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Internal Revenue Service

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)

OMB No 1545-0047

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning APR 1, 2010 and endin	9 MAR 31, 201	11
B c	heck if	C Name of organization	D Employer iden	tification number
а	pplicable	LEAGUE OF WOMEN VOTERS OF HONOLULU	, ,	
	Address change	S EDUCATION TIPE THE		
	Name change	David Division As	97-	-0355692
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room		
Ē	Termin-	· · · · · · · · · · · · · · · · · · ·		08)531-7448
F	Amende		G Gross receipts \$	8,773.
	Applica Ition		H(a) Is this a grou	
	pending	F Name and address of principal officer SUSAN MILLER	for affiliates?	. — —
		49 S. HOTEL STREET NO. 314, HONOLULU, HI	9 6 H(b) Are all affiliates	
		mpt status		h a list (see instructions)
		e: ► N/A	H(c) Group exemp	
				L M State of legal domicile: HI
		Summary	real of formation. 200.	LI WI State of legal donnelle. II L
		Briefly describe the organization's mission or most significant activities TO PROM	OTE EDITCATION	N AND
Activities & Governance		PARTICIPATION IN THE GOVERNMENT PROCESS.	OIL BOCKIIO	THID
nar	_	Check this box if the organization discontinued its operations or disposed of	more than 25% of its no	t accote
Ver		- '	more than 25% or its he	1
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)	1	3 0
مح	1	Number of independent voting members of the governing body (Part VI, line 1b)	-	4 0
ies	1	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)	-	5 0
ΞΞ	1	Total number of volunteers (estimate if necessary)	-	6 10
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12	T	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	T	7b 0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,43	
	9 F	Program service revenue (Part VIII, line 2g)		0. 0.
ě	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4	9. 46.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 0.
	12]	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,48	5. 8,773.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	` <u> </u>	0. 10,000.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.
Ŋ	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
g	ь 1	Total fundraising expenses (Part IX, column (D), line 25)		
ũ	17 (Other expenses (Part IX, column (A), lines T1a.1 Ltd., 111241)		0. 11,851.
		Total expenses Add lines 13-17 (must equal Part X 2014mh (A) The 25)		0. 21,851.
	19 F	Revenue less expenses Subtract line 12 (O)	14,48	
or Ses	1		Beginning of Current Ye	
ets	20	Total assets (Part X, line 16)	621,47	
₹88 Bass	21	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)		00.
Net Assets or Fund Balances	22 1	Net assets or fund balances Subtract line 2 trouvine 20	621,47	
	art II	Signature Block	<u> </u>	00071001
<u> </u>		Ities 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
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr		or my mile money and benefit it is
	7	In & hills		112/
್: Sig	ın	Signature of officer	Date	
He		SUSAN_MILLER, TREASURER		
<u> </u>		Type or print name and title		
3		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	JAN S.H. CHOY	02/14/12 self-e	'
.(-)	parer	Firm's name CHOY & WONG CPAS INC.	Firm's EIN	
	Only	Firm's address 1001 BISHOP STREET SUITE 2680	Tani 3 Lily	_
-30	. Jy	HONOLULU, HI 96813	Phone no.	(808) 523-2811
		RS discuss this return with the preparer shown above? (see instructions)	F110118 110.	
ivia	y trie iF	2.11 I HA For Panerwork Reduction Act Notice, see the separate instructions		X Yes No

032002 12-21-10

4e

Form **990** (2010)

12,150.

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	<u> </u>
3	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	3		X
4	Section 501(c)(3) organizations. 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	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5		<u> </u>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Ì	x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	↓
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			· •
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		İ	,,
16	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		T	Γ
	complete Schedule G, Part III	_19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			77
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization 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	051		v
26	,	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	00		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
2.	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ı	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			ļ
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		٦,	
	Note. All Form 990 filers are required to complete Schedule O	38_	X 000	0040
		⊢orm	33 0 ((2010)

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	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	. 1		ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ı
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a	_	X
Ь	If "Yes," enter the name of the foreign country	i 1		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u> _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
		<u>5c</u>		
Va	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a		ĺ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		ĺ
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			İ
12a		12a		
b	<u> </u>	. !		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	·	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b				1
_				1
c 14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			000	(2010)

