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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calendar	year, or tax year beginning June 01 , 2013, and ending	<u> </u>	мау зт	, 20				
B Check if applicable		pplicable	C Name of organization	D Emp	loyer ıd	entification number				
Address change Name change			lilo Women's Club		9	9-0105784				
			Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	ohone n	umber				
=	Initial retui	1 2	Lele St		808-959-0055					
=	Terminate	ed T	City or town, state or province, country, and ZIP or foreign postal code	F Gro	roup Exemption					
=	Amended Application	4	Hilo, HI 96720	Nur	nber 🕨	•				
				H Check	<u>▶ □</u>	f the organization is not				
	Vebsite					ach Schedule B				
			k only one) — 501(c)(3)	•		D-EZ, or 990-PF)				
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other	,	,	,				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets	·					
			are \$500,000 or more, file Form 990 instead of Form 990-EZ	.0.0. 000010	`▶ &	27 020				
	art I		, Expenses, and Changes in Net Assets or Fund Balances (see t	he instrii	ctions	27,020 for Part I)				
	arti		he organization used Schedule O to respond to any question in this Pa							
	1 4				<u></u>					
	1		is, gifts, grants, and similar amounts received		-	868				
	2	_	vice revenue including government fees and contracts		2					
•	3	•	dues and assessments		3	2050				
	4	Investment	1 1		4	1				
	5a		int from sale of assets other than inventory 5a		-					
	b		r other basis and sales expenses							
	C	•	5c							
	6	Gaming and fundraising events								
	a		me from gaming (attach Schedule G if greater than							
Ž		•								
Revenue	b		ne from fundraising events (not including \$of contribut	ions						
æ			ising events reported on line 1) (attach Schedule G if the							
			gross income and contributions exceeds \$15,000) 6b	27,020] [
	C	Less: direct	expenses from gaming and undraising events 6c	16,105]]					
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract						
		lıne 6c) .	of inventory, less returns and allowances		6d	10,915				
	7a	Gross sales	of inventory, less returns and allowances 7a]					
	b	Less: cost o	f goods sold] [
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8	Other reven	ue (describe in Scheddle O)		8					
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	, , ▶	9	13,834				
	10	Gran is and	similar amounts paid (list in Schedule O)		10	6,311				
	11	Benefits pai	d to or for members		11	577				
S	12	Salaries, oth	ner compensation, and employee benefits		12	. 0				
Expenses	13	Professiona	I fees and other payments to independent contractors		13	0				
þe	14	Occupancy,	rent, utilities, and maintenance		14	5,476				
Ж	15	Printing, pul	olications, postage, and shipping		15	207				
	16	• •	ises (describe in Schedule O)		16	6326				
	17		nses. Add lines 10 through 16		17	18,897				
·^	40	Excess or (c	leficit) for the year (Subtract line 17 from line 9)		18	-5,063				
Ę	19		or fund balances at beginning of year (from line 27, column (A)) (must ag							
SS			figure reported on prior year's return)		19	83,292				
Net Assets	20	=	ges in net assets or fund balances (explain in Schedule O)		20					
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	78,229				
			<u> </u>							

910-18

Cat No 10642I

Form **990-EZ** (2013)

