

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





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



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

Department of the Treasury

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

Inspection and ending MAR A For the 2012 calendar year, or tax year beginning APR 2012 2013 C Name of organization Check if applicable D Employer identification number LEAGUE OF WOMEN VOTERS OF HONOLULU Address change EDUCATION FUND INC Name change 97-0355692 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated (808)531 - 744849 S HOTEL STREET 314 Amended 32,149. City, town, or post office, state, and ZIP code Applica-tion pending HONOLULU, HI 96813-3104 H(a) Is this a group return F Name and address of principal officer SUSAN MILLER Yes X No for affiliates? 49 S. HOTEL STREET NO. 314, HON, H(b) Are all affiliates included? Yes Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 2001 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE EDUCATION AND Activities & Governance PARTICIPATION IN THE GOVERNMENT PROCESS. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 200 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 9,069. Contributions and grants (Part VIII, line 1h) 6,311. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20. 25.838. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 9,089. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,149. 7.500. 5,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 Salaries, other compensation, employee benefits (Part IX, column A) lines 15/10/ 15 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e 0 0. b Total fundraising expenses (Part IX, column (D), line 250 FR 13,186 8,922. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A 20,686. 13,922 OGDEM Revenue less expenses Subtract line 18 from line 12 <11,597. 18.227. **Beginning of Current Year End of Year** 658,556 20 Total assets (Part X, line 16) 596,803. 21 Total liabilities (Part X, line 26) 596,803. 658,556 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign SUSAN MILLER,
Type or print name and title Here TREASURER Date PTIN Print/Type preparer's name Preparer's signature Paid 02/13 JAN S.H. CHOY ₽00088863 self-employed Preparer Firm's name L CHOY & WONG CPAS Firm's EIN 94-3257246 Use Only Firm's address 1001 BISHOP STREET SUITE

HONOLULU, HI 96813

X Yes

Phone no. (808) 523-2811

LEAGUE OF WOMEN VOTERS OF HONOLULU Form 990 (2012) EDUCATION FUND INC 97-0355692 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission TO PROMOTE EDUCATION AND PARTICIPATION IN THE GOVERNMENT PROCESS. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 5,500. including grants of \$ 5,000.) (Revenue \$___ (Code) (Expenses \$ HELD CONFERENCES ON GOVERNMENT ISSUES - OPEN TO PUBLIC.) (Expenses \$ (Code including grants of \$) (Revenue \$) (Expenses \$) (Revenue \$ (Code including grants of \$ Other program services (Describe in Schedule O)

232002 12-10-12 Form **990** (2012)

including grants of \$

5,500.

4e Total program service expenses ▶

) (Revenue \$

Form 990 (2012) 1

Form 990 (2012) EDUCATION FUND INC
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_		_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		X
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 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u> _
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		_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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, 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, VIII, 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			
	assets reported in Part X, line 169 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 167 If "Yes," complete Schedule D, Part IX	11d		Х
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 and XII	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	15		X
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,		1	ļ
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l <u>.</u> _
	complete Schedule G, Part III	19	-	<u> </u>
	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	
		Form	990	(2012)

	Service of the servic			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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			l
	Schedule J	23		X
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	ļ	X
b	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		
d	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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
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		_ X
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, Part II, III, or IV, and			
	Part V, line 1	_34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 ((2012

Par	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	\dashv	163	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	İ		ĺ
	(gambling) winnings to prize winners?	1c	1	1
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			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	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			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_		ĺ
7	were not tax deductible?	_6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). 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?	7.		х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
	to file Form 8282?	7c	1	х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	
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?	7g		
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		.	1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		l	
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			ł
	Initiation fees and capital contributions included on Part VIII, line 12	İ		l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		. 1	ł
11	Section 501(c)(12) organizations. Enter:			ĺ
-	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
Ü	amounts due or received from them)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	. 1	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	IZa	\dashv	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ĺ
	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			l
	organization is licensed to issue qualified health plans		,	1
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Corm	990	/2012

Form 990 (2012)

