

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



990 orm

Department of the Treasury
Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2009

OMB No 1545-0047

Den to Public

Inspection calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 A For the 2009 D Employer identification number Name of organization Historic Hawai'i Foundation B Check if applicable use IRS Address change 23-7441972 label or Doing Business As E Telephone number print or Name change type. See Specific (808) 523-2900 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 666,142 Terminated tions. City or town, state or country, and ZIP + 4 Honolulu, HI 968061658 Amended return Application pending Name and address of principal officer Is this a group return for Kiersten Faulkner affiliates? PO Box 1658 Honolulu, HI 968061658 ☐ Yes ☐ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status Group exemption number 🕨 Website: ► www historichawaii org K Form of organization ✓ Corporation ┌ Trust ┌ Association ┌ Other ► M State of legal domicile HI L Year of formation 1974 Part I Summary Briefly describe the organization's mission or most significant activities To encourage the preservation of historic buildings and sites in Hawai'i Activities & Governance Check this box 🔰 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)  $\,$  .  $\,$  . Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  .  $\,$  . Total number of employees (Part V. line 2a) . . . 5 20 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34  $\,$  . 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 754,609 293,385 Program service revenue (Part VIII, line 2g) . 7,509 13,835 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 40,175 -58,351 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 207,742 114,608 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,010,035 363,477 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4)  $\cdot$   $\cdot$ Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 **Expenses** 193.828 260.158 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 11,964 0 Ь Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 37,530$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 272,416 170,003 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 478,208 430,161 19 Revenue less expenses Subtract line 18 from line 12 . 531.827 -66.684 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 1,095,429 1,111,808 Total liabilities (Part X, line 26) . . 24,320 39,374 1,071,109 1,072,434 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 Sign \*\*\*\*\* 2010-07-13 Here Signature of officer Kiersten Faulkner Executive Director
Type or print name and title Date Check if Preparer's identifying number Preparer's signature Mark A Hayes Paid empolyed 🕨 🛘 Preparer's Firm's name (or yours CW Associates CPAS EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 700 Bishop Street Suite 1040 Phone no 🕨 (808) 531-1040 Honolulu, HI 96813

May the IRS discuss this return with the preparer shown above? (see instructions) .

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To preserve and encourage the preservation of historical buildings, objects, and sites relating to the history of Hawaii, to promote an awareness of and respect for all that is historically significant and architecturally distinctive in our state, and through these efforts, to keep alive and intact for the enrichment of present and future generations the inherent beauty of the Hawaiian islands and the unique historic role of the islands in the development of the pacific basin

2			ınt program services during	the year which were not listed on	_ Yes ✓ No				
	If "Yes," describe the	ese new services on Sc	hedule O						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," describe the	ese changes on Schedu	le O						
4	Section 501(c)(3) ar	nd 501(c)(4) organızatı		n's three largest program services by e ) trusts are required to report the amou program service reported	·				
 4а	(Code	) (Expenses \$	151,521 including gran	ts of \$ 0 ) (Revenue \$	13,835 )				
	Public Education - to dev publications, historic site		preservation and heritage stewar	dship through membership, historic tours, educa	itional seminars and lectures,				
4b	(Code	) (Expenses \$	137,091 including gran	ts of \$ 0 ) (Revenue \$	0)				
	through field services, o recommendations for av	n-site preservation assistant	ce, statewide circuit rider, profes jating harm to historic properties	nd ensure that heritage protection is harmonious sional development workshops, review of develo integrating preservation into significant planning	opment proposals, ´				
	(Code	) (Expenses \$	54,115 including gran	ts of \$ 0 ) (Revenue \$	0)				
	Public Outreach - to pres programs, public plans,	serve Hawaıı's heritage throi commissions and regulation	ugh policy development and advoss, leading and facilitating public a	ocacy for statewide and local preservation invent wareness, and building coalitions of historic pres	cory, economic incentive servation alliances				
	(Code	) (Expenses \$	18,038 including gran	ts of \$ 0 ) (Revenue \$	0)				
	Resource and advocacy	- To research and provide ii	nformation on processing historic	site status and background history on sites					
	Other program serv	ıces (Describe in Sche	edule O )						
		40000	uding grants of \$	) (Revenue \$	<b>\</b>				
	(Expenses \$	18,038 incl	uding grants of \$	) (Revenue \$	,				

