

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED MAR 2 0 2013

Department of the Treasury 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)

Open to Public Inspection

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u> </u>	or the	2011 calendar year, or tax year beginning APR 1, 2011 and ending	<u>MAR 31, 2012</u>				
<b>B</b> c	heck if	C Name of organization	D Employer identific	cation number			
ap	pplicable	LEAGUE OF WOMEN VOTERS OF HONOLULU					
	Addres change	S EDUCATION FUND INC					
	]Name ]change	Doing Business As	97-0	355692			
	]initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number				
	Termin ated	49 S HOTEL STREET 314	(808)	)531-7448			
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	9,089.			
	Application	[ NONOLULU, NI 30013-3104	H(a) Is this a group re				
	pendin	F Name and address of principal officer SUSAN MILLER	for affiliates?	Yes X No			
		49 S. HOTEL STREET NO. 314, HON, HI 96813	H(b) Are all affiliates inc	luded? Yes No			
I T	ax-exe		527 If "No," attach a	list (see instructions)			
JV	Vebsit	e: ► N/A	H(c) Group exemption	n number 🕨			
			ear of formation: 2001 N				
	rt I	Summary					
•	1 1	Briefly describe the organization's mission or most significant activities TO PROMO	TE EDUCATION	AND			
Activities & Governance		PARTICIPATION IN THE GOVERNMENT PROCESS.		· · · · · · · · · · · · · · · · · · ·			
rna	-	Check this box   if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets			
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	8			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	8			
S &		Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0			
itie		Total number of volunteers (estimate if necessary)	6	200			
cţ		Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
⋖		Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
			Prior Year	Current Year			
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	8,727.	9,069.			
	i e	Program service revenue (Part VIII, line 2g)	0.	0.			
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	46.	20.			
Œ	í	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,773.	9,089.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000.	7,500.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
Ś	15	Salaries, other compensation, employee benefits (Part IX) column (A), lines 5-10)	0.	0.			
Expenses		Professional fundraising fees (Rart IX, column (A), line 11e)	0.	0.			
De	l	Total fundraising expenses (Part IX, column (D), line 25)					
ŋ		Other expenses (Part 1 % column (A), lines 1 [31] 111, 11124e)	11,851.	13,186.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21,851.	20,686.			
	19	Revenue less expenses Subtract line 18 from line 12	<13,078.	<11,597.			
ces		OGDEN, UI	Beginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	608,400.	596,803.			
‡₩	21	Total liabilities (Part X, line 26)	0.	0.			
		Net assets or fund balances. Subtract line 21 from line 20	608,400.	<u>596,803.</u>			
Pa	ırt II	Signature Block		_ <del></del>			
Unde	er pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		<del>-1</del>			
		An K. hill	2/15	[13			
Sign	n	Signature of officer	Date				
Her	e	SUSAN MILLER, TREASURER					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid		JAN S.H. CHOY	02/12/13 self-employ				
Prep		Firm's name CHOY & WONG CPAS, INC.	Firm's EIN	94-3257246			
Use	Only	Firm's address 1001 BISHOP STREET SUITE 2680					
		HONOLULU, HI 96813	Phone no. (	<u>808) 523-2811</u>			
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No			

132002 02-09-12 Form **990** (2011)

(Expenses \$

Other program services (Describe in Schedule O)

4e Total program service expenses

including grants of \$

12,500.

) (Revenue \$

97-0355692 Page 3

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	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
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_		<u>X</u>
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		7.5
_	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	_		v
_	Schedule D, Part III	8		_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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	ľ	'	
	Part VI	11a	х	
ь	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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?	400		₹.
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13	<del></del> -	X
14a	Did the organization maintain an onice, employees, or agents outside of the office states.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	!	х
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	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			]
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	<b>990</b> (	(2011)

97-0355692 Page 4

Part IV Checklist of Required Schedules (continued)

				(2011)
	Note. All Form 990 filers are required to complete Schedule O	38	х	L
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u></u>	_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_x_
34	Was the organization related to any tax-exempt or taxable entity?			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	contributions? If "Yes," complete Schedule M	30		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_ <del>-</del>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_x_
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<b>-</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
20	instructions for applicable filing thresholds, conditions, and exceptions)			,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		<u> </u>
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
Z.I	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		^
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	Schedule L, Part I	25h		x
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
_00	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		<u> </u>
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del>-</del>	
Ü	any tax-exempt bonds?	24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<b>-</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		x
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23_		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
			Yes	No

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	1a	0							
Ь	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 re	eporta	ble gaming							
	(gambling) winnings to prize winners?			1c	İ					
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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	-					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b						
4a	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	accou	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accou	nts			ı				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit							
	any contributions that were not tax deductible?			6a		_X_				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			ı				
	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 set	rvices p	rovided to the payor?	7a		<u>X</u>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_7b_						
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired							
	to file Form 8282?	1		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		T7	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		100 aa raauwado	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h						
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			70						
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8						
9	Sponsoring organizations maintaining donor advised funds.	uny un	ic during the year.							
а	Did the organization make any taxable distributions under section 4966?			9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ł					
11	Section 501(c)(12) organizations. Enter				1					
а	Gross income from members or shareholders	11a				Į				
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b				İ				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	·	12a		<u> </u>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1			,				
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c				<del> </del>				
	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a		X				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<u>e O</u>		14b	000					
				Form	99U (	(2011)				