EDUCATION FUND INC Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	כו		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		1	
	by the following	ŀ		
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		T.,	
10-	Door the organization have lead about an increase or affiliate 0		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	405		
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	_	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-	ļ	}
	taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	İ		
800	exempt status with respect to such arrangements?	16b		l
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed HI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	e tor		
	public inspection. Indicate how you make these available. Check all that apply. Own website. Another's website. X Upon request.			
10			ne.el	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	ana tina	anciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:		
	SUSAN MILLER - (808) 531-7448	aliUH.	_	
	49 S. HOTEL STREET SUITE 314, HONOLULU, HI 96813-3104			
	DIMBI DOLL SIE, MONOBOBO, III JOOIS SIUR		000	(0040

EDUCATION FUND INC

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average			(C Pos	C) Ition	ı		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per	(c		all			ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBIN U. LOOMIS										_
PRESIDENT	4.00	<u> </u>		X		<u> </u>		0.	0.	0.
ELIZABETH REILLY			l		ĺ					
VICE PRESIDENT	1.00	<u> </u>	_	X		ļ		0.	0.	0.
SUSAN MILLER								_		_
TREASURER	1.00	ļ		X	_			0.	0.	0.
PIILANI KAOPUIKI								_	_	_
SECRETARY	1.00	ļ	<u> </u>	Х				0.	0.	0.
JEAN AOKI								_	_	_
DIRECTOR	1.00	ļ	_		<u> </u>			0.	0.	0.
HELEN GRIFFIN	1									
DIRECTOR	1.00	 				-		0.	0.	0.
DONNA WONG	1 00									•
DIRECTOR	1.00	1	├	}_		-		0.	0.	0.
DEBRA LAU-OKAMURA	1 00								_	
DIRECTOR	1.00				_			0.	0.	0.
		_								
	 									
										_

032007 12-21-10

Form 990 (2010)

Par	t VII Section A. Officers, Directors, Tru		nplo	yee	s, aı	nd F	ligh	est	Compensated Employ	ees (continued)				
•	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(6)		Posi			kΛ	Reportable	Reportable			mate	
		hours per week (describe hours for related organizations in Schedule	istee or director	Institutional trustee	Officer		Highest compensated O		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		comp fro orga	m the nızat relat	ition e ion ed
		O)	트	E E	# O#	Ke	₹5				_			
			-								\dashv			
						_					\dashv			
											-+			
						}								
		 		_							-+			
		†	-											
		<u> </u>			<u>. </u>			L			_			
	Sub-total	II Continu A							0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	bov	e) wt	no re		,000 in reportable				
	compensation from the organization			_								Г	Yes	0 No
3	Did the organization list any former officer	. director or tru	stee	e. ke	v em	olar	vee	or h	nighest compensated er	nolovee on	Γ		res	NO
Ū	line 1a? If "Yes," complete Schedule J for			,	,	٠,٥٠٥	,,	. .	ng. look oo mpo lookoo o			3		X
4	For any individual listed on line 1a, is the s	-		-					·	the organization	ŀ			
5	and related organizations greater than \$15 Did any person listed on line 1a receive or			-						idual for services	}	4		X
	rendered to the organization? If "Yes," con							- Ciai		iddai for services		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization NONE	ompensated in	dep	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of comp	oensa	ition fr	om	
	the organization NONE (A)	<u></u>							(B)			(C)	
	Name and business	address							Description of s	services	Co	omper		n
			_											
									<u> </u>					
2	Total number of independent contractors \$100,000 in compensation from the organ	-	iot l	mite	a to		se li: 0	stec	above) who received n	nore than				
	Too, ood in compensation norm the organ	ization -	_		_						_	Form 9	990	(2010)