Pa	t Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>
			Ļ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		· · · · · <u>·</u>	29,390		27,329
23	Land and buildings		}	53,902		50,900
24	Other assets (describe in Schedule O)				24	0
25 26	Total liabilities (describe in Schedule O)			83,292	26	78,229 0
27	Net assets or fund balances (line 27 of column			83,292	$\overline{}$	<u>U</u> 78.229
Par						
ر چ	Check if the organization used Schedule	•			/Dog	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	Promote Betterment				c)(3) and 501(c)(4)
	ribe the organization's program service accompl	shments for each o	f its three largest n	rogram services		nizations and section
as n	neasured by expenses. In a clear and concise in	nanner, describe the				(a)(1) trusts, optional thers)
pers	ons benefited, and other relevant information for e	ach program title.				,
28						
					••	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> P L</u>	28a	
29						
	(Grants \$) If this amount	includes foreign gra	ente check here		29a	
30	(Grains \$) it this amount	includes loreign gra	ints, check here .		234	
50						
	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke				istruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a			• •	<u> L</u>
•		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)			ther compensation
		 	(ii not paid, enter -0-)	deferred compensation	+	
	rly Heikes	-				0
Pres		+			0	0
	ine Godoy President	-		,	0	0
VICE	riesiuciit		`		┪—	
Jane	Boyd	-			o	0
	rding Secretary					
	nia Maeda	1			0	0
	esponding Secretary					
)	0	0
Rose	Vierra I	ļ			1	
Trea	surer			<u> </u>	0	0
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		1				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
			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		1
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		✓
С	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			-ريد
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		7
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	300		V
a	Initiation fees and capital contributions included on line 9	-		_
ь 40а	Gross receipts, included on line 9, for public use of club facilities			\$ ·
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		
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			3.3
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	40e		- /
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of ▶ Rose Vierra Telephone no. ▶			
	Located at ▶ 7 Lele St, Hilo, HI 96720 ZIP + 4 ▶		N	l
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	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country	42c	L	✓
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			▶ ∐
44a	Did the organization maintain any Jonor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	explanation in Schedule O	44d		1
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	Form 990-EZ (see instructions)	45b	1	

Form 99	0-EZ (20	013)						F	age 4
			-					Yes	No
46		he organization engage, directly or in						ļ	
		ndidates for public office? If "Yes," o		, Part I		• • • •	46		✓
Part \	_	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s must answer que			nplete the ta	bles f	or line	es
			·					Yes	No
47	year?	he organization engage in lobbying I lf "Yes," complete Schedule C, Par	t¶				47		1
		organization a school as described ii					48	ļ	√
		ne organization make any transfers t es," was the related organization a se					49a 49b		√
b 50		es, was the related organization a se plete this table for the organization's							l v d ke∖
-		oyees) who each received more than							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	o employee (e) and deferred o	Estimate ther con		
None								_	
								_	
			10-1		-				
					+				
				<u> </u>					
51	Comp	number of other employees paid ovolete this table for the organization, 000 of compensation from the organization from the organizat	's five highest compo	ensated independent	contractors	who each re	ceived	more	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c) Cor	npensati	on	
None									
						 -		-	
				-				-	
									
	T-4-1	number of other index and a section.		Over \$100,000				-	
a 52		number of other independent contra ne organization complete Schedule A	-		s and 4947(a)	(1)			
		xempt charitable trusts must attach				., ▶ [Yes		No
Under pe	enalties rect, an	of perjury, I declare that I have examined this domplete. Declaration of preparer (other than	return, including accompan n officer; is based on all info	lying schedules and statem ormation of which preparer	ents, and to the l has any knowled	pest of my knowle	edge and	d belief,	ıt ıs
Sign Here		Signature of officer			Date	9/24/	16		
		Type or print name and site	Dronger's signature		ate of a	,	PTIN		
Paid		Print/Type preparer's name Md Moniruzzaman, CPA	Preparer's signature		I I I	Check I if self-employed		16318	94
Prepa	arer	World described of A						.0010	- 1