#### LEAGUE OF WOMEN VOTERS OF HONOLULU

Form 990 (2011)

Form 990 (2011) EDUCATION FUND INC 97-0355692 Page
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			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 1a 8							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 8							
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		X				
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	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	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				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		_X_				
14	Did the organization have a written document retention and destruction policy?	14		_X_				
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?							
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u> _				
b	Other officers or key employees of the organization	15b		<u>X</u> _				
	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	-						
_	taxable entity during the year?	16a		<u>X</u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		_	,				
800	exempt status with respect to such arrangements?	<u>16b</u>	-					
	Let the states with which a convert the Form 900 is required to be filed NUT.							
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 (Section 501(c)(3)s only) at for public improvious Indicates how you made those explained. Check all that early	avallab	ie					
	for public inspection. Indicate how you made these available. Check all that apply							
10	Own website Another's website X Upon request	al 6	!					
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year								
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization								
Susan Miller - (808)531-7448								
	49 S. HOTEL STREET SUITE 314, HONOLULU, HI 96813-3104							
13200 01-23-	8 -	Form	990 (	2011\				
			(	11				

Page 7

## 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

	hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBIN U. LOOMIS	4 00									
PRESIDENT	4.00	X		X				0.	0.	0
(2) ELIZABETH REILLY									_	_
VICE PRESIDENT	1.00	X	├—	X		<u> </u>		0.	0.	0
(3) SUSAN MILLER	1 00	l								
TREASURER	1.00	X		X	<u> </u>	-	_	0.	0.	0
(4) JEAN AOKI	1 00							_	_	_
DIRECTOR	1.00	X	ļ				_	0.	0.	0
(5) HELEN GRIFFIN	1 00									
DIRECTOR	1.00	X	<u> </u>				-	0.	0.	0
(6) DONNA WONG	1 00								•	
DIRECTOR	1.00	X	-	-	_	-		0.	0.	0
(7) DEBRA LAU-OKAMURA	1 00								•	_
DIRECTOR	1.00	X	$\vdash$	_		-		0.	0.	0
(8) PIILANI KAOPUIKI	1 00									_
SECRETARY	1.00			X				0.	0.	0
				<del>-</del> -	_		-			
								-		

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
	(A) Name and title	(B) Average hours per week	(do	Position (do not check more the box, unless person is to officer and a director/tr			than	one han	( <b>D)</b> Reportable compensation	(E)  Reportable compensation from related	(F) Estimated amount of
		(describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
		1								<del></del>	
			:				<u> </u>				
	1										-
	Sub-total  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	I, Section A					<b>&gt; &gt;</b>		0.	0	. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	bove	e) wh	no re	eceived more than \$100	,000 of reportable	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			e, ke	у еп	nplc	yee	, or	highest compensated e	mployee on	Yes No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	_	4 X
Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competion B. Independent Contractors							eiat	ed organization or indivi		5 X
1	Complete this table for your five highest conthe organization. Report compensation for									<u>-</u>	nsation from
	(A) Name and business	address	N	INC	<b>Ξ</b>			_	(B) Description of s	ervices	(C) Compensation
											<del>-</del>
2	Total number of independent contractors (i	_	not lı	mıte	d to		se li	stec	d above) who received m	nore than	The state of the s
	\$100,000 of compensation from the organia	ZaliUli -					<u> </u>				Form <b>990</b> (2011)

Form 990 (2011)

EDUCATION FUND INC

Part VIII Statement of Revenue (D) Revenue excluded from tax under sections 512, (B) (C) (A) Total revenue Related or Unrelated exempt function business revenue revenue 513, or 514 Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 9,069 similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 9,069. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 20. other similar amounts) 20. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 9,089. 0. 0. Total revenue See instructions. Form 990 (2011) 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).