		otatement of never	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b		1b	· · · · · ·				
s, g	С		1c					
ar a	d		1d					
S,E	е	Government grants (contribut	tions) 1e					
i si	f	All other contributions, gifts, gran						
혈휥		similar amounts not included abo	ve 1f	8,727.				
호	g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f		>	8,727.			
				Business Code				
8	2 a							
Program Service Revenue	b							
S T	С				···			
eg.	d							_
5	е							
<u>-</u>		All other program service reve	enue					
	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	46.			46.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		> _				
			(i) Real	(ii) Personal				
		Gross Rents		,				
		Less rental expenses						
		Rental income or (loss)			±	-	-	
		Net rental income or (loss)		•			_	
	7 a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
	_	and sales expenses	-					
		Gain or (loss) Net gain or (loss)						
		Gross income from fundraisin	a ovente (net	P				
ے ا ج	04	including \$	•					
Other Revenue		contributions reported on line						
ايم		Part IV, line 18	a a					
ᇐ	h	Less direct expenses	a b					
ō		Net income or (loss) from fund				Ì	-	-
		Gross income from gaming ac						
		Part IV, line 19	а					
	ь	Less direct expenses	_ b					
		Net income or (loss) from gan		•				
		Gross sales of inventory, less	-					
		and allowances	а					
	b	Less cost of goods sold	b					
1	с	Net income or (loss) from sale	es of inventory		·	Ī		
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С	· · · · · · · · · · · · · · · · · · ·						
	d	All other revenue						
	е	Total. Add lines 11a-11d						
0000	12	Total revenue. See instructions.		>	8,773.	0.	0.	46.
03200 12-21	-10							Form 990 (2010)

EDUCATION FUND INC Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and 10,000 organizations in the U.S. See Part IV, line 21 10,000. Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) Management b Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other g 678. 678 Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 3,600. 3,600. Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,377 2,150 227 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 564 564. Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) DUES & SUBSCRIPTIONS 2,383. 2,383. PRINTING & PUBLICATIONS 2,094. 2,094. BANK SERVICE CHARGES 150. 150. C LICENSES & FEES 5. 5. d All other expenses 21,851 12,150. 9,701. Total functional expenses Add lines 1 through 24f 0. 25 Joint costs Check here I if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

032010 12-21-10

•					(A) Beginning of	vear		(B) End of year
	1	Cash - non-interest-bearing				095.	1	36,582.
	2	Savings and temporary cash investments				095.	2	571,095.
İ	3	Pledges and grants receivable, net		-	3,1	, 0 3 3 0	3	0,2,00
		Accounts receivable, net		<u> </u>			4	
	5	Receivables from current and former officers, di	ractore truetas	s kov		-	-	
	•	employees, and highest compensated employee		-				
		of Schedule L	es complete i a				5	
	6	Receivables from other disqualified persons (as	defined under s	ection			-	
	•	4958(f)(1)), persons described in section 4958(c						
		employers and sponsoring organizations of sec		- I				
1				lulitary				
ध	7	employees' beneficiary organizations (see instru Notes and loans receivable, net	ictions)	-			6	
Assets	7	,		}			7	
₹	8	Inventories for sale or use		-			8	
	9	Prepaid expenses and deferred charges	1 1	į-			9	
'	ıva	Land, buildings, and equipment cost or other		2 461			ł	
		basis Complete Part VI of Schedule D	10a	3,461.	4	200		
		Less accumulated depreciation	10b	2,738.		288.	10c	723.
	11	Investments - publicly traded securities		-			11	
	12	Investments other securities See Part IV, line		-			12	-
	13	Investments - program-related. See Part IV, line	_			13		
	14	Intangible assets	-			14		
'	15	Other assets See Part IV, line 11	-			15		
- '	<u> 16</u>	Total assets. Add lines 1 through 15 (must equ	ial line 34)		621	<u>,478.</u>	16	608,400
	17	Accounts payable and accrued expenses	-			17		
	18	Grants payable					18	
	19	Deferred revenue					19	
2	20	Tax-exempt bond liabilities					20	
ខ្ជ វ	21	Escrow or custodial account liability Complete					21	
] i	22	Payables to current and former officers, directo	· ·					
Liabilities		highest compensated employees, and disqualif	ied persons Co	mplete Part II		_	_ -	
-		of Schedule L		_			22	
:	23	Secured mortgages and notes payable to unrela	ated third partie	s			23	
:	24	Unsecured notes and loans payable to unrelate	d third parties				24	
:	25	Other liabilities Complete Part X of Schedule D					25	
:	<u> 26</u>	Total liabilities. Add lines 17 through 25				0.	26	0 .
		Organizations that follow SFAS 117, check h	ere 🕨 📖 a	and complete				
S		lines 27 through 29, and lines 33 and 34.						
E 1:	27	Unrestricted net assets		<u> </u>			27	
ğ :	28	Temporarily restricted net assets		1			28	
<u> </u>	29	Permanently restricted net assets					29	
2		Organizations that do not follow SFAS 117, o	heck here 🕨	X and				
5		complete lines 30 through 34.						
g :	30	Capital stock or trust principal, or current funds			0.	30	0 .	
2	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	Ĺ		0.	31	0 .
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated in	ncome, or other	funds		<u>,478.</u>	32	608,400
z :	33	Total net assets or fund balances				<u>,478.</u>	33	608,400
Ι.	34	Total liabilities and net assets/fund balances			621	,478.	34	608,400