EDUCATION FUND INC

97-0355692

Page 6

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 9			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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		<u>X</u> _
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		<u> </u>
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	Х	
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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> </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		<u>X</u>
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		_X_
b	Other officers or key employees of the organization	15b		X
	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		_X_
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			
	exempt status with respect to such arrangements?	16b		<u></u>
Sec	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 (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain in Schedule O)			
10	• • • • • • • • • • • • • • • • • • • •	d 6	ous!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u iinar	icial	
20	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 organiza SUSAN MILLER - (808)531-7448	uon 🏴		
	49 S. HOTEL STREET SUITE 314, HONOLULU, HI 96813-3104			
23200 12-10	8	Form	990	(2012)
				\·-/

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 hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	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		Х		X		_		0.	0.	0
(2) ELIZABETH REILLY	1.00									
/ICE PRESIDENT		X		X				0.	0.	0
(3) SUSAN MILLER	1.00									
TREASURER		X		Х				0.	0.	0
(4) JEAN AOKI	1.00									
DIRECTOR		X						0.	0.	0
(5) HELEN GRIFFIN	1.00									
DIRECTOR		X						0.	0.	0
(6) DONNA WONG	1.00									
DIRECTOR		X						0.	0.	0
(7) DEBRA LAU-OKAMURA	1.00									
DIRECTOR		Х						0.	0.	0
(8) ARLENE ELLIS	1.00									
DIRECTOR		X						0.	0.	0
(9) PIILANI KAOPUIKI	1.00									
SECRETARY				X				0.	0.	0
		_	<u> </u>		_	<u> </u>				
		ļ						:		
		<u> </u>	<u> </u>	_	_	L_				
		1								
		<u> </u>	<u> </u>				_			
<u> </u>		<u> </u>				ļ.,	<u> </u>			_
							1			
				<u> </u>	_	<u> </u>	<u> </u>		_	
		1	1							
			lacksquare		<u> </u>		_			
									!	
		L_	<u> </u>			<u> </u>				
		1	ł	1		1				

Form **990** (2012)

the organization Report co	mpensation for the calenda	r year ending with or w	thin the organization's tax year	
Nam	(A) ne and business address	NONE	(B) Description of services	(C) Compensation
			_	
	·			
				
2 Total number of independe	nt contractors (including bu	t not limited to those lis	sted above) who received more than	

Form 990 (2012)

\$100,000 of compensation from the organization

Pai	t VIII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	to any question				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grantsimilar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	ts, and tye 1f 1	6,311. Business Code	6,311.			
_		Total. Add lines 2a-2f	dudadaata	>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		>	25,838.			25,838.
	b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other				
venue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	of	>			<u></u>	
Other Revenue	С	Part IV, line 18 Less direct expenses Net income or (loss) from func Gross income from garning ac	a b draising events					
	b	Part IV, line 19 Less direct expenses Net income or (loss) from gam	a b					
	b	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	a b					
		Miscellaneous Revenu		Business Code				
	11 a							
	b					-		
	c d	All other revenue						
	_	Total. Add lines 11a-11d						İ
23200	12	Total revenue See instructions.	· .		32,149.	0.	0.	
23200 12-10	12							Form 990 (2012)

Form 990 (2012) EDUCATION FUND INC
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
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,				
	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				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
а	Management				
b	Legal	-	_		· · · · · · · · · · · · · · · · · · ·
C	Accounting	1,369.	-	1,369.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses		-		
14	Information technology				
15	Royalties				
16	Occupancy	4,800.		4,800.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		500		·
19 20	Conferences, conventions, and meetings Interest	500.	500.		
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	73.		73.	
23	Insurance	, 5 •		, , , , ,	
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	DUES & SUBSCRIPTIONS	2,030.		2,030.	
ь	BANK SERVICE CHARGES	150.		150.	
c d		·			<u> </u>
-	All other expenses		-		
25	Total functional expenses Add lines 1 through 24e	13,922.	5,500.	8,422.	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)				

