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

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WOMEN'S FUND OF HAWAI'I

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1500 SOUTH BERETANIA STREET | 314

City or town, state or country, and ZIP + 4
HONOLULU HI 96826

D Employer identification number
30-0273733

E Telephone number
(808) 954-9653

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

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:** ► www.womensfundhawaii.org

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◄ (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 $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 190,881.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	148,736.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 24,195. of contributions reported on line 1)	6a 42,142.		
	b	Less: direct expenses other than fundraising expenses	6b 44,226.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-2,084.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► OTHER INCOME)		8	3.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	146,655.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	25,250.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	102,646.
	13	Professional fees and other payments to independent contractors		13	784.
	14	Occupancy, rent, utilities, and maintenance		14	15,254.
	15	Printing, publications, postage, and shipping		15	4,051.
	16	Other expenses (describe ► See Other Expenses Statement)		16	15,592.
	17	**Total expenses.** Add lines 10 through 16 ►		17	163,577.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-16,922.
	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	82,755.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	65,833.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	82,755.	22	65,833.
23	Land and buildings	0.	23	0.
24	Other assets (describe ►)	0.	24	0.
25	**Total assets**	82,755.	25	65,833.
26	**Total liabilities** (describe ►)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	82,755.	27	65,833.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? FUNDING WOMEN'S/GIRL'S NON-PROFIT ORGANIZATIONS

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, or other relevant information for each program title

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

28 PROVIDE FUNDING TO NON-PROFIT ORGANIZATIONS THAT HELP WOMEN AND GIRLS BECOME SAFE, FINANCIALLY SECURE, AND EMPOWERED. DURING 2009 WE PROVIDED GRANTS TO 14 ORGANIZATIONS, THAT SERVED HUNDREDS OF WOMEN AND GIRLS THROUGHOUT THE STATE OF HAWAII.

(Grants $ 25,250.) If this amount includes foreign grants, check here ▶ ☐ **28a** 129,156.

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 (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) ▶ **32** 129,156.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(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
JUDY BISHOP P.O. BOX 2385 HONOLULU, HI 96804	TREASURER 1.00	0.	0.	
MARIVIC DAR P.O. BOX 2385 HONOLULU, HI 96804	SECRETARY 1.00	0.	0.	0.
CHENOA FARNSWORTH P.O. BOX 2385 HONOLULU, HI 96804	VICE-CHAIR 1.00	0.	0.	0.
GWEN PACARRO P.O. BOX 2385 HONOLULU, HI 96804	IMMEDIATE PAST-CHAIR 1.00	0.	0.	0.
TYRIE LEE JENKINS P.O. BOX 2385 HONOLULU, HI 96804	CHAIR 1.00	0.	0.	0.
KARI LEONG P.O. BOX 2385 HONOLULU HI 96804	DIRECTOR 1.00	0.	0.	0.
NANCY WHITE P.O. BOX 2385 HONOLULU, HI 96804	DIRECTOR 1.00	0.	0.	0.
LESLIE WILKINS P.O. BOX 2385 HONOLULU HI 96804	DIRECTOR 1.00	0.	0.	0.
PIIA ARMA P.O. BOX 2385 HONOLULU HI 96804	DIRECTOR 1.00	0.	0.	0.
LAYLA DEDRICK P.O. BOX 2385 HONOLULU HI 96804	DIRECTOR 1.00	0.	0.	0.
KAYLA ROSENFELD P.O. BOX 2385 HONOLULU HI 96804	DIRECTOR 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V **Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		
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		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?		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 period covered by this return?		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 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		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 ►		
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		X
41	List the states with which a copy of this return is filed ►		

42a The organization's books are in care of ► MICHELLE GRAY Telephone no ► (808) 954-9653

Located at ► 1500 SOUTH BERETANIA ST #314 HONOLULU HI ZIP + 4 ► 96826

		Yes	No
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 ►		X
	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 ►		X

		Yes	No
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		
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If 'Yes,' was the related organization a section 527 organization?		

