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# Form **990**

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)

2013

▶ 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

Open to Public Inspection

2013 and ending MAR 31. 2014 A For the 2013 calendar year, or tax year beginning APR 1, D Employer identification number Check if applicable C Name of organization LEAGUE OF WOMEN VOTERS OF HONOLULU Address change EDUCATION FUND INC Name change 97-0355692 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-49 S HOTEL STREET 314 (808)531-7448 Amended 32,565. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending H(a) is this a group return HONOLULU, HI 96813-3104 F Name and address of principal officer SUSAN MILLER Yes X No for subordinates? 96813 49 S. HOTEL STREET NO. 314, HON, HIYes H(b) Are all subordinates included? 4947(a)(1) or I Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > Association L 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. 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 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 6,311 13,314. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) 25,838 19,251. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,149 32,565. 12 5,000 5,000 Grants and similar amounts paid (Part IX, column (A) lines 1-3) 0 Ú. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part-IX-cotumn (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line (E) 0. 0 b Total fundraising expenses (Part IX, column (D) line 25) 0. 17 Other expenses (Part IX, column (A), lines 1 (a) (d, 4) (1/24e) 5 7015 8,922. 8,086. 18 Total expenses Add lines 13-17 (must equal Rant IX, column (A), line 25) 13,922. 13,086. 18,227. 19,479. Revenue less expenses Subtract line 18 from line 12. **Beginning of Current Year End of Year** 658,556. 719,803. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) О. Λ. 658,556. 803. 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 Date Signåture of officer Sign TREASURER Here SUSAN MILLER. Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 10/27/14 self-employed P00088863 Paid JAN S.H. CHOY Preparer Firm's name CHOY & WONG CPAS, Firm's EIN 94-3257246 Firm's address 1001 BISHOP STREET Use Only Phone no. (808) 523-2811 HONOLULU, HI 96813 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

4e Total program service expenses ▶

332002
10-29-13

6,069.

(Expenses \$

4d Other program services (Describe in Schedule O)

including grants of \$

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	_ <u>X</u> _	
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			7,
	public office? If "Yes," complete Schedule C, Part I	_3	_	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
5	during the tax year? If "Yes," complete Schedule C, Part II	4		_ <u>X</u> _
3	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			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
đ	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
,	Schedule D, Parts XI and XII	12a		х
ь	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	10		v
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_18_		X
19	complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
_ <del>_</del> ~			990	(2013)

EDUCATION FUND INC 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
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	İ		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 25a	24a		X
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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	ļ	
	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
ь	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		_X_
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,			
07	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			x
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	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			_ <b></b>
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	ļ	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	<u>X</u>	<u> </u>
		Form	990	(2013)

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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<del> </del>	ļ
	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?	<u>3a</u>	<del> </del>	X
		3b	+-	<b>⊢</b> —
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)?	<u>4a</u>	+-	X
Ь	If "Yes," enter the name of the foreign country	—		
E-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Fo	}	х
5a b		_ <u>5a</u> 5b	<del></del>	X
C		5c	+	<del>  ^</del>
6a			+	† <del></del>
-	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			
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the page 10 may 1	ayor? <u>7a</u>		X
Ь		7b	┼	
С		_		
_	to file Form 8282?	7 <u>c</u>	+	X_
d	,	─ <b>│</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		+
f g				+
9 h				
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	ır? 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а				
ь				
11_	Section 501(c)(12) organizations. Enter			
a b		$\longrightarrow$		
b	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	$\top$	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		138	1	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b		1		
	organization is licensed to issue qualified health plans			
		$-\!\!\!\!+\!\!\!\!\!-$	<u> </u>	<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	148	$\neg \neg$	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14k	o I rm <b>990</b>	1/2012
		r'Ui	III 330	(2013

# LEAGUE OF WOMEN VOTERS OF HONOLULU

Form 990 (2013)

