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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)

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization Hawaii Vocal Arts Ensemble B Check if applicable. use (RS Doing Business As 0312364 Address change Telephone number corint or Number and street (or P.O. box if mail is not delivered to street address) Room/surte Name change type. P.O. Box 93 (808) 261 6495 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated Kailua, HI 96734-0093 tions. G Gross receipts \$ 109.322 Amended return F Name and address of principal officer: T C Wesselkamper Application pending H(a) Is this a group return for affiliates? Yes 6770 Hawaii Kai Dr #1001, Honolulu, HI 96825 H(b) Are all affiliates included? Yes No Tax-exempt status: If "No," attach a list. (see instructions) Website: ▶ www.hawaiivocalarts.org H(c) Group exemption number Form of organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ M State of legal domicile: HI L Year of formation: 1994 Summary Briefly describe the organization's mission or most significant activities: Advance the art of choral singing for all Governance 2 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, Ine Ta). S 7 4 Number of independent voting members of the governing body 5 2 Total number of employees (Part V, line 2a) 6 40 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), Incomp EN. 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 32,100 65,300 Contributions and grants (Part VIII, line 1h) . 31.025 44.022 Program service revenue (Part VIII, line 2g) . . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 109,322 63,125 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 68,611 85,820 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). (5,486) Revenue less expenses. Subtract line 18 from line 12 23,502 Beginning of Current Year **End** of Year 11,260 34,782 Total assets (Part X, line 16) 0 Total liabilities (Part X. line 26) 0 21 22 Net assets or fund balances. Subtract line 21 from line 20 11,260 34,782 Part II Signature Block Under penalties of penjury, 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 2010 Sign Signature of officer Date Here DRESIDEN Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ 🗌 Paid Preparer's Firm's name (or yours FIN Use Only if self-employed), address, and ZIP + 4 Phone no. ▶ (May the IRS discuss this return with the preparer shown above? (see instructions) Yes Nο Form **990** (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

	(2009)	

ı aı	Statement of Frogram Serv	nce Accomplishments		
1	Briefly describe the organization's mi Advance the art of choral singing for	ar all audionese		
				·
2	Did the organization undertake any s	gnificant program services during the	e year which were not listed on	
	the prior Form 990 or 990-EZ?			☐ Yes 🗹 No
	If "Yes," describe these new services			
3	Did the organization cease conducting	g, or make significant changes in ho	w it conducts, any program	
	services?			☐ Yes ☑ No
	•			
4	Describe the exempt purpose achieved Section 501(c)(3) and 501(c)(4) organical allocations to others, the total expensions	zations and section 4947(a)(1) trusts	are required to report the amou	
4a	(Code: 15) (Expenses \$	= =		- 1
4b	(Code:) (Expenses \$	including grants of \$		

		•		
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , , ,		, v	/
		· · · · · · · · · · · · · · · · · · ·		
4d 	Other program services. (Describe in (Expenses \$ 85,820 including)	Schedule O.) ng grants of \$ 21,000) (Rev	enue \$ 109,322)	
40	Total program service expenses ▶			

Pai	t 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	ļ
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
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_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		-✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.	ļ		
•	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		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		1
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		✔

Form	990 (2009)		P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		1
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		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓.
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	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		✓
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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
C	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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		√
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		√
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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
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		✓

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	İ	- 1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Ic	1	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	la		✓
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.			~ _
	The tile eigenventer a party to a promotion and officer and any time during the tax years.	ia		<u> </u>
	bio any tanàna party notify the organization that it was on to a party to a promotion tax sheller transaction:	<u>ib</u>		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	ic		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ia		✓
	organization solicit any contributions that were not tax deductible?	İ		
		òb		
	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?	ra		✓
		/b		✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	rc		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	/е		✓
		7 f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	g		<u> </u>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		✓
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.]	
а	bid the digurization make any taxable distributions and consection 4500:	a		
	bid the organization make a distribution to a donor, donor advisor, or related persons.)b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Cross resolpts, meladed on reministrative republic descent day lacintes	- 1	}	
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	- [
	and the mean mean and the mean	- 1		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	2a		

Part V: 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.