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 ►

Sign Here

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

► Signature of officer Date 4/20/10

► Tyrie Jenkins, M.D. Chair of the Board.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date 10/04/10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► ALLEN M. ARAKAKI, CPA, INC. 1314 SOUTH KING STREET, SUITE 710 HONOLULU HI 96814		EIN ►	
		Phone no ► (808) 591-8480	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
WOMEN'S FUND OF HAWAI'I	30-0273733

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)	
(ii)	a family member of a person described in (i) above?	11g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	70,078.	138,711.	154,969.	274,141.	148,736.	786,635.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.	0.
4 **Total.** Add lines 1 through 3	70,078.	138,711.	154,969.	274,141.	148,736.	786,635.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						81,615.
6 **Public support.** Subtract line 5 from line 4						705,020.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	70,078.	138,711.	154,969.	274,141.	148,736.	786,635.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.	0.	0.	0.	0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				250.	3.	253.
11 **Total support.** Add lines 7 through 10						786,888.
12 Gross receipts from related activities, etc. (see instructions)					12	165,690.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	89.60%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	86.22%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: OTHER INCOME

2008: 250.

2009: 3.

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 Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

WOMEN'S FUND OF HAWAI'I

Employer identification number

30-0273733

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ 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

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have 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 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
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 VARIOUS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	66,337.			66,337.
	2 Less: Charitable contributions	24,195.			24,195.
	3 Gross income (line 1 minus line 2)	42,142.			42,142.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	44,226.			44,226.
	10 Direct expense summary Add lines 4- through 9 in column (d) ►				44,226.
	11 Net income summary Combine lines 3, column (d) and line 10 ►				-2,084.

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 Non-cash 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 lines 1, column (d) and line 7 ►				

		YES	NO
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?	9a		
b If 'No,' explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain			
11 Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			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 contact with a third party from whom the organization receives gaming revenue?			15a	
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?			17a	
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 ► $				

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

Other expenses (describe)	
BANK FEES	99.
CONFERENCE/MEETINGS	1,321.
DATABASE	2,024.
DUES & SUBSCRIPTIONS	1,003.
EDUCATION & TRAINING	923.
EMAIL PUBLICATIONS	387.
GRANT COMMITTEE EXPENSES	196.
INFORMATION TECHNOLOGY	563.
INSURANCE	791.
MEALS & ENTERTAINMENT	687.
MERCHANT SERVICES	971.
OFFICE SUPPLIES	1,344.
PARKING	189.
TELEPHONE	1,392.
TRAVEL	3,176.
WEB PAGE	526.
Total	15,592.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business [ ] Person [X] ROSEMARIE SAVINO P.O. BOX 2385 HONOLULU HI 96804 Foreign city Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business [ ] Person [X] SARA JO BUEHLER P.O. BOX 2385 HONOLULU HI 96804 Foreign city Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business [ ] Person [X] ALLISON MACHIDA P.O. BOX 2385 HONOLULU HI 96804 Foreign city Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business [ ] Person [X] ADRIA ESTRIBOU P.O. BOX 2385 HONOLULU HI 96804 Foreign city Foreign country	Title EXECUTIVE DIRECTO Hours/Week 40.00	52,276.	0.	

WOMEN'S
FUND OF HAWAI'I

2009 GRANTEES

Aloha State Association of the Deaf
Awarded to He Alaka'i Wahine Kuli (HAWK - Deaf Women Leadership) for a five-day deaf women's leadership retreat. The goal is to empower deaf women in Hawaii to become superior leaders in their community and enhanced advocates for issues facing deaf women. *The Women's Fund made a $5,000 grant. Awarded December 2008 for 2009 calendar year. Dr. Judith Coryell, Director, Kapi'olani Deaf Center, 4303 Diamond Head Road, Manono 102, Honolulu, HI 96816. Ph: 808-734-7979, Email: coryell@hawaii.edu*