	Check if Schedule O contains a responsion not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	2,500.	2,500.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		-		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	-		<u></u>	
10	Payroll taxes				
11	Fees for services (non-employees)				
а					
b					
С	Accounting				<del></del>
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
12	Advertising and promotion				
13	Office expenses				·
14	Information technology				
15	Royalties	4 000		4 000	
16	Occupancy	4,800.		4,800.	
17	Travel	340.		340.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 400		400	
19	Conferences, conventions, and meetings	5,100.	5,000.	100.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	564.		564.	
23	Insurance				<del></del>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		2,077.		2,077.	
b		300.		300.	
С		5.		5.	
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	20,686.	12,500.	8,186.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

97-0355692 Page 11

01111 330	(2011	/		<u> </u>	
Part X	Ba	lance S	Sheet	•	

Part	·X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			36,582.	1	25,547.
	2	Savings and temporary cash investments			571,095.	2	571,095.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, di	ey [				
		employees, and highest compensated employee		· .		l i	
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined under sect	tion			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect					
į		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net	,			7	
\$	8	Inventories for sale or use		Ī		8	
`	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment cost or other	1 1	İ			
		basis Complete Part VI of Schedule D	10a	3,461.			
	b	Less. accumulated depreciation	10b	3,300.	723.	10c	161
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	11	F		12	
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets	••	T .		14	
	15	Other assets See Part IV, line 11		<u> </u>		15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34\	F	608,400.	16	596,803
$\dashv$	17	Accounts payable and accrued expenses		000,400.	17		
1	18	Grants payable	<u> </u>		18		
i	19	Deferred revenue	F		19		
	20	Tax-exempt bond liabilities			··	20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule	, n	<del></del>	21	
<u> </u>	22	Payables to current and former officers, director				21	
	~~	highest compensated employees, and disqualifi					
ן ני		of Schedule L	od porodno odnip	loto r art ii		22	
	23	Secured mortgages and notes payable to unrela	ated third parties	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelate	•	<u> </u> -		24	<del></del>
	25	Other liabilities (including federal income tax, pa	•	nurd		24	
	20	parties, and other liabilities not included on lines	•				
		Schedule D	7 7 24) Complete	Tare X OI		25	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	0.	26	0
十		Organizations that follow SFAS 117, check he	ere and	complete	•	20	
"		lines 27 through 29, and lines 33 and 34.		Complete			
္ဌ	27	Unrestricted net assets				27	
뺼	28	Temporarily restricted net assets				28	
ğ	29	Permanently restricted net assets		-		29	
Š	20	Organizations that do not follow SFAS 117, c		23			
<u>-</u>		complete lines 30 through 34.	neck nere	X and			
8	30	Capital stock or trust principal, or current funds			0.	30	Ö
SSe	31	Paid-in or capital surplus, or land, building, or ed	 	0.		0	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ude	608,400.	32	596,803	
Ž		Total net assets or fund balances	L .	608,400.		596,803	
	33	Total liabilities and net assets/fund balances		}	608,400.		596,803
	<u>34</u>	Total liabilities and het assets/fullu paidfices		1	000,400.	J-4	Form <b>990</b> (201

Form **990** (2011)

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Separate basis Consolidated basis Both consolidated and separate basis

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

separate basis, consolidated basis, or both

Act and OMB Circular A-133?

Form **990** (2011)

8,71, \$

X

6

За

#### 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.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC

Employer identification number 97-0355692

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 Type I Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Other 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g 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 organization(s) (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

## Part II 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not			1			
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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						
	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						
	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
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	Gross receipts from related activities,	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor		<del></del>				
	ction C. Computation of Publ					·· <del>·</del>	
	Public support percentage for 2011 (		• •	column (f))		14	%
	Public support percentage from 2010					15	%
16a	33 1/3% support test - 2011. If the				14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies		•				▶∟
t	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	art IV how the orga	nization
	meets the "facts-and-circumstances"	-	-		-		▶∟
t	10% -facts-and-circumstances tes	`	•			•	
	more, and if the organization meets t				•		e
	organization meets the "facts-and-cir		~	•	• • • •	•	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 10	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns
					Sch	edule A (Form 990	or 990-EZ) 2011

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	below, please comp	lete Fait II /								
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1 Gifts, grants, contributions, and	(2)	(4) =	(0)	(4)	<u> </u>	(9 : = ==				
membership fees received (Do not										
include any "unusual grants ")	603,065.	19,115.	14,436.	8,726.	9,069.	654,411.				
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3 Gross receipts from activities that										
are not an unrelated trade or bus- iness under section 513										
4 Tax revenues levied for the organ- ization'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	603,065.	19,115.	14,436.	8,726.	9,069.	654,411.				
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1					0.				
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 amount on line 13 for the year						0.				
c Add lines 7a and 7b						0.				
8 Public support (Subtract line 7c from line 6)	ä	and the second	· ' - ' ' - ' ' ' ' ' ' ' ' ' '	ر ً ،		654,411.				
Section B. Total Support	<del>- ,</del>									
Calendar year (or fiscal year beginning ın) 🕨		(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
9 Amounts from line 6	603,065.	19,115.	14,436.	8,726.	9,069.	654,411.				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,865.	2,408.	49.	46.	20.	14,388.				
<b>b</b> Unrelated business taxable income						-				
(less section 511 taxes) from businesse acquired after June 30, 1975	s									
c Add lines 10a and 10b	11,865.	2,408.	49.	46.	20.	14,388.				
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	s									
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13 Total support (Add lines 9, 10c, 11, and 12)	614,930.	21,523.	14,485.	8,772.	9,089.	668,799.				
14 First five years. If the Form 990 is to check this box and stop here	for the organization's	s first, second, third	d, fourth, or fifth tax	x year as a section	n 501(c)(3) organiz	zation,				
Section C. Computation of Pul	olic Support Per	rcentage								
15 Public support percentage for 2011	(line 8, column (f) di	vided by line 13, c	olumn (f))		15	97.85 %				
16 Public support percentage from 20	10 Schedule A, Part	III, line 15			16	97.51 %				
Section D. Computation of Inv	estment Income	e Percentage								
17 Investment income percentage for	<b>2011</b> (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	2.15 %				
18 Investment income percentage from	n <b>2010</b> Schedule A,	Part III, line 17			18	2.34 %				
19a 33 1/3% support tests - 2011. If the	9a 33 1/3% support tests - 2011. 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	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 - 2010. If the	ne organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%,	and				
line 18 is not more than 33 1/3%, c	heck this box and <b>st</b>	t <b>op here.</b> The orga	nızatıon qualifies a	s a publicly suppo	orted organization	▶□				
20 Private foundation. If the organization	tion did not check a	box on line 14, 19a	a, or 19b, check the	s box and see ins	tructions	▶□				
132023 01-24-12				Scho	edule A (Form 99	0 or 990-EZ) 2011				