Firm's address ► 137 W Puainako St, Hito, HI 96720

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

45-5533963

Firm's EIN ▶

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

Employer identification number

tilo V	Vomen's Club				<u>.</u>		0105784
Par	Fundraising Activities.				vered "Yes" to F	orm 990, Part IV, I	line 17.
	Form 990-EZ filers are i						
1	Indicate whether the organization	on raised funds t					
a	Mail solicitations				on of non-govern	_	
b	☐ Internet and email solicitation	oris	f L		on of government	_	
c	☐ Phone solicitations		g L	□ Special i	fundraising events	į	
d	☐ In-person solicitations	tton or oral agrae	amant with		dual (maludina aff	anna direntara triia	tooo
2a	Did the organization have a wri or key employees listed in Form						. – –
b	If "Yes," list the ten highest paic compensated at least \$5,000 b	d individuals or e	entities (fun			-	
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody of	ndraiser have or control of outlons?	(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
_			Yes	No			
1							
2							
3							
4							
5							
			-	ļ <u>.</u>			
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the organized registration or licensing.	anization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
					•••••		
					·- 		·····
							·····
				•••••			
					••••••••••		***************************************

Par	t II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
		g, 000 1000, p. 0 g, 000 1	(a) Event #1 Club House (event type)	(b) Event #2 Club (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	16,943	10,077		27,02
æ	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .	\$11477	4,628		16,10
i i	10 11		act line 10 from line 3, c e organization answei	olumn (d)		16,10 10,919 reported more
Revenue		than \$15,000 on Form 9	90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Re	1	Gross revenue		. =		-
ses	2	Cash prizes			1.00	
xben	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .			□ Vas %	
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac				
\perp	8	Net (aming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9 a b	ts	nter the state(s) in which the or the organization licensed to o "No," explain:	-	in each of these states		Yes No
10a b		/ere any of the organization's g "Yes," explain:	gaming licenses revoked	I, suspended or termina	ated during the tax yea	r? . 🗌 Yes 🗍 No

cneou	le G (FORM 990 01 990-E2) 2013			r age C						
11 12	Does the organization operate gaming activities with noninembers?	entity] Yes [] Yes [
13	Indicate the percentage of gaming activity operated in:									
а	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 book records:	s and								
	Name ►			•••••						
	Address ▶									
15a	Does the organization have a contract with a third party from whom the organization receives g revenue'] Yes [] No						
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	ne								
	Name ►									
	Address►									
16	Gaming manager information:									
	Name▶									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	□ Director/officer □ Employee □ Independent contractor									
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming procedure retain the state gaming license?] Yes [☐ No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year ▶ \$			_						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to additional information (see instructions).			t						
			·							
		•••••								
										
			-							

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Hilo Women's Club	99-0105784
Form 990EZ Page 1, Line 10: Grants and similar amounts paid	
Total Society age 1, Line 10. Stand and Similar anisonics para	
Scholarship, Tiah Nahoku Cortez, No relationship, \$1000	
Scholarship, Samantha Hanabaga, No relationship; \$1000	
Scholarship; Louise Vivien Santos, No relationship, \$1000	
Tax exempted, Hospice of Hilo, No relationship, \$300	
Tax exempted, Hilo Medical Center, No relationship, \$500	
Tax exempted, Rainbow Friends Animal Sanctuary; No relationship; \$200	
Tax exempled, Kambow Friends Ammai Sanctuary, No relationship, \$200	
Tax exempted, Child & Family Services; No relationship, \$500	
Tax exempted, Friends of the Palace Theater; No relationship; \$300	
Tax exempted, Hilo High Decathlon, No relationship, \$300	
Tax exempted YMCA, Inc, No relationship, \$400	
Tax exepmted: No relationship; 811 [50+761]	
Tax exempted: The Food Basket, Inc 267; [in/out]	
•	
Form 990EZ Page 1, Line 14 Occupancy, rent, utilities, and maintenance \$5,476	
Electricity \$1,787	
Phone \$1,518	
Water \$323	
<u></u>	
Sewer \$277	
·	
<u></u>	
·	

Schedule O (Form 990 or 990-EZ) (2013)		Page Z
Name of the organization	Employer identification number	
Form 990EZ Page 1; Line 16: Other expenses\$6,326		
Professional Service/Tax Prep \$300		
Office Supplies \$728		
GET Paid \$1,644		
Real Property Tax \$100		
Depreciation \$3,554		
		·
		·
		·
		·