97-0355692

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

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sect	ion 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					1	
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	p 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 th	e dire	ct 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 9	990 wa	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	ppoint	one or				
	more members of the governing body?			78		<u> </u>	
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?			7t		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:				
а	The governing body?			88	X	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?			8t		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the		İ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenu	e Code)				
					Yes		
10a	Did the organization have local chapters, branches, or affiliates?			10	a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapte	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	_	—	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the for	ոշ   <u>11</u>	a X	<del> </del>	
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			12	_	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	b.		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " a	escribe				
	In Schedule O how this was done			12		77	
13	Did the organization have a written whistleblower policy?			13	$\neg$	X	
14	Did the organization have a written document retention and destruction policy?		1 1	14	-	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approve	-	naepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			_	v	
	The organization's CEO, Executive Director, or top management official			15		X	
Ð	Other officers or key employees of the organization			15	<del>-  -</del>	+^	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment :	with a				
·Ja	taxable entity during the year?	ment '		16	a	x	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its	narticination	1.0	-	1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization the organization that the organization the organization the organization the organization that the organization the organization the organization that the organization the organization that the organization that the organization the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization the organization that the organization that the organization that the organization that the organization that the organization the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organizatio		•				
	exempt status with respect to such arrangements?	. nzam	,,,,	16	h		
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 (Sec	tion 501(c)(3)s	only) avail	able		
-	for public inspection. Indicate how you made these available. Check all that apply	,	(-)(-)-	,, · <del></del> ·			
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			cy, and fir	ancial		
	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 a	ınd red	ords of the org	anızatıon	<b>&gt;</b>		
	SUSAN MILLER - (808)531-7448						
	49 S. HOTEL STREET SUITE 314, HONOLULU, HI 96813-	-310	) 4				
33200	10-29-13			Fo	rm <b>99</b> 0	(2013)	

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

Check if Schedule O contains a response or note to any line 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

Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is boti	h an	(D) Reportable compensation from	<b>(E)</b> 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	1 00	X		X				0.	0.	0
(2) ELIZABETH REILLY	1.00								0	
VICE PRESIDENT	1 00	X		X				0.	0.	0
(3) SUSAN MILLER	1.00	<b>.</b>		3,7	ļ	ļ		0.	^	
TREASURER	1.00	X		X		-		U •	0.	0
(4) JEAN AOKI	1.00	X						0.	0.	0
DIRECTOR (5) HELEN GRIFFIN	1.00	^			_	<u> </u>	-	0.		
DIRECTOR	1.00	x						0.	0.	0
(6) DONNA WONG	1.00	<b> </b>				<del>                                     </del>	_	<u>.</u>		<u></u>
DIRECTOR		X						0.	0.	О .
(7) DEBRA LAU-OKAMURA	1.00									
DIRECTOR		X						0.	0.	o
(8) ARLENE ELLIS	1.00									
DIRECTOR		X						0.	0.	0
(9) PIILANI KAOPUIKI	1.00	]								
SECRETARY		ļ.,		X		<u> </u>		0.	0.	0
		-								· · · · · · · · · · · · · · · · · · ·
		<u> </u>	ļ.,		ļ	ļ				
		<u> </u>				<u> </u>				
			Τ_		$I^-$	T	$\Box$	<u> </u>		

Form 990 (2013)

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(A)  Name and title	(B) Average			(C Posi	C) ition	1		(D)  Reportable	(E) Reportable	Fs	(F)					
Name and the	hours per week (list any hours for	offic	, unle: cer an	ss pe	rson i irecto	than is both	h an tee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	com	nount other pensa om the	of ition				
	related organizations below line)	below ਵ		related sa properties of the second s		related and satisfied repairs and satisfied repairs and satisfied repairs and satisfied related	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anızat d relat anızatı	ed	
		_														
		_														
		-														
		-	-													
1b Sub-total c Total from continuation sheets to Part \	/II, Section A						<b>▶</b>	0.	0 0	•		0.				
<ul> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but compensation from the organization</li> </ul>	not limited to th	nose	liste	ed al	bove	e) wł	no re	·		<u>•]</u>		0.				
3 Did the organization list any former office	r, director, or tr	uste	 e, ke	ey er	- nplo	yee	, or	highest compensated e	mployee on	- <u> </u>	Yes	No				
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	such individual	,			-					3		X_				
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	accrue compe	nsat	ion f	from	any	unr/			idual for services	4	-	<u>X</u>				
rendered to the organization? If "Yes," con Section B. Independent Contractors									\$100,000 of an area	5		X				
Complete this table for your five highest c the organization. Report compensation fo  (A)										isation i						
(A) Name and busines	s address	N	INC	E				Description of s	services	Compe		<u>n</u>				
Total number of independent contractors     \$100,000 of compensation from the organ		not li	mıte	d to		se la	stec	d above) who received n	nore than							
										Form	990 (	2013)				