Big Brothers Big Sisters of Honolulu
The Women's Fund has adopted Waikiki Elementary School - for a pilot program designed for long and short-term benefit of at risk girls. Fifteen Little girls will be matched with Bigs – women in traditionally male-dominated vocations such as engineering, science, and health/fitness for career-focused outings once per month. *The Women's Fund made a $5,000 grant. Awarded for one year beginning July 2009. Jill Matro, Program Services Director, 418 Kuwili St, Ste 106, Honolulu, HI 96817. Ph: 808-695-4564, Email: jmatro@bigshonolulu.org*

Domestic Violence Action Center
The Domestic Violence Action Center is committed to ending domestic violence and other forms of abuse through leadership, prevention, legal services, individual and systemic advocacy and social change. Grant funds will be used for operating expenses. *The Women's Fund made a $2,000 grant. Awarded December 2008 for 2009 calendar year. Nanci Kreidman, Chief Executive Officer, P.O. Box 3198, Honolulu, HI 97801. Ph: 808-534-0040, Email: nancik@stoptheviolence.org*

Hamakua Health Center, Inc.
Hamakua Health Center serves the Big Island's northern districts. Grant funds are for "Ladies' Night Out," a women's health fair including health screening, self-care and resources. *The Women's Fund made a $1,300 grant. Awarded December 2008 for 2009 calendar year. Catherine Marquette, Project Director, 45-549 Plumeria St., Honakaa, HI 96727. Ph: 808-930-2737, Email:cmtluthe@aloha.net*

Hina Mauka - Ke Alaula Therapeutic Community
Grant funds will be used to create a play on domestic violence at Women's Community Correctional Center in Kailua. The play will be written and acted in by inmates; more than 90 percent of the incarcerated women have suffered from domestic violence, substance abuse and/or sexual trauma. *The Women's Fund made a $5,000 grant. Awarded December 2008 for 2009 calendar year. Marie Hughes, Chief Administrative Officer, 45-845 Po'okela St, Kaneohe, HI 96744. Ph: 808-447-5249, Email: mhughes@hinamauka.org*

Honolulu Black Nurses Association, Inc.
Fertile Grounds for Reproductive Justice grantee. Funds will be used to raise awareness about HIV/AIDS in the African American Community with the objective of helping at-risk women and teens reduce risk and get access to comprehensive health care services and education. *The Women's Fund made an $18,800 grant. Awarded December 2008 for 2009 calendar year. Arlanda Fields, President, P.O. Box 93, Aiea, HI 96701. Ph: 808-383-3095, Email: e64style@aol.com*

Learning for a Lifetime Foundation
Grant funds will be used to create a Girls' Power of Writing Club pilot program at Palama Settlement. The program will give middle school girls the opportunity to write and publish their own life stories in hardcover, while working on basic language arts skills. *The Women's Fund made a $4,036 grant. Awarded December 2008 for 2009 calendar year. Margaret South, Executive Director, P.O. Box 240627, Honolulu, HI 96824. Ph: 808-277-2503, Email: margaretsouth@kidstalkstory.com*

Micronesian Community Network
Grant funds will be used to develop of a culturally appropriate, gender-sensitive domestic violence program for Micronesian women in collaboration with Micronesian Women for Change. *The Women's Fund made a $5,000 grant. Awarded December 2008 for 2009 calendar year. Kalista Marbou, President, 1312 Ahiahi Avenue, Wahiawa, HI 96786. Ph: 808-852-1344, Email:kalimarbou@yahoo.com*

National League of American Pen Women, Honolulu Branch
Grant funds will support monthly arts and writing activities for Girls Court participants. *The Women's Fund made a $500 grant. Awarded for one year beginning July 2009. Nancy Moss, President, 953 Kauku Place, Honolulu, HI 96825. Ph: 808-385-5524, Email:npmoss@hawaii.rr.com*