Form 990 (2012)
Part X | Balance Sheet

Part 2	X	Balance Sheet				
		Check if Schedule O contains a response to any	y question in this Part X			
				(A) Beginning of year		(B) End of year
-	1	Cash · non-interest-bearing	25,547.	1		
2	2	Savings and temporary cash investments		571,095.	2	658,468
;	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
1	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensations				
		Part II of Schedule L	ļ		5	
6	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net			7	
§ §	8	Inventories for sale or use	į		8	
9	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 3,461.			
	b	Less: accumulated depreciation	10b 3,373.	161.	10c	88
1.	1	Investments - publicly traded securities	ļ		11	
12	2	Investments - other securities See Part IV, line	11		12	
13	3	Investments - program-related See Part IV, line	11		13	
14	4	Intangible assets		14		
15	5	Other assets See Part IV, line 11		15		
1(6	Total assets. Add lines 1 through 15 (must equ	596,803.	16	658,556	
17	7	Accounts payable and accrued expenses		17		
18	8	Grants payable		18	<u>-</u> -	
19	9	Deferred revenue	1		19	
20	0	Tax-exempt bond liabilities			20	
တ္ 2	1	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
2	2	Loans and other payables to current and forme	r officers, directors, trustees,			
Liabilities N N		key employees, highest compensated employee	es, and disqualified persons			
-		Complete Part II of Schedule L			22	<u>-</u> -
23	3	Secured mortgages and notes payable to unrela	· ·		23	
24	4	Unsecured notes and loans payable to unrelate	·		24	
2	5	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
İ		Schedule D			25	
2	6	Total liabilities. Add lines 17 through 25		0.	_26	0
		Organizations that follow SFAS 117 (ASC 956	•			
Ses	_	complete lines 27 through 29, and lines 33 ar	nd 34.			
		Unrestricted net assets	}		27	
e 2		Temporarily restricted net assets	;		28	
면 ²¹	9	Permanently restricted net assets			29	
로		Organizations that do not follow SFAS 117 (A	ASC 958), check here ▶ LX.			
ō	_	and complete lines 30 through 34.		_	_	_
Net Assets or Fund Balances		Capital stock or trust principal, or current funds		0.	30	0
ğ 3		Paid in or capital surplus, or land, building, or ed	· ·	0.	31	0
a 3		Retained earnings, endowment, accumulated in	ncome, or other funds	596,803.		658,556
3		Total net assets or fund balances		596,803.		658,556
3	4	Total liabilities and net assets/fund balances		596,803.	34	658,556 Form 990 (2012

Form **990** (2012)

Form	990 (2012) EDUCATION FUND INC	97-035	5692	Pag	ge 12
Pai	t XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3:	2,1	<u>49.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	<u>3,9</u>	<u>22.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>27.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			03.
5	Net unrealized gains (losses) on investments	5	4	<u>3,5</u>	26.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	65	<u>8,5</u>	<u>56.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				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 Schedu	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			ŀ
	consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	he audit,			
	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 Sc	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC 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 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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). 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) 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) 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 a Type I c ____ Type III - Functionally integrated Type III - Non-functionally integrated 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 I, Type II, 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? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(ı) (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) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2012

232021

Sch	edule A (Form 990 or 990-EZ) 2012						Page 2
Pa	(Complete only if you checke fails to qualify under the tests	d the box on line	5, 7, or 8 of Part I o	or if the organization			(i)/
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not	(8) 2000	(8) 2003	10/2010	(0)2011	16/2012	(i) iotai
	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		<u> </u>				
	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				:		
6	amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4 ction B. Total Support		' /	1	L	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2000	(6) 2009	(6) 2010	(u) 2011	(e) 2012	(I) IOIAI
	Gross income from interest,	/					
Ŭ	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 carned 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 stop						▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2012 (line 6, column (f) d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Par	t II, line 14			15	%
16a	a 33 1/3% support test - 20/12. If the o	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or i	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatioi	ח			ightharpoons
t	o 33 1/3% support test -/2011. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check tl	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			ightharpoons
17a	a 10% -facts-and-circumstances tes		_				
	and if the organization meets the "fac	cts-and-circumstai	nces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiz	ation qualifies as a	publicly supporte	d organization		ightharpoons
t	o 10% -facts-and-circumstances tes more, and if the organization meets to						
	/	· - ·					