Form **990** (2010)

_	rotal expenses (must equal Part IX, column (A), line 25)			<u> </u>	<u>r, o</u>	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-1:	3,0	78.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		52	1,4	<u>78.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 608						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	o				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	ı	l			
	separate basis, consolidated basis, or both				i		
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit				

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2010)

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

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.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU

Employer identification number

			ON FUND INC						<u> </u>	<u> </u>	092	_
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions				_
he organ	iization is not a	private foundation	because it is (For lines 1	i through 1	1, check o	only one b	ox)					
1 🖳	A church, cor	nvention of churches	s, or association of chur	ches descr	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	l's name,	
	city, and stat	e					_		_			
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describe	d in		_
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)				-					
6			ent or governmental uni	t described	ın sectio	n 170(b)(I)(A)(v).					
7			eives a substantial part					r from the	general p	ublic desc	cribed in	
	-	b)(1)(A)(vi). (Comple		•		J			J			
в 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	-		eives (1) more than 33	•	•	om contri	butions, m	nembershii	o fees. an	d aross re	ceipts from	
-	-	-	nctions - subject to certa				-			•	•	
			axable income (less sect							_		
		509(a)(2). (Complete			,			,g-			,	
10 🔲			perated exclusively to te	st for publi	c safety S	ee sectio	n 509(a)(4	1).				
11 🗔	-	-	perated exclusively for the		•			•	v out the i	ourposes d	of one or	
	-	-	ations described in secti		•				'			
			organization and compl				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-/(-/.			
	a Type I	یے ن	7Ĭ '		e III - Func		tegrated		d 🗀	Type III - 0	Other	
е 🗀	• •		at the organization is not			•	•	r more disc		• •		
	-	-	han one or more publicly		-	-	•					
f		-	tten determination from t		_				. , , ,			
		rganization, check tl			•		, ,,					1
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
Ū	_		lirectly controls, either al			-		• •			Yes No	
			upported organization?	•				,,,,,,	•	11g(i)		
	(ii) A family	member of a person	n described in (i) above?	ı						11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	9?					11g(iii)	1 1	
h	Provide the f	ollowing information	about the supported or	ganızatıon((s)							_
		-										
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did yo	u notify the	(vi) Is	the	(vii) Ar	mount of	
	anization	(,	organization (described on lines 1-9	in col. (i) lis	•		tion in col.	organizátic (i) organiz	on in coi. ed in the		port	
_			above or IRC section	governing	document?	(i) of you	r support?	(ı) organız U.S	.?	·		
			(see instructions))	Yes	No	Yes	No	Yes	No			
					l			1	1			
								}				
				<u></u>								_
					<u> </u>				1			
				ļ			Ļ	ļ				_
Fatal		I	1	1	l .	I	1	1	1 1			