Part IV	Checklist o	f Required	Schedules
4.11.7.4	CHCCKHISEO	. <i>I</i> IC	Schoules

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
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		No
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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

FUIIII 990 (.	2009)	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<del>l</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	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			

680 IWILEI ROAD SUITE 690 HONOLULU, HI 96817 (808) 523-2900

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 28			
b ¬	Enter the number of voting members that are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
- 1	venue code.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website.   Own website.   Own website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n <b>-</b>
	HISTORIC HAWAII FOUNDATION			

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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

Check this box if the organization did n	ot compens	ate any	curre	ent o	r for	merc	ffice	r, director, trustee	or key employee		
(A) Name and Title	(B) Average hours	Posit t	(C tion ( hat a	ched	)			( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Highest compensated employee  Key employee  Officer  Institutional Trustee  Individual trustee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
Kiersten Faulkner Executive Director	40 00	Х		Х				80,633	0	2,400	
RAY SOON PRESIDENT	1 00	Х		Х				0	0	0	
MICHAEL J O'MALLEY FIRST VICE PRESIDENT	1 00	Х		Х				0	0	0	
STANTON ENOMOTO SECOND VICE PRESIDENT	1 00	Х		х				0	0	0	
LEA OK SOON HONG SECRETARY	1 00	Х		Х				0	0	0	
ROBERT NOBRIGA TREASURER	1 00	Х		х				0	0	0	
ROBERT IOPA AT LARGE OFFICER	1 00	Х		х				0	0	0	
NORB BUELSING AT LARGE OFFICER	1 00	Х		х				0	0	0	
JOAN BENNET DIRECTOR	1 00	Х						0	0	0	
CARL A CARLSON DIRECTOR	1 00	Х						0	0	0	
DAVID CHEEVER DIRECTOR	1 00	Х						0	0	0	
GREGORY CHUN DIRECTOR	1 00	Х						0	0	0	
LINDA FAYE COLLINS DIRECTOR	1 00	Х						0	0	0	
ERIC CRISPIN DIRECTOR	1 00	Х						0	0	0	
CINDY EVANS DIRECTOR	1 00	Х						0	0	0	
ANNA GRUNE DIRECTOR	1 00	Х						0	0	0	
FRANK HAAS DIRECTOR	1 00	Х						0	0	0	

#### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		(( tion ( hat a	che		II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
SAMUEL AB LYONS DIRECTOR	1 00	х						0	0	C
KATHERINE MACNEIL DIRECTOR	1 00	х						0	0	C
TONIA MOY DIRECTOR	1 00	х						0	0	C
LORRAINE MINATOISHI Palumbo DIRECTOR	1 00	х						0	0	C
CURT NAKAMURA DIRECTOR	1 00	х						0	0	C
ANTONY M ORME DIRECTOR	1 00	х						0	0	С
PATSY SHEEHAN DIRECTOR	1 00	х						0	0	C
RAMSAY TAUM DIRECTOR	1 00	х						0	0	C
RICHARD S TOWILL DIRECTOR	1 00	х						0	0	C
MICHAEL WHITE DIRECTOR	1 00	х						0	0	C
LANI MA'A LAPILIO EX OFFICIO	1 00	х		х				0	0	С
TIMOTHY E JOHNS PAST PRESIDENT	1 00			х				0	0	C
							<u> </u> ▶	80,633	0	2,400
1b Total		• •	•	•		•		00,033	ျ	2,400