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

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012 EDUCATION FUND INC 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1					
	include any "unusual grants ")	19,115.	14,436.	8,726.	9,069.	7,406.	58,752.
2	Gross receipts from admissions, merchandise sold or services performed, 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	19,115.	14,436.	8,726.	9,069.	7,406.	58,752.
7:	a Amounts included on lines 1, 2, and		•	•			
	3 received from disqualified persons						0.
I	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.
•	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						58,752.
Se	ction B. Total Support					,	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	19,115.	14,436.	8,726.	9,069.	7,406.	58,752.
10:	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,408.	49.	46.	20.	17.	2,540.
ı	Unrelated business taxable income				· ·		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	2,408.	49.	46.	20.	17.	2,540.
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)						
13	Total support (Add lines 9, 10c, 11, and 12)	21,523.	14,485.	8,772.	9,089.	7,423.	61,292.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
	check this box and stop here						▶□_
<u>Se</u>	ction C. Computation of Publ	c Support Per	centage				
15	Public support percentage for 2012 (I	ine 8, column (f) div	vided by line 13, co	olumn (f))		15	95.86 %
16						16	97.85 %
<u>Se</u>	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	12 (line 10c, colum	n (f) divided by line	e 13, column (f))		17	4.14 %
18	Investment income percentage from 2	2011 Schedule A, F	Part III, line 17			18	2.15 %
19:	a 33 1/3% support tests - 2012. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ai						. ▶ [X]
ı	33 1/3% support tests - 2011. If the						• •
	line 18 is not more than 33 1/3%, che						ightharpoons
20	— • • • • • • • • • • • • • • • • • • •						
2320	23 12-04-12				Scho	edule A (Form 990	or 990-EZ) 2012

(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.

OMB No 1545-0047 Inspection

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC

Employer identification number 97-0355692

Par	rt ! Organizations Maintaining Donor Advi	ised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV,	line 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 advis-	ed funds
	are the organization's property, subject to the organizatio		Yes No
6	Did the organization inform all grantees, donors, and donor	or advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the done		•
	impermissible private benefit?	, , , , ,	Yes No
Par		organization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization	zation (check all that apply)	
	Preservation of land for public use (e.g., recreation		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	ualified 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
С	Number of conservation easements on a certified historic	2c	
d	Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a historic structi	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation	easement is located >	
5	Does the organization have a written policy regarding the	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easemen	its it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecti	ng, and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, a	nd enforcing conservation easements during	the year ► \$
8	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes No
9	In Part XIII, describe how the organization reports conser	vation easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organ	nization's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116		
	historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that de		
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of pu	blic 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	I treasures, or other similar assets for financia	ll gain, provide
	the following amounts required to be reported under SFA	S 116 (ASC 958) relating to these items:	
а	, -		\$
b	Assets included in Form 990, Part X		> \$