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

	edule A (Form 990 or 990-EZ) 2010						Page 2
Pa	art II Support Schedule for						
	(Complete only if you checked				on failed to qualify	under Part III If the	ne organization
	fails to qualify under the tests	ilisted below, ple	ease complete Part	III)			
Se	ction A. Public Support			~			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	_					
5	The portion of total contributions	,					
	by each person (other than a						
	governmental unit or publicly		:				
	supported organization) included			i			
	on line 1 that exceeds 2% of the			:			
	amount shown on line 11,		•		1		
	column (f)						
_6	Public support. Subtract line 5 from line 4						1
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		<u> </u>				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	•					12	
13	First five years. If the Form 990 is for	r the organization	i's first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
0-	organization, check this box and stor						>
<u>Se</u>	ction C. Computation of Publ					1 1	
14	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			column (f))		14	%
15	Public support percentage from 2009					15	%
16	a 33 1/3% support test - 2010. If the o				14 is 33 1/3% or i	nore, check this b	ox and
	stop here. The organization qualifies						▶∟
ı	o 33 1/3% support test - 2009, If the o				line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qual						▶□
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the orga	anization
	meets the "facts-and-circumstances"	-	•		J		▶□
	o 10% -facts-and-circumstances tes	t - 20000 If the or	nanization did not c	heck a boy on line	13 16a 16h or	17a and line 15 is	10% or

Schedule A (Form 990 or 990-EZ) 2010

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.

97-0355692 Page 3

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2010 Calendar year (or fiscal year beginning in) (a) 2006 (f) Total **(b)** 2007 (c) 2008(d) 20091 Gifts, grants, contributions, and membership fees received (Do not 14,436. include any "unusual grants") 603,065. 19,115. 8,726. 646,362. 1,020. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 6,925. 6,925 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 7,945. 603,065. 19,115. 14,436. 8,726. 6 Total, Add lines 1 through 5 653,287. 7a Amounts included on lines 1, 2, and 1,020 3 received from disqualified persons 1,020. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 020 020. c Add lines 7a and 7b 652,267. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 7,945. 603,065. 19,115 14,436. 8,726. 653,287. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,257 11,865 2,408 49 46 15,625. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,257. 11,865 2,408 49. 46. 15,625. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 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) 9,202. 614,930. 21,523. 14,485. 13 Total support (Add lines 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 97.51 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) % 15 97.37 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.34 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 2.48 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2010. 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 $\triangleright \boxed{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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Schedule A (Form 990 or 990-EZ) 2010

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 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

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU

Employer identification number 97-0355692

EDUCATION FUND INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

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LEAGUE OF WOMEN VOTERS OF HONOLULU

		ON FUND IN						<u>97-03</u>					
Pai	rt III Organizations Maintaining C	collections of A	rt, Hist	torical Tre	easures, c	or Othe	er Simila	ar Asse	ts (contii	าued)			
З.	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t are a si	gnificant	use of its	collection	items	s		
	(check all that apply)												
а	Public exhibition	d		Loan or excl	hange progra	ams							
b	Scholarly research	е		Other				•					
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exer	mpt purpo	se in Parl	XIV				
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets						
	to be sold to raise funds rather than to be ma								Yes		No		
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or												
	reported an amount on Form 990, Pa	rt X, line 21											
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded						
	on Form 990, Part X?								Yes		No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table									
									Amount				
C	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No		
	If "Yes," explain the arrangement in Part XIV												
Pa	rt V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0		1				
		(a) Current year	(b) P	Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	<u>back</u>		
1a	Beginning of year balance												
b	Contributions												
C	Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the year	r end balance held a	as										
а	Board designated or quasi-endowment		_%										
b	Permanent endowment	%											
С		%											
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for ti	he organiz	zation	Г				
	by:								[<u>-</u>	Yes	<u>No</u>		
	(i) unrelated organizations								3a(i)	\longrightarrow			
4.	(ii) related organizations		0 !	4.4. DO					3a(ii)	\longrightarrow			
b	If "Yes" to 3a(ii), are the related organization:	•							3b				
D ₂	Describe in Part XIV the intended uses of the rt VI Land, Buildings, and Equipn												
Га	· · · · · · · · · · · · · · · · · · ·					() 0			(D D 1				
	Description of investment	(a) Cost or o		, , ,	or other (other)		ccumulate preciation	1	(d) Book	value	Э		
10	Land	5250 (11146511		Daois	(541101)								
_	Buildings												
b	Leasehold improvements												
d	Equipment												
-	Other			·	3,461.		2,7	38		7	23.		
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990 Port	X colu	nn (R) Ime 1			4,1	50.			23.		
		quanto orini o o o o ji ali t		, <i>Uj, mic</i> l	~1~/ /			- 1			•		