Form 990 (2013) EDUCATION FUND INC 97-0355692 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 13,314. 1f 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 13,314 **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 19,251. 19,251. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a

9

32,565.

19,251

0.

0.

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332009 10-29-13

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

Form 990 (2013) 97-0355692 Page 10 EDUCATION FUND INC Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 5,000 5,000 the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

	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				
С	Accounting				
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.)	10.		10.	
12	Advertising and promotion	69.		69.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	4,800.		4,800.	
17	Travel	165.	165.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	604.	604.		
20	Interest				
	_				

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 O.) 2,090 2,090 DUES AND SUBSCRIPTIONS VIDEOTAPING 300. 300. 18 SUPPLIES 18. C d e All other expenses 13,086. 6,069. 7,017 0. Total functional expenses Add lines 1 through 24e <u>25</u> Joint costs Complete this line only if the organization

30

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

Form 990 (2013)

30

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Payments to affiliates

Insurance

21

22

23

24

Other salaries and wages

Pension plan accruals and contributions (include

Form 990 (2013)
Part X Balance Sheet EDUCATION FUND INC

Pan		Balance Sneet				
	•	Check if Schedule O contains a response or note t	o any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	2
	2	Savings and temporary cash investments		658,468.	2	719,745
	3.	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest compensate	d employees Complete			
		Part II of Schedule L			_5_	
	6	Loans and other receivables from other disqualified	d persons (as defined under			
		section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary			
ន្ទ		employees' beneficiary organizations (see instr) Co	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	<u> </u>		7	
⋖	8	Inventories for sale or use	<u> </u>		8	
	9	Prepaid expenses and deferred charges	<u> </u>		9	
	10a	Land, buildings, and equipment cost or other				
1		basis Complete Part VI of Schedule D	0a 3,461.			
	b	Less accumulated depreciation 1	ю 3,405.	88.	10c	<u> </u>
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		12		
1	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
ł	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal I	ine 34)	<u>658,556.</u>	16	719,803
	17	Accounts payable and accrued expenses			17	·
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Pai	rt IV of Schedule D		21	
es	22	Loans and other payables to current and former of	ficers, directors, trustees,			
≣		key employees, highest compensated employees,	and disqualified persons			- •
Liabilities		Complete Part II of Schedule L		1100.11	22	
-	23	Secured mortgages and notes payable to unrelate	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated the	hird parties		24	
	25	Other liabilities (including federal income tax, payal	bles to related third			
		parties, and other liabilities not included on lines 17	7-24) Complete Part X of			
		Schedule D	_		25	
_	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117 (ASC 958), or				
Ses		complete lines 27 through 29, and lines 33 and 3	34.			
<u> </u>	27	Unrestricted net assets	-		27	
Ra 	28	Temporarily restricted net assets	-		28	
<u>ב</u>	29	Permanently restricted net assets			29	_ <del>.</del>
[		Organizations that do not follow SFAS 117 (ASC	958), check here ► LX			
ō		and complete lines 30 through 34.		•		•
Set	30	Capital stock or trust principal, or current funds		0.	30	0
2	31	Paid-in or capital surplus, or land, building, or equip		0.	31	710 003
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	rne, or other tunas	658,556.	32	719,803
-	33	Total held as and as a seat (find belonged	-	658,556 <b>.</b>	33	719,803
	34	Total liabilities and net assets/fund balances		658,556.	34	719,803 Form <b>990</b> (2013

Form **990** (2013)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

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

Form **990** (2013)

За

X

Act and OMB Circular A-133?