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	·		
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(B)</b> Description of services	<b>(C)</b> Compensation
	( <b>B</b> ) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Part v		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
इ इ	1a	Federated campaigns 1a 169				
夏星	[	Membership dues 1b 69,094	•			
∺ಕ್	Ь		_			
<u></u> ‰≣	c	Fundraising events 1c 27,896				
≝≝	d	Related organizations 1d	1			
ರ್ಷ			-			
% <u>`</u> Ē	e	Government grants (contributions) 1e	_			
ું ⊇્	f	All other contributions, gifts, grants, and <b>1f</b> 196,226		İ		
草屋		sımılar amounts not ıncluded above	•			
きる	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$				
ರಹ '	h	Total. Add lines 1a-1f	293,385			
		Business Code				
e≘			-			
ē.	2a	Public Education 611,71	13,835	13,835		
Æ.	Ь					
ū	c					
Š	l _					
蔥	d					
Ë	e					
Program Serwce Revenue	f	All other program service revenue				
§						
Δ.	g	<b>Total.</b> Add lines 2a-2f	13,835			
	3	Investment income (including dividends, interest				
		and other similar amounts)	4,500			4,500
	4	Income from investment of tax-exempt bond proceeds				
	5					
	•	Royalties				
		(ı) Real (ıı) Personal	4			
	6a	Gross Rents				
	ь	Less rental				
	<sub>c</sub>	expenses Rental income	-			
	'	or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) O ther				
	7a	Gross amount 148,420	1			
		from sales of assets other				
		than inventory				
	ь	Less cost or 211,271				
		other basis and sales expenses				
	l c	Gain or (loss) -62,851	1			
	ď	Net gain or (loss)	-62,851			-62,851
	8a		02,002			32,331
Other Revenue		Gross income from fundraising events (not including \$ 203,450 of contributions reported on line 1c)				
č		See Part IV, line 18				
<u>d</u>		a 27,896	4			
Ě	Ь	Less direct expenses <b>b</b> 90,633	_			
Ò	С	Net income or (loss) from fundraising events 🕨	112,817	112,817		
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		а				
	ь	Less direct expenses b				
	l c	Net income or (loss) from gaming activities	1			
	10a	Gross sales of inventory, less				
		returns and allowances .  a 527				
	b	Less cost of goods sold <b>b</b> 761				
	С	Net income or (loss) from sales of inventory	-234	-234		
		Miscellaneous Revenue Business Code				
	11a	Other Income 900,09	2,025			2,025
	ь					
	C					
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a-11d	2,025			
			2,023			
	12	Total revenue. See Instructions	363,477	126,418	0	-56,326

# Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b,		(B)	(c)	(D)			
	or include amounts reported on lines ob, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	80,633	69,053	7,077	4,503			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	156,213	133,779	13,710	8,724			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,199	4,453	456	290			
9	Other employee benefits	10,643	9,115	934	594			
10	Payroll taxes	7,470	6,397	656	417			
11	Fees for services (non-employees)	•						
а	Management							
ь	Legal	307	270	16	21			
c	Accounting	18,023	15,882	933	1,208			
d	Lobbying	10,023	13,002	333	1,200			
e	Professional fundraising See Part IV, line 17							
f	Investment management fees	380		380				
g	Other	23,245	20,485	1,201	1,559			
12	Advertising and promotion	23,243	20,403	1,201	1,337			
13	Office expenses	24,262	19,147	2,309	2,806			
		24,202	19,147	2,309	2,800			
14	Information technology							
15	Royalties	11.000	12.267	4 527	1.006			
16	Occupancy	14,990	12,367	1,527	1,096			
17 18	Payments of travel or entertainment expenses for any federal,							
40	state, or local public officials	40.477	15.016	702	770			
19	Conferences, conventions, and meetings	18,477	16,916	782	779			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	5,649	4,458	538	653			
23	Insurance	4,823	3,806	459	558			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	Preservation Program co	47,169	33,795		13,374			
b	Equipment	7,253	5,967	735	551			
С	Other	5,425	4,875	153	397			
d								
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	430,161	360,765	31,866	37,530			
26	Joint costs. Check here ► ☐ If following SOP 98-2	.50,101	230,733	31,000	27,330			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	219,053	1	418,243
	2	Savings and temporary cash investments	202,228	2	40,248
	3	Pledges and grants receivable, net	321,270	3	153,400
	4	Accounts receivable, net	15,270	4	328
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
ets	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use	8,889	8	6,856
⋖	9	Prepaid expenses and deferred charges	5,551	9	4,326
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 56,895			
	ь	Less accumulated depreciation 10b 44,058	17,029	10c	12,837
	11	Investments—publicly traded securities	306,064	11	475,495
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	75	15	75
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,095,429	16	1,111,808
	17	Accounts payable and accrued expenses .	24,320	17	39,374
	18	Grants payable		18	
	19	Deferred revenue		19	
_	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		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 Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	24,320	26	39,374
S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
Fund Balance		through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	246,243	27	238,751
Ва	28	Temporarily restricted net assets	373,871	28	272,688
pu	29	Permanently restricted net assets	450,995	29	560,995
교		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
ō		lines 30 through 34.			
35	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,071,109	33	1,072,434
	34	Total liabilities and net assets/fund balances	1,095,429	34	1,111,808

# Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
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 Act and OMB Circular A-133?	3a		Νο
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	3b		

