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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 private foundations)

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

OMB No 1545-0047

Open to Public Inspection

Α	For th	ne 20	013 calendar year, or tax year beginning and	ending		
В	Check is	f ble	C Name of organization		D Employer identifi	cation number
Г	Addr	ess	LEI ALOHA CHAPTER NO. 3 O.E.S.			
Ē	Nam chan	e	Doing Business As		99-0	080868
	tnitia retur	er				
	Term) 525-8953				
		bebn	P.O. BOX 3883 City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,595,445.
	Appl		HONOLULU, HI 96812		H(a) Is this a group r	
	pend	ing	F Name and address of principal officer:LYNDA T. BANIQUED		for subordinates	s ^γ Yes X No
		_	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
			pt status $501(c)(3)$ $501(c)(10)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		_	▶ N/A		H(c) Group exemption	
		_	ganization: Corporation Trust X Association Other ►	L Year	of formation: 1905	M State of legal domicile: HI
P	art I		ummary			
9	1	Brı	lefly describe the organization's mission or most significant activities: $\overline{ extbf{FRAT}}$	ERNAL	AND CHARITA	BLE
nance	_					
₹	2		neck this box if the organization discontinued its operations or dispos	sed of more		ssets.
₹	3		imber of voting members of the governing body (Part VI, line 1a) imber of independent voting members of the governing body (Part VI, line 1b)		3	4
స్యా	5		tal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
AUI, I S Activities &	6		tal number of volunteers (estimate if necessary)		<u>5</u>	0
∹⋛	1 -				<i>-</i> \	0.
₹₹			at unrelated business tayable income from Form 200 T. line 24	(EO	(C) 7h	0.
3	1 -			ELAED	Prior Year	Current Year
Revenue Revenue	8	Co	ontributions and grants (Part VIII, line 1h)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A 61,971.	410.
	9		ogram service revenue (Part VIII, line 2g)	(B) ()	0.	0.
3 8	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1463,820.	512,520.
М	11		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,500.	5,640.
_	12		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), (2)	OGOE	469,291.	518,570.
	13	Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)	05/	70,670.	54,270.
	14	Ве	enefits paid to or for members (Part IX, column (A), line 4)	/ <u> </u>	0.	0.
es	15	Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a		ofessional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
Ř	· t		tal fundraising expenses (Part IX, column (D), line 25)	0		
_	17		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	72,901.	79,064.
	18		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	143,571.	133,334.
	19	He	evenue less expenses Subtract line 18 from line 12		325,720.	
sts	<u> </u>	То	stal accets (Part V. line 16)	Re	eginning of Current Year	End of Year 5,808,950.
ASS	20		otal assets (Part X, line 16) otal liabilities (Part X, line 26)	-	<u>5,187,764.</u> 0.	
Net Assets or	22		et assets or fund balances. Subtract line 21 from line 20	—	5,187,764.	5,808,950.
	art i	-	Signature Block	l	3,107,704.	J,000,JJ0.
_			es of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of m	ny knowledge and belief, it is
			and complete. Declaration of preparer (other than officer) is based on all information of wi			.,,
	,					
Sig	an .		Signature of officer Sprike & Banace !		Date	
He		I	LYNDA T. BANIQUED, TREASURER		8/2/14	
_		_ •	Type or print name and title	M	/ / /	
		Р	rint/Type preparer's name Preparer's synnature		Date Check [PTIN
Pai	id	G:	EORGE ROBERTS)7/30/14 self-emplo	<u> </u>
	parer	_	rm's name ► GEORGE F ROBERTS, CPA LLC		Firm's EIN	26-2420024
Us	e Only	Fi	ırm's address ▶ 1001 BISHOP STREET, SÜITE 987			
_			HONOLULU, HI 96813		Phone no. (8	
			discuss this return with the preparer shown above? (see instructions)			X Yes No
332	001 10	-29-1	13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)

orm	990 (2013) LEI ALOHA CHAPTER NO. 3 O.E.S.	<u>99-0080868 </u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	TO MAKE CONTRIBTUTIONS AND GRANTS FOR CHARITABLE AND EDUC	CATIONAL	
	PURPOSES.	<u> </u>	
	FORFODED:		
		· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on		[]
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	•	
74	CHARITABLE DONATIONS TO MASONIC AND OTHER NONPROFIT ORGA		
	CHARTIADES DONALIONS TO MASONIC AND OTHER NORTHOTIL ORGA	MIZITIOND:	
			
		<u> </u>	
4b	(Code) (Expenses \$) (Revenue		,
	SCHOLARSHIPS TO STUDENTS BASED ON NEED AND SCHOLASTIC AC	HIEVEMENTS.	
			