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU

Employer identification number

97-0355692 EDUCATION FUND INC 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h \_\_ Type II c \_\_\_ Type III - Functionally integrated d 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 II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(iı) (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) (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes No

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10331027 791512 LWV

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

13

Schedule A (Form 990 or 990-EZ) 2013

Pa	rt II Support Schedule for						
	(Complete only if you checke				on failed to qualify	under Part III If th	e organization
~_	fails to qualify under the tests	s listed below, plea	ise complete Part	111)			
	ction A. Public Support	<del></del>	1		1		
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		•				٠
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				-		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				<u> </u>		
_6						<u> </u>	
<u>Se</u>	ction B. Total Support	·				·	
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	_					
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		_				
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc (see instructi	ons)			12	<del></del>
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor						<u>▶□</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16	a 33 1/3% support test - 2013. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
١	o 33 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation			▶□
17	a 10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	ed organization		ightharpoons
ı	o 10% -facts-and-circumstances tes	t - 2012. If the org	ganızatıon dıd not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circi	ımstances" test, o	check this box and	d <b>stop here.</b> Explai	in in Part IV how th	e
	organization meets the "facts-and-cire	cumstances" test	The organization	qualifies as a pub	licly supported org	janization	

Schedule A (Form 990 or 990-EZ) 2013

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed	below, please compl	ete Part II)				
Section A. Public Support	T (10000 T	#1.0040	4 > 0044	( ) 0010	( ) 0010	(O T-+-I
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and					İ	
membership fees received (Do not	14 436	0 726	9,069.	7,406.	13,314.	E2 0E1
include any "unusual grants ")	14,436.	8,726.	9,009.	7,400.	13,314.	52,951.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		1				
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	14,436.	8,726.	9,069.	7,406.	13,314.	52,951.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year  c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						52,951.
Section B. Total Support						<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	14,436.	8,726.	9,069.	7,406.	13,314.	52,951.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49.	46.	20.	25,838.	19,251.	45,204.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3					
c Add lines 10a and 10b	49.	46.	20.	25,838.	19,251.	45,204.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3					
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)	14,485.	8,772.	9,089.	33,244.	32,565.	98,155.
14 First five years. If the Form 990 is f	or the organization's	first, second, third	, fourth, or fifth ta	x year as a sectioi	n 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Put	olic Support Per	centage				
15 Public support percentage for 2013	(line 8, column (f) div	vided by line 13, co	olumn (f))	l	15	<u>53.95 %</u>
16 Public support percentage from 20	12 Schedule A, Part I	II, line 15			16	<u>95.86 %</u>
Section D. Computation of Inve						
17 Investment income percentage for 2	<b>2013</b> (line 10c, colum	in (f) divided by line	e 13, column (f))		17	46.05 %
18 Investment income percentage from					18	40.00 %
19a 33 1/3% support tests - 2013. If the	ie 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						
<b>b 33 1/3% support tests - 2012.</b> If the line 18 is not more than 33 1/3%, ci						and ►
20 Private foundation. If the organization		-				►X

Schedule A (Form 990 or 990-EZ) 2013

332023 09-25-13

# LEAGUE OF WOMEN VOTERS OF HONOLULU 97-0355692 Page 4 Schedule A (Form 990 or 990-EZ) 2013 EDUCATION FUND INC Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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 Open to Public Inspection

Name of the organization

LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC

**Employer identification number** 97-0355692

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy_regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
_	conservation easements		NI 0: 11 A
Pa	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1	-	<b>S</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2013