11070213 791512 LWV

232051 12-10-12

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

20 2012.05020 LEAGUE OF WOMEN VOTERS OF H LWV____1

Schedule D (Form 990) 2012

		<u>ON FUND IN</u>						<u>97-03</u>	<u> 355692</u>	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Other	Simila	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following that	at are a sig	nıficant ı	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	•	d \Box	Loan or exc	change progr	ams				
ь	Scholarly research			Other	g- pg-					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and evola	un how ti	hav furthar t	the organizat	ion's avem	nt nurne	see in Da	a YIII	
5	During the year, did the organization solicit o							Joe IIII ai	t Alli	
•	to be sold to raise funds rather than to be ma					ici Siiiiiai e	133613	_	Yes	
Par	t IV Escrow and Custodial Arran					"Van" ta C	OOO	Dort IV		No_
· u	reported an amount on Form 990, Par		iete ii tile	organizatio	on answered	tes to F	om 990	, Part IV,	line 9, or	
	· <u>-</u> ·									
ıa	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	ssets not ir	iciuaea		٦.,	
	on Form 990, Part X?								_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table				_		
									Amount	
	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?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete it	f the organization a	nswered	"Yes" to Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	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								Ť .	
2	Provide the estimated percentage of the curr	ent vear end balan	ce (line 1	a. column (a)) held as:				.1	
а	Board designated or quasi-endowment	,	%	3,	-,,					
b	Permanent endowment	%								
c	Temporarily restricted endowment	^ %								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	·-	ation tha	at are held a	and administa	ered for the	organiz	ation		
	by	ooron or the organiz				3,00,10,111	organiz	allon	\(\nbegin{align*} \text{V} \\ \notage \text{V}	es No
	(i) unrelated organizations								3a(ı)	65 140
	(ii) related organizations									 -
h	If "Yes" to 3a(ii), are the related organizations	listed as required	on Schoo	dulo D2					3a(II)	+-
4	Describe in Part XIII the intended uses of the								_3b	
	t VI Land, Buildings, and Equipm									
. ت	Description of property	(a) Cost or o			t or other	(a) Acc	umulate	d	(d) Pools	ralue
	bescription of property	basis (invest		, , ,	(other)		eciation	~	(d) Book v	aiut
12	Land	223.0 (001	,	2000	\-···	3001				
	Buildings		_							
	_	•	_					-		
	Leasehold improvements			 -				-		
	Equipment	<u> </u>		 -	2 4 6 1		2 3	72		
	Other Add lines 1a through 1e (Column (d) must e	avol Form 000, Des	. V -=!	no (D) (===	3,461.		3,3	13.		88.
rotal	<u>. Aud intes la uniough le (Columni (d) Must e</u>	yuai roiin 990, Pan	LA, COIUI	rın (B), line 🖰	IU(C))					88.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, (b) Book value		valuation Cost or car	Lofwaar market value
	(D) BOOK VAIUE	(c) iviethod of	valuation Cost or end	d-of-year market value
Financial derivatives	 			
Closely-held equity interests Other	· · ·			
(A) (B)				
(B)			-	
(C)				
(D)				
(E)				
(F)				-
(G)				
(H)				
(I)				
al (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	- E 000 D- +V	1 - 10		
art VIII Investments - Program Related. Se (a) Description of investment type	<u>e Form 990, Paπ Χ</u> (b) Book value	, line 13	valuation Cost or end	Lofvoor market value
	(D) BOOK Value	(c) Method of	valuation Cost of end	Poryear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	 .			
(8)				
(9)				
10)				 -
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>		
Part IX Other Assets. See Form 990, Part X, line				(I) Deal calca
	Description			(b) Book value
(1)				
(2)				
(3)			•	
(4)			-	
(5)				
(6)				-
(7)				
(8)				
(9)		 		
10)				
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15)			.
art X Other Liabilities. See Form 990, Part X, I	ine 25	1		
(a) Description of liability		(b) Book value	1	
(1) Federal income taxes			4	
(2)				
(3)			_	
(4)			_	
(5)			_	
(6)			_	
(7)				
(8)			1	
(9)			1	
10)			_	
(11)				
	051		7	
tal. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 25.)</u> ►			
tal. (Column (b) must equal Form 990, Part X, col. (B) line FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		the organization's financia	al statements that rep	orts the organization

	dule D (Form 990) 2012 EDUCATION FUND INC t XI Reconciliation of Revenue per Audited Financial Statement	nts With Revenue per 6		0355692 Pa	age 4
1	Total revenue, gains, and other support per audited financial statements	into vital ricvende per i	1014	 	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		 		
a	Net unrealized gains on investments	20			
a b	Donated services and use of facilities	2a	-		
_	Recoveries of prior year grants	2b	┨		
C	Other (Describe in Part XIII)	2c	┨		
d	Add lines 2a through 2d	2d	٠,		
e 2	Subtract line 2e from line 1		2e	· · · · · · · · · · · · · · · · · · ·	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3		
4	• • • •	1.1		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-		
b	Other (Describe in Part XIII)	4b.	┥.		
c	Add lines 4a and 4b		4c		
5 Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Tax XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	<u> 5</u> r Retւ	ırn	
1	Total expenses and losses per audited financial statements		1	<u> </u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	_		
C	Other losses	2c	1		
d	Other (Describe in Part XIII)	2d	1		
e	Add lines 2a through 2d	Ed	2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-		
	Add lines 4a and 4b		1		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5		
·	t XIII Supplemental Information		13		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to			2b, Part V, line 4, F	Part
				1.6-	
			Sche	dule D (Form 990)	2012

SCHEDULE O

(Form 990 or 990-EZ)

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

OMB_No 1545-0047 Inspection

Department of the Treasury 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	TTEES WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD TREASURE	ER 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.