Form **990** (2009)

## OMB No 1545-0047

2000

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Historic Hawai'i Foundation

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Employer identification number

23-7441972

									23-144131			
	rt I			olic Charity Stat						structions		
he d	organı:			foundation because					)			
1		A churc	h, conventic	on of churches, or as	sociation of o	churches <b>s</b>	ection 170(b)	)(1)(A)(i).				
2			school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
3	Г	A hospi	tal or a coop	erative hospital serv	vice organiza	ition descri	bed in <b>sectio</b> r	n 170(b)(1)( <i>A</i>	A)(iii).			
4	Γ		al research 's name, cit	organization operate y, and state	ed in conjunc	tion with a	hospital desc	rıbed ın <b>secti</b>	on 170(b)(1	)( <b>A</b> )(iii). En	ter the	
5	Г	_	· ·	rated for the benefit	_	or universit	y owned or op	perated by a g	jovernmenta	ıl unıt descrı	bed in	
		section	170(b)(1)( <i>k</i>	<b>\)(iv).</b> (Complete Pa	rt II )							
6		A federa	al, state, or l	ocal government or	governmenta	ıl unıt desci	ıbed ın <b>sectio</b>	on 170(b)(1)(	(A)(v).			
7	Γ	describe	ed in	t normally receives a <b>\)(vi)</b> (Complete Pa		part of its s	support from a	a government	al unit or fro	m the gener	al public	C
8	Г			described in <b>section</b>		)(vi) (Com	plete Part II	)				
9	~			t normally receives					tions, memb	ership fees,	and gro	SS
	•	_		ties related to its ex	• •				•		_	
				ss investment incom	-	_		•				
			_	anızatıon after June 3				•		•		
LO	Г	•		anızed and operated	•			•	•			
L1	Γ	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> Type I <b>b</b> Type III <b>c</b> Type III - Functionally integrated <b>d</b> Type III - Other										
f g		other th section If the or check th Since A	an foundatio 509(a)(2) ganization r his box	x, I certify that the con managers and othe eceived a written de 006, has the organiz	er than one o	r more publ	licly supporte	ype I, Type I	ns describe	d in section !	509(a)(	1) or
				ectly or indirectly co	ntrols, eithei	r alone or to	gether with p	ersons descr	ribed in (ii)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organiza	tion?			11g(i	<del>,                                     </del>	
				r of a person describ						11g(ii		
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) al	bove?			11g(ii		
h				g information about t							<u>-1</u>	
(i) Name suppori organiza		ne of (ii) (described on col (i) listed in your governing action or IRC section document?		(v) Did you no organizat col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) org in the U	ne tion in ganized	(vii) A mount of support?				
	(see (see		Yes	No	Yes	No	Yes	No				
				//					1		1	
								1			+	
								1			+	
									1			
ot a	1						+		+		+	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)	
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)  Section A. Public Support								
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual							
_	grants ") Tax revenues levied for the							
2	organization'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) <b>Dublic Support</b> Subtract line F from							
6	<b>Public Support.</b> Subtract line 5 from line 4							
S	ection B. Total Support	1		-				
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total	
7	A mounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV ) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7							
4.5	through 10)	/5						
12	Gross receipts from related activities	,	•			12		
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□	
	check this box and <b>stop here</b>						-1	
S	ection C. Computation of Pub	lic Support P	ercentage					
14	Public Support Percentage for 2009			11 column (f))		14		
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15		
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox	
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □	
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi		
	box and <b>stop here.</b> The organization				,		▶	
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14		
	ıs 10% or more, and ıf the organizat							
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp		
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□	
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_						
	Explain in Part IV how the organizat						clv	
	supported organization						<b>▶</b> ┌	
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•	