### LEAGUE OF WOMEN VOTERS OF HONOLULU

Sched		ON FUND IN			0.11				Page 2
Par									
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that are a	significan	t use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	d	ᆜᆜ	oan or exc	hange programs				
b	Scholarly research	е	(	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organization's ex	empt pur	oose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or other simil	ar assets	_	_	
	to be sold to raise funds rather than to be ma							<u>Yes</u>	No.
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered "Yes" to	o Form 99	0, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other assets no	ot included	d		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able					
	_							Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f_			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212					Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has beer	provided in Part XII	I			
Par									
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs				•				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (	a)) held as	_1		•	
а	Board designated or quasi-endowment	,	%		<i>"</i>				
ь	Permanent endowment	<u> </u>	_						
С	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c shou	uid equal 100%							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	and administered for	the organ	nization		
	by:	Ū				J		Ţ.	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's ende	owment t	funds					
Pai	t VI Land, Buildings, and Equipm	nent.	_						
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	, line 11a S	See Form 990, Part >	(, line 10			
	Description of property	(a) Cost or o		, , <i>,</i>	1 , ,	Accumula		(d) Book	value
		basis (investi	ment)	basis	(other) d	epreciation	n		
1a	Land			<u> </u>				<u>-</u>	
b	Buildings								
С	Leasehold improvements								
d	Equipment								
<u>е</u>	Other	.			3,461.	3,	405.		<u>56.</u>
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X colur	nn (R) line	10(c))				56.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X, line 12 (c) Method of valuation Cos	
i) Financial derivatives	······································		
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			<u> </u>
(E)			<del></del>
(F)			<del> </del>
(G)	<del></del>		
(H)		-	<del></del>
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			<del></del>
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 Part V line 13	1
(a) Description of investment	(b) Book value	(c) Method of valuation Cos	
<del></del>	(b) Book value	(0)	to one or your marrier value
(1)			
(2)	<del></del>		
(3)			<del> </del>
(4)		-	
(5)			
(6)	<del></del>		
(7)			
(8)			
(9)  otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d See Form 990, Part X, line 15	(b) Book value
Complete if the organization answered "Yes"  (a)		11d See Form 990, Part X, line 15	-
Complete if the organization answered "Yes"  (a) (1) (2)		11d See Form 990, Part X, line 15	-
Complete if the organization answered "Yes"  (a) (1)  (2)  (3)		11d See Form 990, Part X, line 15	-
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)		11d See Form 990, Part X, line 15	-
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)		11d See Form 990, Part X, line 15	-
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)		11d See Form 990, Part X, line 15	-
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d See Form 990, Part X, line 15	
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)		11d See Form 990, Part X, line 15	-
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Description	11d See Form 990, Part X, line 15	
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.	Description  = 15.)		(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  = 15.)		(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Cotal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Cotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Cotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Cotal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description  = 15.)	11e or 11f See Form 990, Part X,	(b) Book value

332053 09-25-13

332054 09-25-1

### SCHEDULĘ O (Form 990 or 990-EZ)

Department of the Treasury

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990 LEAGUE OF WOMEN VOTERS OF HONOLULU EDUCATION FUND INC

Employer identification number 97-0355692

FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE BOARD TREASURER RECEIVES A COPY OF THE FORM 990 FOR REVIEW
PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO
THE PUBLIC UPON REQUEST.