		-	
		 .	
4c	(Code) (Expenses \$) (Revenue	: \$)
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		
		Form C	90 (2013)

. 41	try offection frequired concludes		Vcc	Na
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No_
1	If "Yes," complete Schedule A	1		<u>x</u>
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		
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> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		\ 3.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		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, IX, or X			
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
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			Ì
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	<u> </u>
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 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
•	the organization's separate or consolidated infancial statements for the tax your 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	1 1f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		 -
124	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	<u> </u>	X
b		1		
	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 other assistance to or for any			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		 ^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- 10		1
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		Х
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	ļ	X
<u>_b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(05:5:
		Forn	コンサリ	(2013)

Form 990 (2013) LEI ALOHA CHAPTER NO. 3 O.E.S.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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			
	Schedule J .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ŀ		
	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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		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	ļ	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?			x
20	If "Yes," complete Schedule N, Part I	31		
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	- SZ		
33	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	33_		
34	Part V, line 1	34		Х
35a	and the second s	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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	}	
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		Х
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	x	
		Form	990	(2013)

99-0080868 LEI ALOHA CHAPTER NO. Form 990 (2013) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c 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

g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
9	Sponsoring organizations maintaining donor advised funds.
а	Did the organization make any taxable distributions under section 4966?
b	Did the organization make a distribution to a donor, donor advisor, or related person?
n	Section 501(c)(7) organizations Enter

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders

11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c X 14a

10a

10b

13b

7f 7g 7h

8

9a 9b

Form 990 (2013)

99-0080868 LEI ALOHA CHAPTER NO. 3 O.E.S. 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. \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TRUST DIVISION - 808-525-8953

statements available to the public during the tax year.

FIRST HAWAIIAN BANK, P.O. BOX 3708, HONOLULU,

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

96811-3708

orm 990 (2013)	LEI ALOH	מ רעזאס מי	סים	NT	1	2	^	다	Q	99-0080	868 Page 7
Part VII Compensation	of Officers. [Directors.	rus	stee	es.	Ke	v Ei	mp	lovees. Highest C	ompensated	000 Page 1
Employees, an					,	,	,		.		
Check if Schedule	O contains a resp	onse or note to	o an	y lin	e ın	this	Part	W.			
ection A. Officers, Director	rs, Trustees, Key	Employees, a	nd l	High	est	Cor	пре	nsa	ted Employees		
Complete this table for all p	ersons required to	be listed Rej	port	con	nper	ısatı	on f	or th	ne calendar year ending	with or within the orga	ınızatıon's tax yea
List all of the organization ter 0- in columns (D), (E), and List all of the organization List the organization's five List the organization terms of the columns of	d (F) if no compen: n's current key en e current highest c	sation was pai iployees, if any ompensated e	d y Se empl	ee in	stru es (c	ctio	ns fo	or de n ar	efinition of "key employe	e " e, or key employee) wh	no received report
le compensation (Box 5 of Fo List all of the organization cortable compensation from List all of the organization ore than \$10,000 of reportable	n's former officers the organization a n's former directo le compensation fi	, key employe nd any related rs or trustees rom the organi	es, a org tha zatio	and I aniz it rec on a	high atioi ceive nd a	est ons ed, o	com n the elate	pen: e ca ed o	sated employees who re pacity as a former direct rganizations	eceived more than \$10 tor or trustee of the org	90,000 of ganization,
t persons in the following ord d former such persons										-	ed employees,
Check this box if neither	the organization n	Į.	orga	anıza	ation	cor	npe	nsat	ed any current officer, o	lirector, or trustee	
(A) Name and Title		(B) Average hours per	box	(C) Position do not check more than one ox, unless person is both a fficer and a director/trustee			than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related	Individual trustee or director		d a d			_	from the organization (W-2/1099-MISC)	from related organizations (W 2/1099-MISC)	other compensation from the organization
		organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
) HENRY WONG		1.00	v							0.	0.
AIRMAN OF TRUSTEES	<u> </u> 	1.00	X	-		-			0.	<u>U.</u>	<u> </u>
) LYNDA T. BANIQUED		1.00	х		x				0.	0.	0.
USTEE & TREASURER) RESURRECION ESCASA	<u> </u>	1.00	Λ		Δ				0.		<u> </u>
USTEE			X	1					0.	0.	0.
) NANCY MATSUDA		1.00									
CRETARY					X				0.	0.	0.
										}	
	<u> </u>										
			}								
					-						
				-							
			-						 		