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. QMB No 1545-0047
2011
Open to Public Inspection

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC

Employer identification number 97-0355692

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└── Yes         No
9	In Part XIV, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Dai	conservation easements	f Art Historical Traccures or (	Other Similar Assets
Pai	<u>tilli</u> Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form		other Similar Assets.
			and and belong the standard of the
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe organization plotted as permitted under SEAS 116 (A)		at and halance about works of out historical
D	If the organization elected, as permitted under SFAS 116 (AS	•	·
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pr	ublic service, provide the following amounts
	relating to these items:		<b>*</b>
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
•	(ii) Assets included in Form 990, Part X	popuros or other amiles assets for financial	al goin provide
2	If the organization received or held works of art, historical tree		ai yaiii, provide
_	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1	TO (ASC 956) relating to these items	<b>*</b>
a h	Assets included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	/ wasta included in Form 330, Fall A		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

#### LEAGUE OF WOMEN VOTERS OF HONOLULU

		<u>ON FUND IN</u>								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	er Simil	ar Asse	ts (contin	nued)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	cany of the	following that	at are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	•	,	Other			_			
С	Preservation for future generations									_
4	Provide a description of the organization's co	ellections and explain	n how th	ney further t	he organizati	ion's exe	mpt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing	table						
	-	·							Amount	
С	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 Fo	orm 990. Part X. line	21?				<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIV							<u>-</u>		
Par		the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	··• 1	1 2						1-7	
b	Contributions							-	<u> </u>	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities							<del></del>		<del> </del>
	and programs									1
f	Administrative expenses									
q	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1	a. column (a	a)) held as		-		1	
а	Board designated or quasi-endowment	•	%		,,					
b	Permanent endowment	%	_							
С	Temporarily restricted endowment	<del></del> %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posses	•	ation tha	at are held a	ind administe	ered for t	he organiz	zation		
	by	ū					•		Ţ-	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's end	owment	funds						
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10				_		_
	Description of property	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investi			(other)	l ' ' .	preciation			
1a	Land							-		
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other				3,461.		3,3	00.		161.
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line						161.

Schedule D (Form 990) 2011

(7) (8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011

LEAGUE OF WOMEN VOTERS OF HONOLULU

	dule D (Form 990) 2011 EDUCATION FUND INC  TXI Reconciliation of Change in Net Assets from Form 990	to Audited Finan		97-0355692	Page 4
Par		to Addited Final		ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25)		2		
2 3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5	-11	
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9	<u> </u>	
10 Dar	Excess or (deficit) for the year per audited financial statements. Combine lines 3 t XII Reconciliation of Revenue per Audited Financial State		10 Der B	Return	
-	Total revenue, gains, and other support per audited financial statements	incits with neve	ilue per il	1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			-	
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		<b> </b>	
c	Recoveries of prior year grants	2c		· ,	
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIV.)	4b		<u> </u>	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	t XIII Reconciliation of Expenses per Audited Financial State	ements with Expe	enses per		
1	Total expenses and losses per audited financial statements			1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما			
a	Donated services and use of facilities  Prior year adjustments	2a 2b		<b></b>	
C	Other losses	2c	<del></del>	<del>  *. *</del>	
d	Other (Describe in Part XIV)	2d		1, .	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>	
b	Other (Describe in Part XIV)	4b		`	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	t'XIV Supplemental Information	art III. linns 1a and 4. D	last IV Junea 1	th and 2h Dort V line 4	Dort .
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also c				, Part
7, m.	72, Fart XI, III 6 6, Fart XII, III 65 26 and 46, and Fart XIII, III 65 26 and 45 7 666 6	omplete this part to pr	ovide any de	ational information	
		<del></del>			
				Schedule D (Form 99	0) 2011
13205	4			*	