Department of the Treasury

### **Depreciation and Amortization** (Including Information on Listed Property) 990

nternal Revenue Service (99)	See separate instr	ructions.	Attach	to your tax re	turn.		Sequence No 179
Name(s) shown on return			Busine	ess or activity to which	this form relate	s	Identifying number
LEAGUE OF WOMEN VOTE	RS OF HONO	LULU					
EDUCATION FUND INC			FOR	M 990 PA	AGE 10		97-0355692
Part   Election To Expense Certain Prop	perty Under Section 1	79 Note: If you				V before v	
1 Maximum amount (see instructions)	<b></b>	,		, , , ,,		1	500,000
2 Total cost of section 179 property pla	aced in service (see	instructions)				2	300,700
3 Threshold cost of section 179 proper						3	2,000,000
4 Reduction in limitation Subtract line	•		0			4	2,000,000
						5	
5 Dollar limitation for tax year Subtract line 4 from I 6 (a) Description of		<b>I</b>	separately, see (b) Cost (busin		(c) Elected		
6 (a) Description of	property		(b) Cost (busin	less use only)	(c) Elected	COSI	-
							-
							_
						<del></del> .	
7 Listed property Enter the amount fro	m line 29			7			
8 Total elected cost of section 179 pro	perty Add amounts	in column (c),	lines 6 and	7		8	
9 Tentative deduction Enter the small	er of line 5 or line 8					9	
O Carryover of disallowed deduction from	om line 13 of your 26	012 Form 4562	<u>}</u>			10	
11 Business income limitation. Enter the	•			ro) or line 5		11	
12 Section 179 expense deduction Add		•		•		12	<del></del>
13 Carryover of disallowed deduction to	•			▶ 13			
Note: Do not use Part II or Part III below							
Part II Special Depreciation Allow				de listed proper	tv 1		
		<u> </u>					<u> </u>
14 Special depreciation allowance for qu	Jaililed property (otr	ner than listed p	property) pi	aced in service	auring		
the tax year						14	<del> </del>
15 Property subject to section 168(f)(1)	election					15	
16 Other depreciation (including ACRS)						16	30
Part III MACRS Depreciation (Do	not include listed pr			)			<del></del>
<u></u>		Sect	ion A				T
17 MACRS deductions for assets placed	d in service in tax ye	ears beginning	before 201	3		17	<u> </u>
18 If you are electing to group any assets placed in s	ervice during the tax year	into one or more ger	neral asset acc	ounts, check here	<u> </u>	<u> </u>	Alexandra
Section B - Asse	ts Placed in Servic	e During 2013	Tax Year	Using the Gene	ral Deprecia	tion Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inve only - see ins	stment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
<b>b</b> 5-year property							
c 7-year property							
d 10-year property	_						
e 15-year property				<del> </del>			
f 20-year property							
05				25 yrs		S/L	
g 25-year property					1000		
h Residential rental property	/			27 5 yrs	MM	S/L	
	/			27 5 yrs	MM	S/L	
Nonresidential real property	/			39 yrs	MM	S/L	
	/	<u> </u>			MM_	S/L	<u> </u>
<del></del>	s Placed in Service	During 2013 7	ax Year U	sing the Altern	ative Depred		stem
20a Class life						S/L_	
b 12-year				12 yrs		S/L	
c 40-year	/			40 yrs	MM	S/L_	<u></u>
Part IV Summary (See instructions	.)						
21 Listed property Enter amount from I						21	

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 316251 12-19-13 LHA For Paperwork Reduction Act Notice, see separate instructions.

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

Form 4562 (2013)

<u>30.</u>

23

### LEAGUE OF WOMEN VOTERS OF HONOLULU

Form 4562 (2013) EDUCATION FUND INC 97-0355692 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes Nο 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (i) (g) (a) Type of property Date Business Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first ) deduction other basis period Convention service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L S/L -% % S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) (e) (f) (a) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization (b) (c) (d) (e) **(f)** Date amortization Description of costs Amortizable Amortization amount period or percentage begins 42 Amortization of costs that begins during your 2013 tax year 43 Amortization of costs that began before your 2013 tax year 43

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Form 4562 (2013)

44

316252 12-19-13

44 Total. Add amounts in column (f) See the instructions for where to report

# Form **8868**

(Rev January 2014)