		TET WITOH									99-00	808	<u> ქნგ Pa</u>	ige c
<u>เหื</u> a		Directors, Trus		ploy	<u>/ees</u>			ghe	st C	Compensated Employe	i	—		
	(A)		(B)	}			C)			(D)	(E)	- 1	(F)	
	Name and title		Average	(do	not c	Pos heck) than	one	Reportable	Reportable	1	Estimate	
			hours per week	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	ו ן	amount o	of .
			list any	<u> </u>			1	T	100)	from	from related	.	other	n
			hours for	direct		1				the organization	organizations (W-2/1099-MIS		compensat from the	
			related	trustee or director	stee			nsate		(W-2/1099-MISC)	(44-2/1055-14110	o,	organizati	
			organizations	trust	Institutional trustee		ge ,	mbel		(** 2) 1000 (***)		1	and relate	
			below	Individual	tutto	بقا	Key employee	lest co	듈			l	organizatio	ns
			line)	É	Inst.	Officer	Key	Highest compensated employee	Former					
				{										
	<u>-</u>			-	-	-		-	-					
					-			-	-			\rightarrow		
						-		-	-			-+		
	<u> </u>			_				-	<u> </u>			\dashv		
					-	-	_							
				_					_					
1b	Sub-total		L	l	L		L	L	▶	0.		0.		0
С	Total from continuation sh	neets to Part VI	I, Section A						•	0.		0.		0.
_d	Total (add lines 1b and 1c))								0.		0.		0.
2	Total number of individuals	(including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportable)		
	compensation from the orga	anization 🕨												
												F		No
3	Did the organization list any	former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on	Ì		· 3 🖟
	line 1a? If "Yes," complete \$											-	3	X
4	For any individual listed on I	line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	anc	oth	ner compensation from	the organization	:		M.
	and related organizations gi	reater than \$150),000? If "Yes,	" co	mple	ete S	Sche	dule	J fe	or such individual			4	<u>X</u> _
5	Did any person listed on line						-		elate	ed organization or indivi	dual for services	Ĵ	w , lai	,
	rendered to the organization		plete Schedule	J fo	or su	ıch ı	oers	on					5	X
	tion B. Independent Contra										4400 000 6			
1	Complete this table for your											ensa	.11011 110111	
	the organization Report coi	1	ine calendar y	3a1 6	HIUII	ig w	/1011	OI W			/ear		(C)	
	Nam	(A) le and business	address	NC	ONE	7.				(B) Description of s	ervices	Cc	ompensation	
_					7112				1					
		<u> </u>	·						_					
		<u> </u>							1					
									+					
		<u> </u>					_		\downarrow					
2	Total number of independer			ot lır	nite	d to	_		ted	above) who received m	ore than	ijer A. S.,, "Mal-		
	\$100,000 of compensation	from the organiz	ation >				()					/" w.i."	43
32001 10-29-	; 13											F	Form 990 (20	J13)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (**D)** Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue Federated campaigns 1a Membership dues 1b 410 c Fundraising events 1c Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts). 125,647 125,647 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents 5,640 b Less: rental expenses 0 c Rental income or (loss) 5,640, d Net rental income or (loss) 5.640 5,640 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 3,463,748 b Less. cost or other basis and sales expenses 3,076,875 c Gain or (loss) 386,873, d Net gain or (loss) 386,873 386,873 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 b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а **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 Total revenue. See instructions. 518,570 518 160