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, line	12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	ethod of valuation nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, In	e 13	***
			ethod of valuation
(a) Description of investment type	(b) Book value		nd-of-year market value
(1)			
(2)			
(3)	- 		
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, III			
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	·		
(8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 15)		
Part X Other Liabilities. See Form 990, Part			
1. (a) Description of liability]	(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) I FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740)	ine 25.) e to the organization's financial st	atements that reports the organization's	liability for uncertain tax positions under
2. FIN 48 (ASC 740) 032053 12-20-10			Schedule D (Form 990) 2010
12-20-10			Schedule D (FUIII 550) ZV IV

LEAGUE OF WOMEN VOTERS OF HONOLULU Schedule D (Form 990) 2010 EDUCATION FUND INC 97-0355692 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 `Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities 5 Investment expenses R 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 through 8 9 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments b 2b Other losses С 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2010

% |× A.L. BURRUSS INSTITUTE OF Schedule I (Form 990) (2010) Employer identification number PUBLIC SERVICE & RESEARCH 97-0355692 TO EVALUATE OUTCOMES OF Open to Public 2010 Inspection (h) Purpose of grant or assistance 2010 MONSON AWARD _____Yes HAWAII ACT 244 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed address of organization (b) EIN (c) IRC section or government if applicable cash grant assistance or government assistance assistance or government assistance assistance or government assistance assistance or government assistance assistance or government assistance assistance or government assistance assistance assistance or government assistance assistance assistance or government assistance a Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. 5,000, 5,000 HONOLULU LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. LEAGUE OF WOMEN VOTERS OF Enter total number of section 501(c)(3) and government organizations EDUCATION FUND INC Part ! . . General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization LIVABLE HAWAII KAI HUI KA IWI KENNESAW STATE UNIVERSITY Name of the organization 1000 CHASTAIN RD NW KENNESAW GA 30144 HONOLULU, HI 96825 Department of the Treasury Internal Revenue Service P.O. BOX 25493 SCHEDULE (Form 990) Partill

LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC

Schedule I (Form 990) (2010) EDUCATION FUND INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

Page 2

97-0355692

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV. | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 25 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU

Employer identification number

EDUCATION FUND INC	97-0355692
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMI	
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD TREASURE	R RECEIVES A COPY
OF THE FORM 990 FOR REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
	· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Form 8868

(Rev January 2011)
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	e filing for an Automatic 3-Month Extensi e filing for an Additional (Not Automatic) eplete Part II unless you have already be	3-Month E	Extension, complete only Part II	(on page 2 of			▶ X			
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for											
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form											
8868	to requ	uest an extension of time to file any of the	forms liste	d in Part I or Part II with the excep	tion of Form 8	870,	Informa	ation			
Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see											
ınstru	ctions	For more details on the electronic filing of	of this form	, visit www.irs.gov/efile and click of	on <i>e-file for Cl</i>	nantie	s & No	nprofits.			
Par	t I	Automatic 3-Month Extension of T	ime. Only	y submit original (no copies nee	eded).						
		on required to file Form 990-T and requesti				ompl	ete				
Part I			_					. ▶ 🔲			
All of	her coi	rporations (including 1120-C filers), partne	rships, RE	MICs, and trusts must use Form 7	004 to reques	t an e	extensio	on of			
		ncome tax returns			-						
Туре	or	Name of exempt organization			Employer ide	entific	ation n	umber			
print		LEAGUE OF WOMEN VOTERS OF HON	IOLULU EI	DUCATION FUND INC	97-0355692						
File by		Number, street, and room or suite no. If a P.O.					-				
due da		C/O CHOY & WONG CPAS INC 1001 BIS	SHOP STF	REET SUITE 2680							
filing yo		City, town or post office, state, and ZIP code									
instruct		HONOLULU			HI	968	313				
		eturn code for the return that this application			return)			01			
	licatio	n	Return	Application			Return				
Is Fo	r		Code	Is For				Code			
Form	1 990		01	Form 990-T (corporation)				07			
	<u> 990-E</u>		02	Form 1041-A				08			
	<u>1990-E</u>		03	Form 4720				09			
	1 990-F		04	Form 5227				10			
		(sec 401(a) or 408(a) trust)	05	Form 6069				11			
Forn	1 990-	Γ (trust other than above)	06	Form 8870		12					
The books are in the care of											
3a		application is for Form 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the tentative tax,	less any						
		efundable credits See instructions					\$				
b	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.										
С											

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.

