB/HY	224	0	224
Furniture		05/30/99	850		100 00			850	7.00	200DB/HY	850	0	850
Stove		06/01/00	504		100 00			504	7.00	200DB/HY	504	0	504
Furniture		11/15/02	891		100 00			891	7.00	200DB/HY	891	0	891
Furniture		09/01/07	153		100 00			153	7.00	200DB/HY	109	13	122
Furniture		10/01/07	680		100 00			680	7.00	200DB/HY	485	56	541
Furniture		03/01/08	1,719		100 00			1,719	7.00	200DB/HY	1,050	191	1,241
Furniture		08/01/08	105		100 00			105	7 00	200DB/HY	59	13	72
Furniture		09/01/08	1,450		100 00			1,450	7.00	200DB/HY	816	181	997
Furniture		12/01/08	172		100.00			172	7 00	200DB/HY	97	21	118
Stove		09/15/09	533		100.00			533	7.00	200DB/HY	207	93	300
Computer		06/01/10	907		100.00			907	5.00	200DB/HY	181	290	471
Refrigerator		07/01/10	921		100 00			921	7.00	200DB/HY	132	227	359
Fans		08/01/10	504		100.00			504	7.00	200DB/HY	72	123	195
Window Screens		08/01/10	3,645		100.00			3,645	7.00	200DB/HY	521	893	1,414
Sound System		11/01/10	1,146		100 00			1,146	7.00	200DB/HY	164	281	445
Blinds		03/01/11	480		100 00			480	7.00	200DB/HY	69	117	186

*Accumulated Depreciation = Section 179 + SDA + Prior + Current

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

Form 4562
Hilo Woman's Club

Depreciation and Amortization Report

Tax Year 2011

► Keep for your records

2011

99-0105784

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	Accumulated Depreciation*
Capital Improvments-Kitchen Update		12/31/11	13,109		100 00			13,109	15.00	150DB/HY		655	655
TOTALS			51,000	182,689		0	0	51,000			174,826	3,745	178,571

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

*Accumulated Depreciation = Section 179 + SDA + Prior + Current

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1 Page 1 - 990EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2010 or tax year period beginning **06-01-2011**, and ending **05-31-2012**

Name of Organization	Employer Identification Number
Hilo Woman's Club	99-0105784

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Scholarship	Melissa Sullivan	1,000	
Scholarship	Christian Balicoco	1,000	
Scholarship	Ellie-Jean Kalawe	1,000	
Scholarship	Jennifer Ucol	1,000	
		4,000	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
					2010 - 07
					2010 - 07
					2010 - 07
					2010 - 07

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: Page 2 - 990EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2010 or tax year period beginning **06-01-2011**, and ending **05-31-2012**

Name of Organization: Hilo Woman's Club

Employer Identification Number: 99-0105784

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Tax Exempt	Hilo Medical Center	500	
Tax Exempt	Hospice of Hilo	500	
Tax Exempt	Rainbow Friends Animal Sanctuary	200	
Tax Exempt	Hilo High Academic Decathalon	200	
		1,400	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
					2010 - 05
					2010 - 05
					2010 - 05
					2010 - 04

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: Page 3 - 990EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2010 or tax year period beginning **06-01-2011**, and ending **05-31-2012**

Name of Organization	Employer Identification Number
Hilo Woman's Club	99-0105784

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Tax Exempt	Friends of the Palace Theater	500	
Tax Exempt	Child & Family Services	500	
Tax Exempt	Hawaii Island Food Basket	278	
Tax Exempt	Children Christmas Party 2011	211	
		1,489	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
					2010 - 05
					2010 - 05
					2010 - 05
					2010 - 12

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1. Page 4 - 990EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2010 or tax year period beginning **06-01-2010**, and ending **05-31-2011**

Name of Organization	Employer Identification Number
Hilo Woman's Club	99-0105784

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Tax Exempt	Goodwill Industries	1,111	
Tax Exempt	Hawaii Isand Food Basket	150	
Tax Exempt	Family Services Hawaii	250	
Tax Exempt	Merrie Monarch Parade stuffed animals	600	
		2,111	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
					2010 - 02
					2010 - 05
					2010 - 10
					2010 - 05

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1 Page 5 - 990EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2010 or tax year period beginning **06-01-2011**, and ending **05-31-2012**

Name of Organization	Employer Identification Number
Hilo Woman's Club	99-0105784

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Tax Exempt	Pahoa Police Station	200	
Tax Exempt	Howling Holidays	125	
Tax Exempt			
Tax Exempt			
		325	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
					2010 - 11
					2010 - 05

SCHEDULE OF OTHER EXPENSES

Attachment 2 Page 1 - 990EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2010 or tax period beginning **06-01-11**, and ending **05-31-2012**

Name of Organization	**Employer Identification Number**
Hilo Woman's Club	99-0105784

Description of Other Expenses	Amount
Professional Services/Tax Prep	305
Office Supplies	857
GET paid	1342
Real Property Tax	100
Safe Deposit Box	0
Depreciation	3745
Advertising	43
Bank Service Fee	0
Total	4638

PRIMARY EXEMPT PURPOSE

Attachment 3 Page 1 - 990EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning **06-01-11**, and ending **05-31-12**

Name of Organization	Employer Identification Number
Hilo Woman's Club	99-0105784

Primary Purpose

Promote Betterment of the community

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4 Page 1 - 990EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning **06-01-11**, and ending **05-31-12**

Name of Organization	Employer Identification Number
Hilo Woman's Club	99-0105784

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (if not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp	(E) Expense Account & Other Allowances
Beverly Keikes	President	0	0	0
Mariann Marshall	Vice President	0	0	0
Jane Boyd	Recording Secretary	0	0	0
Diane Czerwonka	Corresponding Secretary	0	0	0
June Conant	Treasurer	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning **06-01-11**, and ending **05-31-12**

Name of Organization	Employer Identification Number
Hilo Woman's Club	99-0105784

Part V - Line 42a

Individual Name

or

Business Name

Hilo Woman's club

c/o June Conant

7 Lele St

U S Address

Zip code 96720 City Hilo State HI

or

Foreign Address

City

Province or State

Country

Postal Code

Phone Number (808) 935-9838

Fax Number