Schedule O (Form 990 or 990-EZ) (2012)

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.

Attachment Sequence No 179

Name(s) shown on return			Bu	usiness or activity to	which this form rela	ates	Identifying number
LE	AGUE OF WOMEN VOTERS	OF HONO	LULU	:				
EDI	UCATION FUND INC			F(ORM 990	PAGE 10		97-0355692
Pa	rt Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any	y listed propert	y, complete Pa	rt V before	you complete Part I.
1 !	Maximum amount (see instructions)						1	500,000.
2	Total cost of section 179 property place	d in service (see	instructions)			2	
3	Threshold cost of section 179 property I	pefore reduction	in limitation				3	2,000,000.
4	Reduction in limitation. Subtract line 3 fr	om line 2 If zero	or less, ent	er -0-			4	
5 (Pollar limitation for tax year Subtract line 4 from line	1_If zero or less, enter	-0- If married fil	ling separately	, see instructions		5	
6	(a) Description of pro	perty		(b) Cost (b	usiness use only)	(c) Elec	ted cost	
								7
7 l	isted property Enter the amount from	ine 29			7		<u>-</u>	
8 -	Total elected cost of section 179 proper	ty Add amounts	ın column (c), lines 6 a	and 7		8	7
9 -	Tentative deduction Enter the smaller of	of line 5 or line 8	·				9	
10 (Carryover of disallowed deduction from	line 13 of your 2	011 Form 45	62			10	
11	Business income limitation. Enter the sn	naller of business	s income (no	t less than	zero) or line 5		11	
	Section 179 expense deduction Add lin		•		•		12	
13 (Carryover of disallowed deduction to 20	13 Add lines 9 a	and 10, less	line 12	▶ 13	1		
	e: Do not use Part II or Part III below for					1		<u> </u>
Pa	rt II Special Depreciation Allowar	ce and Other D	epreciation	(Do not in	clude listed pro	operty)		
14 3	Special depreciation allowance for quali	fied property (otl	ner than liste	ed property) placed in sen	rice during		
	the tax year					J	14	
	Property subject to section 168(f)(1) elec	ction					15	
	Other depreciation (including ACRS)						16	73.
	rt III MACRS Depreciation (Do not	include listed pi	roperty) (Se	e instructio	ons.)		,	
			Se	ection A				
17	MACRS deductions for assets placed in	service in tax ye	ears beginnir	ng before 2	2012		17	
18	f you are electing to group any assets placed in servi	ce during the tax year	into one or more	general asset	accounts, check he	ere 🕨 [
	Section B - Assets	Placed in Service	e During 20	12 Tax Ye	ar Using the G	eneral Depre	ciation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(búsiness/i	or depreciation investment use instructions)		(e) Convention	on (f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property]						
c	7-year property	1						
d	10-year property	1						
e	15-year property	1						
f	20-year property	1						
g	25-year property	1			25 yrs		S/L	
	5	/			27 5 yrs	s MM	S/L	
h	Residential rental property	/			27 5 yrs	s MM	S/L	
		/			39 yrs	. ММ	S/L	
ı	Nonresidential real property	/				ММ	S/L	
	Section C - Assets P	aced in Service	During 201	2 Tax Yea	r Using the Alt	ternative Depr	eciation Sy	rstem
20a	Class life		1				S/L	
ь]			12 yrs		S/L	
	40-year	/			40 yrs	MM	S/L	
Pa	rt IV Summary (See instructions)				•			
	Listed property Enter amount from line	28			-		21	
	Total. Add amounts from line 12, lines 1		nes 19 and 2	10 in columi	n (g), and line 2	<u>!</u> 1		
	Enter here and on the appropriate lines	=					22	73.
	For assets shown above and placed in	=		·=		T		1
	portion of the basis attributable to secti				23			
2162	51 1114 5 5 1 5 1 1:		separate in	structions	-			Form 4562 (2012)