**▶**□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Sup	port			_				
Cale	<b>ndar year</b> (or fiscal yea in)	ar beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2	009	( <b>f</b> ) Total
1	Gifts, grants, contribut membership fees rece include any "unusual g	ıved (Do not	226,592	287,232	218,544	754,609		293,385	1,780,362
2	Gross receipts from a merchandise sold or s performed, or facilities any activity that is relorganization's tax-exepurpose	dmissions, ervices furnished in ated to the	145,692	150,795	268,607	340,845		217,812	1,123,751
3	Gross receipts from ac are not an unrelated tr business under sectio	ade or							
4	Tax revenues levied for organization's benefit paid to or expended or behalf	or the and either n its							
5	The value of services furnished by a governr the organization withou	nental unit to							
6	Total. Add lines 1 thro	ugh 5	372,284	438,027	487,151	1,095,454		511,197	2,904,113
7a	A mounts included on l and 3 received from di persons		91,836	171,053	140,055	234,494		221,462	858,900
b	A mounts included on I received from other th disqualified persons th the greater of \$5,000	an nat exceed or 1% of the			14,951	452,344		14,756	482,051
_	amount on line 13 for t Add lines 7a and 7b	ine year	91,836	171,053	155,006	686,838		236,218	1,340,951
8	Public Support (Subtra from line 6)	ct line 7c	31,030	171,033	133,000	000,050		230,210	1,563,162
Se	ction B. Total Supp	port			•				
Cale	<b>ndar year</b> (or fiscal yea	r beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	20.9	<b>(f)</b> Total
	ın)	<u> </u>					(0) 2		
9	A mounts from line 6		372,284	438,027	487,151	1,095,454		511,197	2,904,113
10a	Gross income from int dividends, payments r securities loans, rents and income from simila sources	eceived on , royalties	12,845	11,242	17,642	29,170		4,500	75,399
Ь	Unrelated business ta income (less section 5 from businesses acqui June 30, 1975	511 taxes)							
С	Add lines 10a and 10b	<del>-</del>	12,845	11,242	17,642	29,170		4,500	75,399
11	Net income from unrel business activities no in line 10b, whether or business is regularly o	t included not the arried on							
12	Other income Do not gain or loss from the s capital assets (Explain IV)	ale of	3,594	-152	1,370			2,025	6,837
13	Total support (Add line 11 and 12)	es 9, 10c,	388,723	449,117	506,163	1,124,624		517,722	2,986,349
14	First Five Years If the I check this box and sto		r the organization	n's first, second,	third, fourth, or f	ıfth tax year as a	501(c)(	3) organı:	zation, ▶┌
Se	ction C. Computati	ion of Publi	c Support Pe	rcentage					
15	Public Support Percent				13 column (f))		15		52 340 %
16	Public support percent	age from 2008	S Schedule A , Pa	rt III, line 15			16		54 750 %
Se	ction D. Computat	ion of Inve	stment Incon	ne Percentag	je				
17	Investment income pe	rcentage for <b>2</b> 0	<b>009</b> (line 10c coli	umn (f) dıvıded b	y line 13 column	(f))	17		2 520 %
18	Investment income pe	rcentage from	2008 Schedule A	, Part III, line 1	7		18		2 830 %
19a	33 1/3% support tests	<b>—2009.</b> If the	organization did i	not check the bo	x on line 14, and	line 15 is more t	han 33 1	/3% and	line 17 is not

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493194004160

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part Ilection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete F				: II-A
f th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line ection 501(c)(4), (5), or (6) organizations. Complete Part III			•	
Νa	Name of the organization Historic Hawai'i Foundation  Employer			ation numbe	er
Par	$ ilde{ t I-A}$ Complete if the organization is exempt under section 501(c) or is a se	3-744197 ction <b>5</b> 2		ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part 1				
2	Political expenditures	<b>.</b>	\$		
3	V olunteer hours				
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b></b>	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>&gt;</b>	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
4a	Was a correction made?			☐ Yes	☐ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c) except so	ection 5	01(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52 exempt funtion activities	.7 <b>►</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17	'b <b>►</b>	\$		
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes	Г№
_					

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals						
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	Total lobbying expenditures to influence a legislative body (direct lobbying)								
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount f									
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00						
	Over \$17,000,000 \$1,000,000									
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	• • • • • • • • • • • • • • • • • • • •	(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		250	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes			
i	Other activities? If "Yes," describe in Part IV	Yes			
j	Total lines 1c through 1:			250	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4	
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying A ctivities	Historic Hawaii Foundation (HHF) supports legislative issues which further the basic interests of those it serves, and opposes issues detrimental to its mission. HHF is nonpartisan in political matters and does not endorse or oppose any candidate for public office. Board of trustees sets legislative goals and works to achieve those goals. In 2009, legislative activities include researching preservation public policies, monitoring, reviewing and testifying on bills and resolutions in state and local legislative bodies, and meeting with elected officials. Information about the legislative affairs was provided to HHF members through its usual methods of communication, including newsletters, website and email notices.