secuc	on 501(c)(3) and 501(c)(4) organizations must comp			ompiete column (A).	
	Check if Schedule O contains a respon			(C)	<u> </u>
	ot 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	11,770.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	42,500.			
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		<u></u>		
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)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes		-		
	Fees for services (non-employees):				
	Management			<u>-</u>	
	Legal	1 610			
	Accounting	1,618.			<u>.</u> .
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	35,364.			
T ~	Other (If line 11g amount exceeds 10% of line 25,	33,304.			
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses			-	
14	Information technology			· · · · · · · · · · · · · · · · · · ·	-
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,557.			
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance	516.			
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	MAINTENANCE	15,000.			
b	HONORARIUMS	10,400.			
С	CHRISTMAS PARTY EXPENSE	5,455.			
d	CHAPTER EXPENSES	2,422.			
	· ——-	4,732.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	133,334.			
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 fig. 14 following SOP 98-2 (ASC 958-720)				
	1 in following 3OF 80-2 (A3C 830-720)		L	1	

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		Т	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	28,916.	1	29,901
	2	Savings and temporary cash investments	64,808.	2	306,968
ı	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	·-		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
ı	9	Prepaid expenses and deferred charges		9	
	-	Land, buildings, and equipment cost or other		*	
	.04	basis. Complete Part VI of Schedule D 10a 1,107,917.			
	b	Less: accumulated depreciation 10b 0.	1,107,917.	10c	1,107,91
		Investments - publicly traded securities	1,101,911.		1,107,31
	11			11	
1	12	Investments - other securities. See Part IV, line 11	2 006 122	12	1 261 16
	13	Investments - program-related. See Part IV, line 11	3,986,123.	13	4,364,16
	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11	E 10E EC1	15	F 000 0F
┽	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,187,764.	16	5,808,95
	17	Accounts payable and accrued expenses		17	·
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	 .	21	
1	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	·
	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
4	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
-		complete lines 27 through 29, and lines 33 and 34.			
İ	27	Unrestricted net assets		27	
-	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	15,096.	30	15,09
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
	32	Retained earnings, endowment, accumulated income, or other funds	5,172,668.	32	5,793,85
-	33	Total net assets or fund balances	5,187,764.	33	5,808,95
			5,187,764.		

orm	990 (2013) LEI ALOHA CHAPTER NO. 3 O.E.S. 99-	-0080868	Page 12
Par	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>,570.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		334.
3	Revenue less expenses. Subtract line 2 from line 1		,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u>5,187</u>	764.
5	Net unrealized gains (losses) on investments .		
6	Donated services and use of facilities 6	<u> </u>	
7	Investment expenses 7		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	235	<u>,950.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	5,808	<u>,950.</u>
Pai	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line 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 Schedule 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 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 basis	ş,	
	consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Schedule C)	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	ıdıt	
	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 au	idit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	
		Form	990 (2013)

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

	LEI ALOHA CHAPTER			99-00808	
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	ints. Complete if t	he
	organization answered "Yes" to Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(b) Fun	ds and other accor	unts
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 advise	d 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	advisors in writing that grant funds can be u	sed only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring		
	impermissible private benefit?			Yes	No No
Par	t II Conservation Easements. Complete if the or	ganızatıon answered "Yes" to Form 990, Pa	rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)			
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	orically impo	ortant land area	
	Protection of natural habitat	Preservation of a certifi	ed historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	f a conserv	ation easement on	the last
	day of the tax year			_	
				Held at the End of t	he 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 st	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	·e		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organızatıoı	n during the tax	
	year ▶				
4	Number of states where property subject to conservation ea	asement 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	it holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements du	ring the yea	ar 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ►	\$	_
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?			Yes	L No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense s	statement,	and balance sheet,	and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	ne organiza	tion's accounting fo	or
	conservation easements.				
Par	t III Organizations Maintaining Collections of		her Simil	ar Assets.	
	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	ent and bal	ance sheet works o	of art,
	historical treasures, or other similar assets held for public ex	thibition, education, or research in furtheran	ce of public	service, provide, ii	n Part XIII,
	the text of the footnote to its financial statements that described				
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balance	e sheet works of an	t, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service,	provide the following	ng 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 tro	easures, or other similar assets for financial			
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items			
а	Revenues included in Form 990, Part VIII, line 1		>	\$	
h	Assets included in Form 990, Part X			\$	