#### SCHEDULĖ 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.

2011
Open to Public Inspection

Internal Revenue Service

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU

Employer identification number 97-0355692

		EDUCATION_	FUND INC	<u> </u>			<u>97-035569</u>	2
FORM 990,	PART V	I, SECTION	A, LIN	E 8B:	THERE ARE	NO COMMIT	rees with	
AUTHORITY	TO ACT	ON BEHALF	OF THE	GOVE	RNING BODY	•		
FORM 990,	PART V	I, SECTION	B, LINE	E 11:	THE BOARD	TREASURER	RECEIVES	A COPY
OF THE FO	RM 990	FOR REVIEW	PRIOR 1	ro fi	LING.			
	<del> </del>			-				
FORM 990,	PART V	I, SECTION	C, LINE	E 19:	GOVERNING	DOCUMENTS	AND FINAN	CIAL
STATEMENT:	S ARE A	VAILABLE T	O THE PU	UBLIC	UPON REQU	EST.		
							<del></del>	
							<del></del>	
-								
					<del></del>	<del></del>		_
			-	· · · ·				
								<u></u>
						<del></del>		
			<del></del>		<del></del>			

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

Schedule O (Form 990 or 990-EZ) (2011)

**Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

➤ See separate instructions.

► Attach to your tax return.

Sequence No 179

Form 4562 (2011)

Vame(s)	shown on return			Bus	iness or activity to	which this form relate:	S	Identifying number
LEA	GUE OF WOMEN VOTERS	OF HONO	LULU					
EDU	CATION FUND INC			FO	RM 990	PAGE 10		<u>97-0355692</u>
Part	Election To Expense Certain Proper	ty Under Section 17	'9 Note, If yo	u have any	listed property	, complete Part	V before yo	ou complete Part I.
1 M	aximum amount (see instructions)						1	500,000.
<b>2</b> To	tal cost of section 179 property place	ed in service (see	instructions)	)			2	
3 Th	reshold cost of section 179 property	before reduction	ın lımıtatıon				3	2,000,000.
4 Re	eduction in limitation. Subtract line 3 t	from line 2 If zero	or less, ente	er -0-			4	
<b>5</b> Do	lar limitation for tax year. Subtract line 4 from line	1 If zero or less, enter	-0- If married file	ing separately, s	see instructions		5	
6	(a) Description of pro	operty		(b) Cost (bu	siness use only)	(c) Elected	cost	
		<del></del>			<del></del>			
	sted property Enter the amount from				7	<u> </u>	<del></del>	-
	otal elected cost of section 179 prope	-	in column (	c), lines 6 ar	nd /		8	
-	entative deduction Enter the smaller		MOF . 45	.00			9	
	arryover of disallowed deduction from	=			> 5		10	
	usiness income limitation. Enter the s						11	
	ection 179 expense deduction Add li	•					12	
	arryover of disallowed deduction to 2 Do not use Part II or Part III below fo				▶ 13		!	······································
Par					lude listed pro	nerty )		<del></del>
	pecial depreciation allowance for qua							
	e tax year	illied property (otr	ici tilali liste	d property)	placed in servi	ce during	14	
	roperty subject to section 168(f)(1) ele	ection					15	
	ther depreciation (including ACRS)	3011011					16	564.
Par		t include listed pr	operty)(See	e instruction	ns )			
	<u> </u>	•		ection A				
17 M	ACRS deductions for assets placed	n service in tax ye	ars beginnir	ng before 20	011		17	
<b>18</b> if y	ou are electing to group any assets placed in ser	vice during the tax year	into one or more	general asset a	accounts, check her	e ▶ 🗀		
	Section B - Assets	Placed in Servic	e During 20	11 Tax Yea	r Using the G	eneral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Recover period	y (e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	1						
С	7-year property							
d	10-year property							
<u>e</u>	15-year property							
f	20-year property							
g	25-year property				25 yrs		S/L	
h	Residential rental property				27 5 yrs		S/L	
		//			27.5 yrs		S/L	
i	Nonresidential real property				39 yrs	MM	S/L	
		/				MM	S/L	
	Section C - Assets I	Placed in Service	During 201	1 Tax Year	Using the Alte	ernative Deprec		tem
<u>20a</u>	Class life	4			<del></del>		S/L	
b_	12-year				12 yrs		S/L	
C	40-year	/			40 yrs.	MM	S/L	<del></del>
Par					<del> </del>			
	sted property Enter amount from line		10 - 10	n!	(a) a = 41 · · · · ·		21	
	otal. Add amounts from line 12, lines nter here and on the appropriate lines	-					22	564.
	or assets shown above and placed in		-	-				
	ortion of the basis attributable to sec	_	y 0.	,	23			