DLN: 93493194004160

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** Historic Hawai'i Foundation 23-7441972

Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
	organization answered res to form 5	(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 adv		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beconferring impermissible private benefit	nefit of the donor or donor advisor, or for ar	ny other purpose <b>Yes No</b>
Pai	rt II Conservation Easements. Complete		o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	rion or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure
	casement on the last au, or the tax year		Held at the End of the Year
а	Total number of conservation easements		<b>2a</b> 1
ь	Total acreage restricted by conservation easements	S	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c 1
d	Number of conservation easements included in (c) a	ocquired after 8/17/06	2d
3	Number of conservation easements modified, transf	• erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🛌 0		
4	Number of states where property subject to conserv	ation easement is located 🛌 1	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and <b>Yes V No</b>
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the year 🛌 2 00
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	s during the year ► \$
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes V No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	
Par	Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line	Ĺ	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

	Using the organization's accession and othe	r records, check an	y of the	e followir	ng that ar	e a significa		se of its collec		continued)
	items (check all that apply)			_						
а	Public exhibition		d	l Lo	an or excl	nange prog	rams			
b	Scholarly research		e	┌ Ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they fur	ther the c	rganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of	or receive donations	ofart	, historio	al treasu	res or othe	rsım	ılar	_	
	assets to be sold to raise funds rather than t								☐ Yes	┌ No
Par	Part IV, line 9, or reported an an					n answere	d "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ibutions o	or other ass	ets r	not	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	followi	ng table		Γ		Ar	nount	
С	Beginning balance						1c			
d	Additions during the year					F	1d			
e	Distributions during the year					 	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 000 Part V Jun	0 212			L			┌ Yes	
			e 21·						1 163	, 140
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete i		n ancı	warad "	Vas" to I	-orm 990	Dan	t IV line 10		
I C	Endownient i unus. complete i	(a)Current Year		Prior Year		o Years Back		Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	450,995		240	495					
b	Contributions	110,000		210	500					
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	560,995		450	995					
2	Provide the estimated percentage of the yea	r end balance held a	as		'		_			
а	Board designated or quasi-endowment	%								
_	•	,,								
h										
b										
c	Term endowment ► %		ation t	hat are h	and and a	dministere	d for	the		
			ation t	hat are f	eld and a	dmınıstere	d for	the	Yes	No No
c	Term endowment  %  Are there endowment funds not in the posses	ssion of the organiza	ation t	hat are f	eld and a	dmınıstere	d for	the <b>3a</b>		No No
c	Term endowment  %  Are there endowment funds not in the posses organization by	ssion of the organiza					d for		(i)	
с За	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organiza	 d on So				d for	3a	(i)	No
c 3a b	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization	 d on So	 chedule nt funds	 R?			3a	(i)	No
c 3a b	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's end	 d on So	 chedule nt funds	 R?			3a	(i)	No
c 3a b	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's end	 d on So	chedule nt funds ee Form	 R?	art X, line	10. other	3a 3a( 3	(i)	No
c 3a b 4 Par	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's end	 d on So	chedule nt funds ee Form	R?	art X, line	10. other	3a 3	(i)	No No
c 3a b 4 Par	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's end	 d on So	chedule nt funds ee Form	R?	art X, line	10. other	3a 3	(i)	No No
c 3a b 4 Par	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's end	 d on So	chedule nt funds ee Form	R?	art X, line	10. other	3a 3	(i)	No No
b 4 Par	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment  Land	ssion of the organization of the organization of the organization's end	 d on So	chedule nt funds ee Form	R?	art X, line (b)Cost or basis (other	10. other	3a 3 (c) Accumulate depreciation	(i)	No No
c 3a b 4 Par	Term endowment  %  Are there endowment funds not in the posses organization by  (i) unrelated organizations	ssion of the organization of the organization of the organization's end	d on Sodowme	chedule nt funds ee Form	R?	(b)Cost or basis (oth	10. other	(c) Accumulate depreciation	(i)	No No Book value