		<u>HA CHAPTER</u>							80868		<u>ąe 2</u>
Par	t III Organizations Maintaining C	ollections of A	<u>rt, Hist</u>	orical Tr	easures, o	<u>r Othe</u>	er Sim	<u>ilar Asse</u>	ts(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a si	gnıfıcar	nt use of its	collection	ıtems	
	(check all that apply).										
а	Public exhibition	c	յ 🗀 և	_oan or exc	hange prograi	ms					
b	Scholarly research	•		Other							
С	Preservation for future generations			-		-					
4	Provide a description of the organization's co	oilections and explai	in how th	ey further t	he organizatio	n's exer	mpt pui	pose in Par	t XIII		
5	During the year, did the organization solicit or	•		-	•			-			
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran					Yes" to	Form 9	90. Part IV.			
	reported an amount on Form 990, Par			- · g							
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for a	contribution	ns or other ass	ets not	include	od			
·u	on Form 990, Part X?	and of other intermet	diary ioi v		is or other ass	1013 1101	ii iciaac		Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fe	llowing t	abio				<u> </u>	_ 163		140
	11 103, explain the arrangement in rait Ain	and complete the ic	mowning t	abiç.			Γ		Amount		
_	Beginning balance						1	 	Airiount		
							10	1			
	Additions during the year						10				—
e	Distributions during the year						1e				
T -	Ending balance		040				1f		٦.,		
	Did the organization include an amount on Fo	, ,						L_	_ Yes	\vdash	No
Par	If "Yes," explain the arrangement in Part XIII										
rai	t V Endowment Funds. Complete n				1				1.,,,,,,,,,		
	Basining of war halana	(a) Current year	(b) P	rior year	(c) Two years	BDACK	(a) Inre	e years back	(e) Four y	ears u	аск
	Beginning of year balance		 		 						
Ь	Contributions		 		1				 		
C	Net investment earnings, gains, and losses		ļ		<u> </u>			<u></u> .	<u> </u>		
d	Grants or scholarships				 				 		
е	Other expenditures for facilities								ļ		
	and programs					-			 		
f	Administrative expenses				1				 		
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	zation tha	it are held a	and administer	ed for tl	he orga	nızatıon	_		
	by									/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ıi)		
b	If "Yes" to 3a(ıı), are the related organizations	s listed as required	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the		owment 1	funds.							
Pa	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990	0, Part IV	, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) A	ccumul	ated	(d) Book	value	
		basis (invest	ment)	basis	(other)	de	preciati	on			
1a	Land										
b	Buildings .	1,107,	917.						1,107	,91	<u>.7.</u>
С	Leasehold improvements										
d	Equipment .										
е	Other										
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colun	nn (B), lıne	10(c))			▶	1,107	,91	<u>.7.</u>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 LEL ALOHA CHAPTER NO. 3		99-0080868 F	
Par	t XI Reconciliation of Revenue per Audited Financial State		ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	9 12a.		
1	Total revenue, gains, and other support per audited financial statements	•	1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	_2c		
d	•			
	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:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5	
5 Pai	rt XII Reconciliation of Expenses per Audited Financial Sta			
T G	Complete if the organization answered "Yes" to Form 990, Part IV, line		ises per ricturii.	
_	Total expenses and losses per audited financial statements	12a.	1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25.	•		
2 a	Donated services and use of facilities	2a		
a b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	24	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-		1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
-		4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		4c	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b	4c 5	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	4b	5	
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 8.) 4, Part IV, lines 1b and 2b, I	5	,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	4b 8.) 4, Part IV, lines 1b and 2b, I	5	
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 8.) 4, Part IV, lines 1b and 2b, I	5	
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a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 8.) 4, Part IV, lines 1b and 2b, I	5	,
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a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4b 8.) 4, Part IV, lines 1b and 2b, I	5	,
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public OMB No 1545-0047 2013

Inspection

Employer identification number £ 99-0080868 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 O.E.S. (c) IRC section ıf applicable Enter total number of other organizations listed in the line 1 table LEI ALOHA CHAPTER NO. General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

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

Schedule I (Form 990) (2013)

Page 2

SCHEDULE O

Internal Revenue Service

(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.