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 ▶

EFTPS (Electronic Federal Tax Payment System). See instructions.

Title ► C.P.A

Date > 11/4/2011

Form **8868** (Rev 1-2011)

4562

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990 (Including Information on Listed Property)

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

2010

Attachment Sequence No 67

Business or activity to which this form relates

LEAGUE OF WOMEN VOTERS OF HONOLULU

Identifying number

EDU	CATION FUND INC		FO	RM 990 I	PAGE 10		97-0355692
Par	t I Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have any I	isted property,	complete Part	V before yo	ou complete Part I.
1 M	aximum amount (see instructions)					1	500,000.
2 To	otal cost of section 179 property place	ced in service (see	instructions)			2	
3 TI	nreshold cost of section 179 property	y before reduction	in limitation			3	2,000,000.
4 R	eduction in limitation. Subtract line 3	from line 2 If zero	or less, enter -0-			4	
5 Do	ollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If married filing separately, s	ee instructions		5	
6	(a) Description of p	roperty	(b) Cost (bus	siness use only)	(c) Elected	l cost	
		<u>.</u>					
	sted property. Enter the amount from		-1 · () 0	7			 -
	otal elected cost of section 179 prop	-	s in column (c), lines 6 an	a /		8	
_	entative deduction Enter the smalle arryover of disallowed deduction froi		000 Form 4560			9	
	usiness income limitation. Enter the	-		oro) or line 6		10	
	ection 179 expense deduction Add		•	•		11	
	arryover of disallowed deduction to 2	,		▶ 13		12	
	Do not use Part II or Part III below for						
Par				ude listed prop	perty)		
14 S	pecial depreciation allowance for qua	alified property (otl	ner than listed property)	placed in service	ce during		
	ne tax year		,,		9	14	
15 P	roperty subject to section 168(f)(1) e	lection				15	
<u>16 O</u>	ther depreciation (including ACRS)					16	564.
Par	t III MACRS Depreciation (Do n	ot include listed p	roperty) (See instruction	s)		<u></u> -	
			Section A	·			
17 M	IACRS deductions for assets placed	ın service in tax ye	ears beginning before 20	10	_	17 _	
18 If	you are electing to group any assets placed in se					ـــبــــــــــــــــــــــــــــــــــ	
	Section B - Asset		e During 2010 Tax Yea	r Using the Ge	neral Deprecia	ation Syste	em
	(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
<u>19a</u>	3-year property						
<u>b</u>	5-year property						
<u>C</u>	7-year property	4					
<u>d</u>	10-year property	_					
е_	15-year property	_					
f	20-year property	4				0.0	
g	25-year property	 		25 yrs		S/L	
h	Residential rental property	\		27 5 yrs	MM	S/L	
		/		27 5 yrs	MM MM	S/L S/L	
i	Nonresidential real property	,		39 yrs	MM	S/L	
	Section C - Assets	Placed in Service	During 2010 Tax Year	Using the Alte			stem
20a	Class life				T	S/L	
b	12-year			12 yrs		S/L	
С	40-year	/		40 yrs	ММ	S/L	
Par	t IV Summary (See instructions)						
21 L	isted property Enter amount from lin	ne 28				21	
22 T	otal. Add amounts from line 12, lines	s 14 through 17, lir	es 19 and 20 in column	(g), and line 21			
Ε	nter here and on the appropriate line	s of your return P	artnerships and S corpo	rations - see ins	str	22	564.
	or assets shown above and placed in	•	e current year, enter the				
D 016251	ortion of the basis attributable to see			23			
12-21-	10 LHA For Paperwork Reduction	n Act Notice, see	separate instructions.				Form 4562 (2010)