EDUCATION FUND INC

97-0355<u>692 Page 2</u>

01111 4302	(2011)	PDOCKITOR	I TOND INC			<i>31</i> (	1333034	
Part V	Listed Property amusement)	(Include automobiles,	certain other vehicles,	, certain computers,	, and property used for ente	ertainme	ent, recreation,	Or

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

	Santian A	Depreciation	and Otha	r Informa	tion ICa	9	can tha	netnie	tions for li	mate for n	accond	or auton	anhilae 1		
		<u>-</u> -		_	•	$\overline{}$								٦٧ ٦	٦.
<u> 44a</u>	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmer use percent	i/	(d) Cost or her basis	Bas	(e) Is for depressiness/inve	eciation estment	(f) Recovery period	es, is the (g Meth Conve	j) nod/	Depre	h) ciation iction	Yes ( Elec sectio co	n 179
25	Special depreciation allo		·		placed i	n servi			ax year an	d d	Ţ			0	31
	used more than 50% in	a qualified b	usiness use								25		_		
26	Property used more tha	n 50% ın a q	ualified busi	ness use						·					
				%							_				
				%											
				%						ļ					
27_	Property used 50% or le	ess in a quali	fied busines	s use											
				%						S/L·					
				%						S/L·					
		L		%						S/L·	1				
	Add amounts in column		•				page 1				28				
<u>29</u>	Add amounts in column	(i), line 26 E	nter here an	d on line	7, page 1								29_		
	ou provided vehicles to y se vehicles	our employe	ees, iirst ansv	1	a)		on C to  b)	see ir y	you meet a	an except			ng this s e)	section fo	
30	Total business/investment	miles driven d	uring the	1	nicle		nicle	\	/ehicle	Veh	•	l .	ncle	Veh	
	year (do not include comi	,						<del> </del>							
	Total commuting miles of Total other personal (no	_	-												
	driven	_	"												
	Total miles driven during Add lines 30 through 32														
	Was the vehicle availab		مورر ادر	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	ic for person	iai usc	103	110	103	140	100	, 140	163	110	163	140	163	140
35	Was the vehicle used p	rımarılv bv a	more												
	than 5% owner or relate														
	Is another vehicle availa	able for perso	onal												
	430	Section C	- Questions	for Emp	loyers W	/ho Pro	vide Ve	hicles	for Use b	y Their E	mploye	es	1	L	
4ns	wer these questions to	determine if	you meet an	exception	to com	pleting	Section	B for v	ehicles us	ed by en	nployee	s who a	re not m	ore than	5%
owr	ners or related persons														,
37	Do you maintain a writte employees?	en policy stat	tement that (	orohibits a	all persor	nal use	of vehic	les, inc	luding coi	nmuting,	by you	r		Yes	No
38	Do you maintain a writte	en policy sta	tement that	prohibits p	personal	use of	/ehicles	, excep	ot commu	ing, by y	our				
	employees? See the ins					ficers, o	lirectors	, or 19	6 or more	owners					+
	Do you treat all use of v	•		•		4								-	-
10	Do you provide more th		•		-	intorma	tion fror	n your	employee	s about					
4.4	the use of the vehicles,							-0						-	+-
+ 1	Do you meet the require <b>Note:</b> If your answer to		• •						covered w	hiolog					1
Pź	art VI Amortization	37, 30, 33, 4	0,014115	ES, UO 11	ot compi	ere sec	LIOIT D I	or are t	COVERED VE	ariicies					
	(a) Description of	of costs	0	(b) ate amortization		(c) Amortiza	ble		(d) Code		(e) Amortiza	ition	Ą	(f) mortization	
42	Amortization of costs th	nat begins du	uring your 20	begins 11 tax yea	 ar	amoun			section		penod or per	centage		or this year	
—															
	Amortization of costs the Total. Add amounts in	_										43			

Form **4562** (2011)

## **8868**

(Rev Januáry 2012) Department of the Treasury Internal Revenue Service

(HTA)

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

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

▼ 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 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) Part I 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. Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC print 97-0355692 Social security number (SSN) File by the Number, street, and room or suite no. If a P O. box, see instructions due date for C/O CHOY & WONG CPAS INC 1001 BISHOP STREET SUITE 2680 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See HONOLULU HI instructions 96813 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Return Application Return Is For Code Is For Code 01 Form 990 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► CHOY & WONG CPAS INC Telephone No ► (808) 523-2811 FAX No. ► (808) 523-2822 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 If it is for part of the group, check this box for the whole group, check this box . ▶ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 11/15/2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. calendar year \_\_\_\_ or  $\blacktriangleright$  X tax year beginning 4/1/2011 , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return 2 Change in accounting period 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 3<u>a</u> \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c | \$ 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 Form **8868** (Rev 1-2012) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