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	363,477
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	430,161
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-66,684
4	Net unrealized gains (losses) on investments	4	68,009
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	68,009
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,325
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	477,725
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	224,628
3	Subtract line <b>2e</b> from line <b>1</b>	3	253,097
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 380		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	110,380
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	363,477
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	485,217
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
с	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
е	Add lines <b>2a</b> through <b>2d</b>	2e	55,436
3	Subtract line <b>2e</b> from line <b>1</b>	3	429,781
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 380		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	380
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	430,161
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	Previously, a parcel of property was donated to the University of Hawaii by the Estate of Jean Charlot with a stipulation that the Historic Hawaii Foundation be given a preservation and conservation easement to assist in preserving and maintaining the property and its architectural, historic, and cultural features for the benefit of the people of Honolulu Preservation easements are legally binding documents, which require that historic properties are preserved and maintained. The responsibility of the Foundation, as holder of the easement, is to review any proposed changes to the house to assure the changes do not affect the historical integrity of the building. The Foundation is also charged with making sure the building receives appropriate maintenance and repair, however, the University, as owner of the house, will decide how it is to be used and will be responsible for financing its preservation. The easement provides the Foundation with a vested real property interest in the property that was not recognized in the accompanying financial statements because a major uncertainty exists about the existence of value, and the easement has no alternative use
Part V, Line 4	Description of Intended Use of Endowment Funds	Historic Hawaii Foundation (HHF) holds three endowments, totaling \$560,995 The Bretzlaff Foundation Endowment (\$225,000) was established in 1998 to provide support for the operations and activities of the Historic Hawaii Foundation. The HHF Endowment (\$15,495) provides support for the operations and activities of the Historic Hawaii Foundation. The Hawaii Preservation Fund Endowment (\$320,500) was initiated in 2008 under an agreement with the National Trust for Historic Preservation to create a dedicated funding stream for preservation projects in the Hawaiian Islands. The agreement provides for a mutual fundraising campaign to raise funds for annual grants that support cultural heritage preservation efforts, and for related technical assistance and support by HHF. The Endowment will be held by and administered by the National Trust at the conclusion of the fundraising campaign. Pledges receivable at December 31, 2009 included \$100,000 related to the Hawaii Preservation Fund Endowment, which is due in annual installments of \$50,000 through 2011.
Part XII, Line 2d - Other Adjustments		Decrease in temporarily restricted net assets 101183
Part XII, Line 4b - Other Adjustments		INCREASE IN permanently RESTRICTED NET ASSETS 110000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493194004160

OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Name of the organization

licensing

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

Historic Hawai'i Foundation							23-7441972		
Part I Fundraising Ac Form 990-EZ filer						to Form	990, Part IV	, line 17.	
1 Indicate whether the orgai	nization raised fund:	s through a	any of the	followir	ng activities Ch	eck all th	nat apply		
a Mail solicitations			e	Γs	olicitation of no	n-govern	ment grants		
<b>b</b> Internet and e-mail so	licitations		f		olicitation of go	_	=		
c   Phone solicitations			g	Γs	pecial fundraisir	ng events	;		
d In-person solicitations	5								
2a Did the organization have or key employees listed in	Form 990, Part VI	I) or entity	/ In conne	ection w	th professional	fundraisi	ng activities?	┌ Yes	Γ <sub>No</sub>
<b>b</b> If "Yes," list the ten highes to be compensated at leas									
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contribu Yes	er have dy or rol of		iross receipts m activity	(or re	nount paid to etained by) iser listed in col (i)	(vi) A mount   (or retained organizat	d by)
		1.55							
Гotal			<b>&gt;</b>						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

	. ,		(a) Event #1	(b) Event #2	(c) O ther Events	1	tal Eve	nts
			Winter Benefit			(Add col	(a) the	
			(event type)	(event type)	(total number)	co	l (c))	
₹	1 Gross receipts		231,346	5			23:	1,346
Revenue	2 Less Charitable contributions		27,896	5			27	7,896
	Gross income (line 1 minus line 2)		203,450				203	3,450
	4 Cash prizes							
မွ	5 Non-cash prizes .							
Expenses	<b>6</b> Rent/facility costs .	•						
	<b>7</b> Food and beverages .							
년 교 교	8 Entertainment							
▵│	9 Other direct expenses		90,633	3			90	0,633
	10 Direct expense summary	/ Add lin	es 4 through 9 ın column	(d)	$\mathbf{r}_{-1}, \mathbf{r}_{-1}, \mathbf{r}_{-1}, \mathbf{r}_{-1} \leftarrow \blacktriangleright_{-1}$		90	0,633
	11 Net income summary C	ombine li	nes 3, column d, and line	10		r	112	2,817
Part	<b>Gaming.</b> Complete \$15,000 on Form 99			"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor	e than	1
Reveime			(a) Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam <b>(a)</b> thi I <b>(c)</b> )	
-	<b>1</b> Gross revenue					+		
မ္က	2 Cash prizes							
Expenses	<b>3</b> Non-cash prizes							
_	4 Rent/facility costs .							
ਰ DLeg D	5 Other direct expenses							
	<b>6</b> Volunteer labor		Г Yes	Г Yes	┌ Yes <u>%</u>			
	7 Direct expense summary							
	8 Net gaming income summ	ary Com	ibine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9 a	Enter the state(s) in which the					· 9a	Tes	140
b	If "No," Explain							
	Were any of the organization's	aamina	licenses revoked susper	nded or terminated during	the tay year?			
Na	If "Yes," Explain	ganning	ncenses revoked, susper	ided of terminated during	the tax year.	10a		
								ļ
l0a b	Does the organization operate					11		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