Pacific Outreach Center
Therapeutic hula program "Hula Halau Ho'onanai O Ko'olau" at Women's Community Correctional Center (WCCC) in Kailua. Year-round program focused on special needs and dual-diagnosis. *The Women's Fund made a $2,500 grant. Awarded for one year beginning July 2009. Halaki Ancheta, Executive Director, 98-640 Moanalua Loop #1032, Aiea, HI 96701. Ph: 808-372-4645, Email: hanchetaaiea@aol.com*

Pacific Survivor Center
Grant funds will be used for draft and publication of training curriculum for frontline healthcare providers - goal is prevention, treatment and rehabilitation of survivors of human trafficking and torture. Pacific Survivor Center is run by two doctors who have been volunteering their time to treat trafficking victims (well over 100 per year) referred by partner agencies. *The Women's Fund made a $2,500 grant. Awarded for one year beginning July 2009. Pooja Sood-Payeur, Co-Executive Director, 1003 Bishop St #2605, Honolulu, HI 96813, Ph: 808-593-1687, Email: pooja.payeur@pschawaii.org*

3rd Path Movement for Reproductive Justice
Fertile Grounds for Reproductive Justice grantee. Grant funds will be used to create a comprehensive strategy to challenge the structural and societal conditions that control women of color from multiple disciplines within the social services network in Hawaii and to build opportunities for women of color within the movement. *The Women's Fund made a $40,000 grant. Awarded December 2008 for 2009 calendar year. Malia Pele-Kuoha, Grantee Project Director, P.O. Box 1708, Kaunakakai, HI 96748. Ph: 808-553-3844, Email: maliak@hawaiiantel.net*

Women Who Care, Inc.,
Fertile Grounds for Reproductive Justice grantee. Funds will be used to empower and educate women about their reproductive and health rights with respect to birthing options and raise reproductive justice awareness in the community. *The Women's Fund made a $6,000 grant. Awarded December 2008 for 2009 calendar year. Robin Garrison, President, P.O. Box 603, Haiku, HI 96708. Ph: 808-283-3500, Email: charob@maui.net*

WorkNet, Inc.
Grant funds will support the Needs-Based Token Economy project – for women at Women's Community Correctional Center (WCCC) in Kailua. This incentive program rewards participation in classes. Participants save tokens for needed items such as groceries upon release from prison. Recidivism rate for their group is 6%; 88% continue with after-care after release from prison. *The Women's Fund made a $5,000 grant. Awarded for one year beginning July 2009. Charles Williams Jr., Executive Director, 1020 Isenberg St, Honolulu, HI 96826. Ph: 808-941-7771, Email: willchas@gmail.com*

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . ► [X]
- 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.

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.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
WOMEN'S FUND OF HAWAI'I	30-0273733
Number, street, and room or suite number. If a P.O box, see instructions	
C/O 1314 SOUTH KING STREET, SUITE 710	
City, town or post office, state, and ZIP code For a foreign address, see instructions.	
HONOLULU HI 96814	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► MICHELE GRAY

Telephone No ► (808) 954-9653 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 09 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If this tax year 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 or 990-T, 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, or, if required, deposit with FTD coupon or, 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.

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

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: WOMEN'S FUND OF HAWAI'I

Employer identification number: 30-0273733

Number, street, and room or suite number. If a P O box, see instructions.: C/O 1314 SOUTH KING STREET, SUITE 710

For IRS use only

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: HONOLULU HI 96814

Check type of return to be filed (File a separate application for each return):

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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 ► MICHELE GRAY
  Telephone No. ► (808) 954-9653 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 Nov 15, 20 10.

5 For calendar year 2009, or other tax year beginning , 20 , and ending , 20 .

6 If this tax year 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.
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 and any amount paid previously with Form 8868	**8b**	$ 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	**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 ► 08/13/10