	m 4562	(2012)	EDU	<u>CATION</u>	FUND	INC							<u>97-</u>	<u>0355</u>	<u>692 </u>	Page 2
Pa	art V	Listed Propert amusement)	y (Include a	utomobiles, ce	ertain otl	ner vehic	les, cer	taın com	puters	s, and prop	erty use	d for er	ntertainn	nent, rec	reation,	or
		Note: For any	ehicle for wi	hich you are u	sing the	standard	d mileag	e rate or	dedu	cting lease	e expense	e, comp	lete onl	v 24a, 24	4b, colui	nns (a)
		through (c) of S	Section A, all	of Section B,	and Sec	tion C if	applica	ble								
			`	on and Other			ution: S	See the I	nstruc	tions for li	mits for p	asseng	er autor	nobiles.)	, ,	
<u>24a</u>	Do you	u have evidence to s		1	ent use cl	aimed?	<u> </u>	es L	_ No	24b If "Y			nce writt	ten? L_	_l Yes L	No
	Tunn	(a)	(b) Date	(c) Business/		(d)	Bas	(e) sis for depre	ciation	(f)		g)		(h)		(i) cted
		of property ehicles first)	placed in	investment		Cost or her basis	/hu	siness/inve	stment	Recovery period	i Meti Conve	hod/ ention		eciation uction	section	n 179
	•		service	use percenta	ye			use only		L <u>`</u>	1		 		<u>cc</u>	ost
25		al depreciation allo			property	/ placed	ın servi	ce dunng	the ta	ax year an	d					
		nore than 50% in ty used more tha			000 1100							25				
<u> 20</u>	riopei	ty used more tha	1 30% 111 a C	i	% USE		-			<u> </u>	T		1			•
					% %		- -						1			
					%										_	
27	Proper	ty used 50% or le	ess in a qual	<u> </u>			<u> </u>			<u> </u>	L				l	
	,	,			%						S/L ·					
				-	%						S/L -			-	1	
					%						S/L·				1	
28	Add an	mounts in column	(h), lines 25	through 27 E	nter her	e and or	line 21	, page 1				28			1	
		mounts in column		-									•	29		
		-			Section	B - Infor	mation	on Use	of Vel	ncles					_	
		this section for ve														
		ided vehicles to y	our employe	es, first answ	er the qu	uestions	ın Secti	on C to	see if y	you meet a	an excep	tion to	completi	ing this s	section f	or
tno	se vehic	cies 			1		ī				,					
					-	a)		b)		(c)	(d	1)	(e)	(1	f)
30		usiness/investment		uring the	Vel	ncle	Vel	hicle	<u> </u>	ehicle	Veh	cle	Vel	nicle	Veh	ıcle
	•	o not include comr	• ,													
		commuting miles o		•			 			 					-	
32		other personal (no	ncommuting	j) miles]					
22	driven		the weer													
33		niles driven during nes 30 through 32	•													
34		ne vehicle availab		عود ادر	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.		off-duty hours?	io for person	iai aso	103	140	103	140	100	NO	163	110	163	140	163	140
35	•	ne vehicle used p	rimarily by a	more		<u> </u>										
	than 5	% owner or relate	ed person?													
36	Is anot	ther vehicle availa	ble for perso	onal												
	use?			_									<u> </u>			
			Section C	- Questions	for Emp	loyers V	/ho Pro	vide Vel	nicles	for Use b	y Their E	mploye	ees			
Ans	swer the	ese questions to	determine if	you meet an e	exception	n to com	pleting	Section I	3 for v	ehicles us	ed by en	nployee	s who a	re not m	ore thar	1 5%
ow	ners or	related persons														
37	Do you	u maintain a writte	en policy sta	tement that p	rohibits a	all perso	nal use	of vehicle	es, inc	luding cor	nmuting,	by you	r		Yes	No
	employ	•					_									-
38	•	u maintain a writte		•	•				•		0	our			1	
~		yees? See the ins					ficers, c	directors,	or 1%	or more	owners				ļ	-
	•	u treat all use of v	•					<i>.</i>	= =						-	-
40	-	u provide more th		•	•		iniormai	HON IFOR	your	employees	s about					
41		e of the vehicles, u meet the require					monetre	ation iina								
71	-	If your answer to		• .						covered ve	hiclos					1
P	art VI	Amortization	.,,,, .	U _I UI TI IO TO	~, u o 11	<u>or comp</u>	000	CON DIC		JOYGI GU VE	incies.				ļ <u> </u>	
		(a)			(b)		(c)			(d)	· 1	(e)			(f)	
		Description o	f costs	Date	amortization begins		Amortizal amoun	ble t		Code section		ziromA eno bone		Ar fo	mortization or this year	
42	Amorti	zation of costs th	at begins du	ırıng your 201		ar	_						1			
_																
_																
43	Amorti	zation of costs th	at began be	fore your 201	2 tax yea	ar							43			
44	Total	Add amounts in o	column /fi S	ee the instruc	tione for	where to	report						44			_