Part V Listed Proper		tomobiles, c			es, cert	taın com	puters	s, and prop	perty use	d for en			reation, o	
amusement) Note: For any	vehicle for whi	ich vou ere i	isina the	etandard	milean	e rate o	r dedi	ctina loose	a eynene	e como	lete onli	1242 2	th colur	nne (a)
through (c) of	Section A, all o	of Section B	and Sec	tion C if a	nnicag applicai	ble	ueuu	curry rease	capens	s, comp		, 274, 27		iiis (a)
Section A	- Depreciation	n and Other	Informa	tion (Cau	ution: S	See the i	nstruc	tions for li	mıts for p	assenge	er autom	nobiles)		
24a Do you have evidence to	support the busi	iness/investm	ent use cla	ımed?	Y	es 🗌	No	24b If "Y	es," is th	e evider	ce writt	en?	Yes [□ No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business, investment use percenta	t o	(d) Cost or her basis		(e) sis for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Elec section	(i) cted in 179
25 Special depreciation all	<u> </u>		- 1	placed in	2 505//				l	1			- CI	ost
used more than 50% in			property	piaceu ii	i Servic	se aanii i	y ine ia	ax year an	u	25				
26 Property used more that			188 1188					<u> </u>		25			·	
26 Troperty ascamore the	1		%		T			· · · · ·						
	 		%			 -								
	 		%											
27 Property used 50% or I	ess in a qualifi			_				'						
	<u> </u>		%						S/L -					-
			%		-	-			S/L -		_			
			%						S/L -					
28 Add amounts in column	n (h), lines 25 t	hrough 27	Enter here	and on	line 21	, page 1				28				
29 Add amounts in column	n (i), line 26 Er	nter here and	d on line 7	7, page 1				_			_	29		
			Section E	3 - Inforn	nation	on Use	of Vet	nicles						
Complete this section for vill you provided vehicles to those vehicles												ng this s	ection fo	or
			(:	a)	(b)		(c)	(0	d)	(6	e)	(f)	
30 Total business/investment		ring the	1	ncle		hicle	<u> </u>	/ehicle	Vehicle		Vehicle		Vehicle	
year (do not include com				_			ļ				_			
31 Total commuting miles	_	•					ļ							
32 Total other personal (no	oncommuting)	miles		ļ									Ì	
driven	A1.						 - -		<u> </u>			-		
33 Total miles driven durin	•													
Add lines 30 through 32 34 Was the vehicle available for personal use		V	No	V	N ₁ -			V	N1-	V	N-	V	NI-	
during off-duty hours?	de for persona	u use	Yes	No	Yes	No_	Yes	No_	Yes	<u>No</u>	Yes	No_	Yes	No
35 Was the vehicle used p	orimanly by a n	nore					 	-	-			 		
than 5% owner or relat	• •	iioie												
36 Is another vehicle avail	•	nal						-						
use?	asis (s. ps.ss.		1											
	Section C -	Questions	for Empl	overs W	ho Pro	vide Vel	hicles	for Use b	v Their E	mplove	es			
Answer these questions to			•	-					-			re not m	ore than	5%
owners or related persons								_		` •				
37 Do you maintain a writt employees?	en policy state	ement that p	rohibits a	III person	al use	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No
38 Do you maintain a writt	en policy state	ement that p	rohibits p	ersonal u	use of v	vehicles,	, excep	ot commut	ing, by y	our				
employees? See the in	structions for v	vehicles use	d by corp	orate off	icers, c	directors	, or 1%	6 or more	owners					
39 Do you treat all use of	vehicles by em	nployees as	personal	use?										
40 Do you provide more th	nan five vehicle	es to your er	nployees	, obtain ir	nforma	tion fron	n your	employee	s about					
the use of the vehicles	, and retain the	e information	received	13										
41 Do you meet the requir	ements conce	erning qualifi	ed autom	obile den	nonstra	ation use	97							
Note: If your answer to	37, 38, 39, 40), or 41 is "Y	es," do no	ot comple	ete Sec	tion B fo	o <u>r the c</u>	covered ve	ehicles					
Part VI Amortization														
(a) Description	of costs	Da	(b) te amortization begins		(C) Amortiza amoun	ble it		(d) (e) Code Amortization section period or percentage				(f) Amortization for this year		
42 Amortization of costs t	hat begins dur	nng your 20	10 tax yea	ar										
											$oxed{\top}$			
43 Amortization of costs t	hat began befo	ore your 201	0 tax yea	ır	-						43			
44 Total. Add amounts in	column (f) Se	e the instruc	ctions for	where to	report						44			

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