# OMB No 1545-0047

Open to Pu<u>blic</u> Inspection

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Historic Hawai'i Foundation

**Supplemental Information to Form 990** Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Employer identification number

23-7441972

ldentifier	Return	Explanation
Form 990, Part VI, Section A, line 2	Reference	Family relationship Collins-Tow ill Business relationship Chun-lopa, Chun-Soon, Crispin-Grune, Crispin-Haas, Crispin-lopa, Crispin-MacNeil, Crispin-Minatoishi, Crispin-Moy, Crispin-Taum, Grune-Johns, Grune-Minatoishi, Haas-Taum, Hong-Enomoto, Hong-Johns, Iopa-Minatoishi, Iopa-Soon, Johns-O'Malley, Johns-Orme, MacNeil-Grune, Nakamura-Johns, O'Malley-Orme
Form 990, Part VI, Section A, line 6		Members have the right to elect the members of the governing body and the president of the Board of Trustees  Members have the right to amend the by-laws Members do not have the right to receive a share of the organization's assets upon the organization's dissolution
Form 990, Part VI, Section A, line 7a		Historic Haw all has members
Form 990, Part VI, Section A, line 7b		The Members take action annually
Form 990, Part VI, Section B, line 11		Historic Haw all Foundation shall annually prepare required filings with the Internal Revenue Service (Form 990)  The Executive Director shall forward the pre-final Form 990 to the Finance Committee for review and comment. The Executive Director shall complete revisions as directed by the Finance Committee and shall forward the final Form 990 to the Board of Trustees for review and acceptance prior to filing the Form 990 with the IRS
Form 990, Part VI, Section B, line 12c		Board members complete conflict of interest disclosure forms annually if a conflict arises, the board member discloses the conflict, refrains from the discussion and abstains from voting. The conflict and the board members' abstention from the action is disclosed in the meeting minutes.
Form 990, Part VI, Section B, line 15		In accordance with the policies of the board of Historic Hawaii Foundation, an evaluation of CY2009 performance for Executive Director Kiersten Faulkner was conducted following this procedure. The evaluation process was facilitated by the board executive committee, with the opportunity for participation by the entire board. In February a review of the current job description for the executive director was conducted, and an evaluation checklist was finalized and circulated to all board members and the executive director. The evaluation checklist was based upon the job description and the organizational objectives. Historic Hawaii Foundation and its strategic plan. The evaluation checklists were completed by board members and a compilation of the results (in the form of a composite checklist) was prepared and presented to the board in executive session. The executive director also prepared a separate self evaluation, including proposed performance objectives for CY2009. At its meeting in executive session the board reviewed the compilation of the evaluation checklist results and discussed and reached consensus on each item in the checklist as reflected in the compilation. The Board also discussed the compensation of the executive director, taking into account the current financial circumstances of Historic Hawaii Foundation, the performance of the executive director, the economy status of Hawaii, the understanding of the board on compensation of executive directors/CEOs of comparable organizations in Hawaii and the region, and any other circumstances.
Form 990, Part VI, Section C, line 19		Historic Haw all Foundation maintains copies of all organizational documents, including the Articles of Incorporation, By-Law's and Determination of 501(c)(3) tax exempt status in perpetuity. Historic Haw all Foundation maintains copies of its annual filing with the Internal Review Service (Form 990), annual audit of financial statements, and annual reports for a period of six years. Such documents are available for public inspection at the corporation office during normal office hours.
or Danarwark Bad	uction Act Notice	see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 200