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

2013
Open to Public Inspection

Name of the organization Employer identification number LEI ALOHA CHAPTER NO. 3 O.E.S. 99-0080868 FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO ARE ELECTED INTO THEIR POSITIONS. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: EXPLANATION: DECISIONS ARE MADE BY THE GOVERNING BODY OF THE ORGANIZATION AND ARE SUBJECT TO APPROVAL BY ITS MEMBERS. DECISIONS ARE APPROVED OR DISAPPROVED BY A MAJORITY VOTE. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE ORGANIZATION DOES NOT HAVE ANY FORMAL PROCESS FOR THE REVIEW OF THE FORM 990. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT DOES NOT HAVE A FORMAL CONFLICT OF INTEREST POLICY AND DOES NOT HAVE FINANCIAL STATEMENTS PREPARED. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 235,950. EASTERN STAR LEILANI DISSOLUTION

Form **8868**

(Rev January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complet					X			
If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	this form).					
Do not c	complete Part II unless you have already been granted a	n automa	tic 3-month extension on a previous	ly filed For	m 8868				
Electror	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6	months for a co	rporation			
required	to file Form 990-T), or an additional (not automatic) 3-mor	th extens	ion of time. You can electronically fi	le Form 88	68 to request an	extension			
of time t	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Transfers A	ssociated With (Certain			
Persona	Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details o	on the elect	tronic filing of thi	s form,			
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits.				<u> </u>				
Part I									
A corpo	ation required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and	complete					
Part I on	ly .								
	corporations (including 1120-C filers), partnerships, REMI	Cs, and tr	rusts must use Form 7004 to reques	it an extens	sion of time				
to file income tax returns.					Enter filer's identifying number				
Type or	Name of exempt organization or other filer, see instruc	ctions		Employer identification number (EIN) or					
print									
File by the	LEI ALOHA CHAPTER NO. 3 O.E	-		99-0080868					
due date fo				Social security number (SSN)					
filing your return See									
instruction		reign add	ress, see instructions.						
	HONOLULU, HI 96813			,					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
Applica	tion	Return	1			Return			
ls For		Code	ls For			Code			
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07				
Form 990-BL		02	Form 1041-A		08				
Form 4720 (Individual)		03	Form 4720 (other than individual)	09					
Form 990-PF		04	Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11			
Form 99	Form 990-T (trust other than above) 06 Form 8870 12 FIRST HAWAIIAN BANK, TRUST DIVISION								
				200					
	books are in the care of \triangleright P.O. BOX 3708,	HONO		3708					
•	ohone No. ► 808-525-8953		Fax No. ▶			,			
	organization does not have an office or place of business								
	s is for a Group Return, enter the organization's four digit	1							
box 🕨			ach a list with the names and EINs o		ers the extension	is for			
1 1	request an automatic 3-month (6 months for a corporation	•	•		-				
_	AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension								
	Is for the organization's return for:								
► X calendar year <u>2013</u> or tax year beginning , and ending									
	L tax year beginning	, an	ad ending		_				
2 lf	the tax year entered in line 1 is for less than 12 months, of	heck reas	on. Initial return	Final return	n				
ָּיִי -	Change in accounting period	nicon roud	initia rotain	· marrotar	•				
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any						
	onrefundable credits. See instructions.	3a	\$	0.					
_	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	stimated tax payments made Include any prior year over	3b	\$	0.					
_	lalance due. Subtract line 3b from line 3a. Include your pa			35					
	y using EFTPS (Electronic Federal Tax Payment System).		·	3c	s	0.			
	n. If you are going to make an electronic funds withdrawa				nd Form 8879-FC				
instruct	· · · · · · · · · · · · · · · · · · ·	,							