ote. Only	re filing for an Automatic 3-Month Ex	Tension compi	iele bulk barrium vane ii			
Part II	Additional (Not Automatic) 3-Mo			ginal (no copies ne	eeded)	
ul C	/ data data ( tot / dato mado) o me	JIIII EXIONOIO		er filer's identifying n		instruction
ype or	Name of exempt organization	<del> </del>		Employer identi		
rint	LEAGUE OF WOMEN VOTERS OF	HONOLULU FI	DUCATION FUND INC	X 97-035569	92	
	Number, street, and room or suite no. If			Social securit		SN)
le by the re date for	C/O CHOY & WONG CPAS INC 100	01 BISHOP STE	REET SUITE 2680		,	,
ng your	City, town or post office, state, and ZIP of					
turn See structions	HONOLULU	_		HI		9681
	Return code for the return that this app	lication is for (fil	le a separate application for			01
Applicati		Return	Application		<del>.</del> .	Return
s For		Code	Is For			Code
orm 990		01				
orm 990		02	Form 1041-A			08
orm 990		01	Form 4720		<del></del>	09
orm 990	-PF	04	Form 5227	_		10
orm 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	-T (trust other than above)	06	Form 8870	•		12
The bo Teleph If the o If this is	oks are in the care of ► CHOY & Woone No ► (808) 523-2811 rganization does not have an office or s for a Group Return, enter the organizole group, check this box	ONG CPAS INC place of busines ration's four digit	FAX No ► (808) 523-2822 ss in the United States, chect Group Exemption Number (part of the group, check this t	) HON HI 96813 k this box GEN)	If t	▶ [ his is d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th	oks are in the care of ► CHOY & Woone No ► (808) 523-2811 rganization does not have an office or some for a Group Return, enter the organizer	ONG CPAS INC place of busines cation's four digit . If it is for p extension is for of time until ear beginning	E 1001 BISHOP ST STE 2680  FAX No ► (808) 523-2822  ss in the United States, check the Group Exemption Number ( part of the group, check this beautiful to the group of the g	hon Hi 96813 k this box GEN) box , and ending	If t  ▶ □ and  3/31/201	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th	oks are in the care of ► CHOY & Woone No ► (808) 523-2811 rganization does not have an office or s for a Group Return, enter the organizole group, check this box . ► e names and EINs of all members the quest an additional 3-month extension calendar year . , or other tax year entered in line 5 is for less the	ong CPAS INC place of busines ration's four digit . If it is for p extension is for of time until ear beginning than 12 months,	E 1001 BISHOP ST STE 2680  FAX No ► (808) 523-2822  ss in the United States, check t Group Exemption Number ( part of the group, check this to  2/15/2013  4/1/2011  check reason.	hon Hi 96813 k this box GEN) box , and ending return Final r	If t  If t  and  3/31/201  return	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th  The bo	oks are in the care of ► CHOY & Woone No ► (808) 523-2811  rganization does not have an office or s for a Group Return, enter the organizole group, check this box . ► e names and EINs of all members the quest an additional 3-month extension calendar year . , or other tax year entered in line 5 is for less to Change in accounting period te in detail why you need the extension CURATE RETURN.	ong CPAS INC place of busines cation's four digit . If it is for p extension is for of time until ear beginning than 12 months,	E 1001 BISHOP ST STE 2680  FAX No ► (808) 523-2822 ss in the United States, check the Group Exemption Number ( part of the group, check this be  2/15/2013  4/1/2011  check reason. Initial	hon Hi 96813 k this box GEN) oox , and ending return Final r	If t  If t  and  3/31/201  return	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th  T Sta  ACC  8a If th	oks are in the care of ► CHOY & Woone No ► (808) 523-2811  rganization does not have an office or s for a Group Return, enter the organizole group, check this box . ► e names and EINs of all members the quest an additional 3-month extension calendar year, or other tax year entered in line 5 is for less to Change in accounting period te in detail why you need the extension	ong CPAS INC place of busines cation's four digit . If it is for p extension is for of time until ear beginning than 12 months,	E 1001 BISHOP ST STE 2680  FAX No ► (808) 523-2822 ss in the United States, check the Group Exemption Number ( part of the group, check this be  2/15/2013  4/1/2011  check reason. Initial	hon Hi 96813 k this box GEN) oox , and ending return Final r	If t  If t  and  3/31/201  return	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th  7 Sta ACC  8a If th	oks are in the care of ► CHOY & Woone No ► (808) 523-2811  rganization does not have an office or s for a Group Return, enter the organizole group, check this box ► e names and EINs of all members the quest an additional 3-month extension calendar year, or other tax year entered in line 5 is for less to Change in accounting period te in detail why you need the extension CURATE RETURN.	ong CPAS INC place of busines ration's four digit . If it is for p extension is for of time until ear beginning than 12 months, more time is re	E 1001 BISHOP ST STE 2680  FAX No ► (808) 523-2822  ss in the United States, check t Group Exemption Number ( part of the group, check this beck to the group, check this beck to the group, check this beck to the group, check this beck to the group, check this beck to the group, check this beck to the group, check this beck to the group, check this beck to the group the group to	hon HI 96813  k this box GEN)  , and ending return Final	If t  In and  3/31/201  return  OMPLETE ANI	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th  7 Star ACG  8a If th non b If th	oks are in the care of ► CHOY & Woone No ► (808) 523-2811  rganization does not have an office or s for a Group Return, enter the organizole group, check this box ► e names and EINs of all members the quest an additional 3-month extension calendar year, or other tax year entered in line 5 is for less to Change in accounting period te in detail why you need the extension CURATE RETURN.  