216252 12-28-12

Form 4562 (2012)

8868 Form

(Rev January 2013)

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

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

OMB No 1545-1709

-	_			extension, complete only Paπ II (d an automatic 3-month extension or		•					
a corpo 8868 to Return	oration required to o request an exter for Transfers Ass	ofile Form 990-T), or an addituning of time to file any of the sociated With Certain Persona	onal (not a forms liste I Benefit C	f you need a 3-month automatic extutomatic) 3-month extension of timed in Part I or Part II with the exception on tracts, which must be sent to the visit www.irs gov/efile and click on	e You can electron of Form 8870, IRS in paper form	onically file Form Information mat (see					
Part	Automat	ic 3-Month Extension of T	ime. Onb	y submit original (no copies need	led)	- · · · · · · · · · · · · · · · · · · ·					
A corp Part I o	oration required to	o file Form 990-T and requesti cluding 1120-C filers), partner	ng an auto	matic 6-month extension—check the . MICs, and trusts must use Form 700	ols box and comp	▶ 🗌					
Type o	Name of exe	mpt organization or other filer, se	e instruction	IS	Employer identification	on number (EIN) or					
print		F WOMEN VOTERS OF HON	OLULU EI	DUCATION FUND INC	97-0355692						
File by th		eet, and room or suite no. If a P.O.	box, see ir	nstructions	Social security nu	mber (SSN)					
due date filing you		& WONG CPAS INC 1001 BIS	SHOP STE	REET SUITE 2680							
return S	1 City town or	post office, state, and ZIP code	For a foreigi	n address, see instructions							
instruction	ons HONOLULU	<u>J</u>			HI 96	813					
Enter t	he Return code fo	or the return that this application	on is for (fil	e a separate application for each re	turn) .	01					
Appli	cation		Return	Application		Return					
ls For	•		Code	e Is For Code							
Form	990 or Form 990-	EZ	01	Form 990-T (corporation) 07							
Form	990-BL		02	Form 1041-A							
Form	4720 (individual)		03	Form 4720		09					
Form	990-PF		04	Form 5227							
Form	990-T (sec 401(a	a) or 408(a) trust)	05	Form 6069		11					
Form	990-T (trust other	than above)	06	Form 8870		12					
Tel • If th • If th for the list wit	ephone No (8) ne organization do nis is for a Group is whole group, che the names and I request an autor until 11 is for the organization calendar y X tax year b	08) 523-2811 Des not have an office or place Return, enter the organization's EINs of all members the exten matic 3-month (6 months for a 1/15/2013 , to file the ation's return for year or eginning4/1/2	of busines s four digit If it is for p sion is for, corporatio exempt or	n required to file Form 990-T) extenganization return for the organization, and ending	ox . sion of time n named above	If this is and attach a The extension					
	nonrefundable cr	edits See instructions), or 6069, enter the tentative tax, le	ss any 3a	\$ 0					
	• •			9, enter any refundable credits and rpayment allowed as a credit	3ь	\$ 0					

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Title ► C.P.A

11/8/2013

Form 8868 (Rev 1-2013)