Department of the Treasury

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

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Internal Rev	venue Service	Information about Form 880	oo and its ii	istructions is at www.				
		an Automatic 3-Month Extension, o						▶ 🗆
		an Additional (Not Automatic) 3-Mo						- 0000
		<i>art II unless</i> you have already been g						
a corpoi 8868 to Return	ration requir request an for Transfer	file). You can electronically file Form ed to file Form 990-T), or an additional extension of time to file any of the file Associated With Certain Personal ore details on the electronic filing of the	al (not auto orms listed Benefit C	omatic) 3-month exte d in Part I or Part II Contracts, which mi	ension of time. You ca with the exception of ust be sent to the IR	n eled Form S in	ctronica n 8870, paper	ally file Form Information format (see
Part I	Autom	atic 3-Month Extension of Time	. Only sul	omit original (no co	ppies needed).			
A corpo	oration requ	red to file Form 990-T and reques	sting an a	utomatic 6-month	extension—check this			▶ 🔲
All other	r corporatioi	ns (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must ા	use Form 7004 to requ	iest a	n exten	ision of time
to file ın	come tax re	turns.						
					Enter filer's identifying			
Type or	1 1	of exempt organization or other filer, see in			Employer identification i			or
print	LEAGU	JE OF WOMEN VOTERS OF HONOLULU				35569		
File by the	e	r, street, and room or suite no. If a PO bo			Social security number	(SSN)		
due date f				SUITE 2650	<u> </u>			<del></del>
filing your return Se	e i	wn or post office, state, and ZIP code. For	r a foreign a	aaress, see instruction	S			
instruction	ns HONOL	ULU, 11 96813		•	* *			
Enter th	ne Return co	de for the return that this application i			n for each return) .			01
Applic	ation		Return	Application				Return
is For			Code	Is For				Code
	990 or Form	990-EZ	01	Form 990-T (corpo	oration)			07
Form 9			02	Form 1041-A				08
	4720 (individ	ual)	03	Form 4720 (other t	han individual)			09
Form 9	<del></del>		04	Form 5227				10
		01(a) or 408(a) trust)	05	Form 6069				11
Form 9	990-1 (trust o	other than above)	06	Form 8870				12
Telepl • If the •	hone No. ► organization is for a Grou	he care of SUSAN MILLER  does not have an office or place of bup Return, enter the organization's for	usiness in ur digit Gro	up Exemption Numb	per (GEN)		If th	▶□ his is
		, check this box ▶ □ . If		t of the group, chec	k this box	▶ [	_ and a	ittach
		s and EINs of all members the extens		near and the file Course	OOO T) sytemater of the			
	•	automatic 3-month (6 months for a co					The ev	tension is
			inpi organi	Zation retain for the	organization named at	bove.	THE EX	10113101113
		nization's return for. ar year 20 or						
'	► ☐ calend	ai yeai 20Oi						
ı	▶ 🗹 tax yea	r beginning APRIL 01	. 20	13 , and ending	MARCH 31		, 20	) 14 .
		ar entered in line 1 is for less than 12 i				'n	,	
_		accounting period	,					
		ation is for Forms 990-BL, 990-PF, 99	90-T. 4720.	or 6069, enter the t	entative tax, less any			
		ole credits. See instructions.	•	•	,	3a	\$	0
b	If this apple	cation is for Forms 990-PF, 990-T,	4720, or	6069, enter any ref	fundable credits and			
		x payments made. Include any prior				3b	\$	0
		e. Subtract line 3b from line 3a. Include					<del></del>	
	EFTPS (Elec	tronic Federal Tax Payment System).	See instru	ctions.		3c	1	0
Caution		oing to make an electronic funds withdraw	al (direct del	bit) with this Form 8868	3, see Form 8453-EO and	I Form	ı 8879-E	O for payment

Pε	ge	2

Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file		
		<del></del>		Enter filer's identifying number, s	<del></del>
Гуре or	Name of exempt organization or other filer, see			Employer identification number (EIN	V) or
orint	LEAGUE OF WOMEN VOTERS OF HONOLUI			97-0355692	<del> </del>
ile by the	Number, street, and room or suite no. If a P.O.	•		Social security number (SSN)	
ue date for		IOP STREET,			
ling your eturn See estructions	City, town or post office, state, and ZIP code HONOLULU, HI 96813	For a foreign a	daress, see instruction	ns.	
nter the F	Return code for the return that this applicatio	n is for (file a	separate applicatio	n for each return)	. 01
Applicati Is For	on .	Return Code	Application Is For		Return Code
Form 990	or Form 990-EZ	01			
Form 990		02	Form 1041-A	in the same control of the second structure of the sec	08
	20 (individual)	03	Form 4720 (other	than individual)	09
Form 990		04	Form 5227		10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	0-T (trust other than above)	06	Form 8870		12
Telephor	ks are in the care of ➤ SUSAN MILLER ne No. ➤ ganization does not have an office or place o	f business in			▶ 🗆
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