This application is for Form 990-BL, 990-prefundable credits. See instructions	ong CPAS INC place of busines ration's four digit	E 1001 BISHOP ST STE 2680 FAX No ► (808) 523-2822 ss in the United States, check the Group Exemption Number ( part of the group, check this the country of the group, check this the country of the group initial check reason. Initial check reason. Initial QUESTED TO ACQUIRE ALL INFORM (0, or 6069, enter the tentative fig., enter any refundable credits.)	hon Hi 96813  k this box GEN)  , and ending return Final return Final return tax	If t  In and  3/31/201  return  OMPLETE ANI	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th I rec For If th I rec I f th I rec I	oks are in the care of ► CHOY & Woone No ► (808) 523-2811  rganization does not have an office or so for a Group Return, enter the organization of group, check this box ► enames and EINs of all members the enames and EINs of all members the quest an additional 3-month extension calendar year ← or other tax year entered in line 5 is for less to Change in accounting period the in detail why you need the extension CURATE RETURN.  This application is for Form 990-BL, 990-prefundable credits. See instructions has application is for Form 990-PF, 990-	ong CPAS INC place of busines ration's four digit	E 1001 BISHOP ST STE 2680 FAX No ► (808) 523-2822 ss in the United States, check the Group Exemption Number ( part of the group, check this the country of the group, check this the country of the group initial check reason. Initial check reason. Initial QUESTED TO ACQUIRE ALL INFORM (0, or 6069, enter the tentative fig., enter any refundable credits.)	hon Hi 96813  k this box GEN)  , and ending return Final return Final return tax	If t  In and  3/31/201  return  OMPLETE ANI	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th  7 Star ACC  8a If th nor b If th esti	oks are in the care of ► CHOY & Woone No ► (808) 523-2811  rganization does not have an office or s for a Group Return, enter the organizole group, check this box ► e names and EINs of all members the quest an additional 3-month extension calendar year, or other tax year entered in line 5 is for less to Change in accounting period te in detail why you need the extension CURATE RETURN.  The sapplication is for Form 990-BL, 990-prefundable credits. See instructions has application is for Form 990-PF, 990-prefundable tax payments made Include an ount paid previously with Form 8868 lance due. Subtract line 8b from line 8.	ong CPAS INC place of busines cation's four digit in the interpolation of time until ear beginning than 12 months, in MORE TIME IS RE in HORE TIME IS RE in Table 15 in the interpolation of time until in MORE TIME IS RE in Table 15 in the interpolation of the in	E 1001 BISHOP ST STE 2680  FAX No ► (808) 523-2822  ss in the United States, check the Group Exemption Number ( part of the group, check this the country of the group, check this the country of the group, check this the country of the group, check this the country of the group of the group of the country	HON HI 96813  k this box GEN)  , and ending return Final return Final return Final return and ending return and ending return Final return and ending return and ending return and ending return retur	If t  In and  3/31/201  return  OMPLETE ANI  8a \$	d attach a
The bo Teleph If the o If this is or the wh st with th  I rec For If th  7 Star ACC  8a If th nor b If th esti	oks are in the care of ► CHOY & Woone No ► (808) 523-2811  rganization does not have an office or so for a Group Return, enter the organization does not have an office or so for a Group Return, enter the organization does not have an office or so for a Group Return, enter the organization does not have an additional 3-month extension calendar year, or other tax year entered in line 5 is for less to Change in accounting period the in detail why you need the extension CURATE RETURN.  This application is for Form 990-BL, 990-prefundable credits. See instructions has application is for Form 990-PF, 990-prefundable credits. See instructions has application is for Form 990-PF, 990-prefundable tax payments made include an ount paid previously with Form 8868 lance due. Subtract line 8b from line 8 TPS (Electronic Federal Tax Payment states)	ong CPAS INC place of busines cation's four digit in the interpretation is for extension is for of time until ear beginning than 12 months, in MORE TIME IS RE -PF, 990-T, 4720 -T, 4720, or 606 by prior year over a. Include your in System) See in	E 1001 BISHOP ST STE 2680  FAX No ► (808) 523-2822  ss in the United States, check the Group Exemption Number ( part of the group, check this the country of the group, check this the country of the group, check this the country of the group, check this the country of the group of the group of the country	HON HI 96813  k this box GEN)  , and ending return Final return Final return Final return and any e tax, less any ts and any uired, by using	If to and 3/31/201  3/31/201  return  OMPLETE AND  8a \$	d attach a