Sec	tion A. Governing body and management			
	1 1 -		Yes	No
1a	5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
b	Enter the number of voting members that are independent			
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		✓
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-		
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	emal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		\
	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	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
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	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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	✓	
b	Other officers or key employees of the organization	15b	\	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
h	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Hawaii			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	onlv)	
	available for public inspection. Indicate how you make these available. Check all that apply.	,(-,-		
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.	J. 1711	551	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	f the	
-	organization: ► Timothy Carney, P.O. Box 93, Kailua, HI 96734-0093			

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. 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, 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.

☐ Check this box if the organization did not co	ompensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.	: =	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	checi	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Timothey Carney	10							24,000	0	0
Musical Director	10				1	1		24,000	U	
T C Wesselkamper President	2		1	1				o	0	0
Michael Fassiotto Treasurer	1		1	1				0	0	0
Lori Richardson Secretary	1		1	1				0	0	0
Leslie Tennant Board Member	.5			1				0	0	0
		_								
							_			
				_		<u> </u>	L			
									_	
									_	

Part VII Section A. Officers, Directors, Tru	istees, key	Emp	loye	ees,	an	d Hig	hes	Compensated	Employee	s (con	tinue	<u>d) </u>	
(A) Name and title	(B) Average	Positi	on (c	•	c)	that ap	ply)	(D) Reportable	(E) Reportabl	e	Es	(F) stimate	ed:
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensati from relate organizatio (W-2/1099-M	ed ns	com fr org an	nount other pensati om the anizati d relati anizati	tion e ion ed
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	<u>l</u>	<u> </u>				<u> </u>							
1b Total	_ 	<u> </u>		•		····	▶	24,000					
2 Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	bove) wr	no received mo	ore than \$10	00,000) ın		
										Г		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensate	di L	3		1
4 For any individual listed on line 1a, is the state organization and related organizations individual.											4		1
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	composite de la composite de l	pens Sch	satio	on 1	rom	any	unrelated org	anization fo	or	5		1
Section B. Independent Contractors	100, 00111	,,,,,,	30.7.			70. 0		pordon		·			
1 Complete this table for your five highest c compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	icto	rs that receive	d more than	\$100	0,000	of	
(A) Name and business add	dress							(B) Description of s	ervices	C	(C) nsation	 1
None													
								-				.	
Total number of independent contractors (more than \$100,000 in compensation from					to	those	liste	ed above) who	received		-		

Par	t Vil	Statement of Revenue		· ·= - · · · · · · · · · · · · · · · · ·	l	T
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
fts, grants amounts	1a b c	Federated campaigns 1a 0 Membership dues 1b 0 Fundraising events 1c 9,000		revertue		312, 313, 07 314
Contributions, gifts, grants and other similar amounts	d e f	Related organizations 1d 0 Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 0				
<u>5 g</u>	h	Total. Add lines 1a–1f ▶	109,322			
Program Service Revenue	2a b	Business Code				
₹.	- d				 	
ogram S	e	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest, and other similar amounts)	0			
	5	Royalties	00			
	b	Gross Rents Less: rental expenses Rental income or (loss)				
	d		0]			
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
		Less: cost or other basis and sales expenses . Gain or (loss)	0			-
venue		Gross income from fundraising events (not including \$				
Other Rev	b	See Part IV, line 18 a Less: direct expenses b				
J		Net income or (loss) from fundraising events ▶	0	,		
		Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b				
		Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	o			ļ.
		Miscellaneous Revenue Business Code	-	- · ·		
	11a	None	0			
	b					
	С					
	1	All other revenue				
	, e	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions.	109,322		l,	l

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4)

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).

	<u> </u>			F (-/)	X-77 X-7-
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	***		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	·. ·= » · · · · · · · · · · · · · · · · ·		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	24000			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salanes and wages	9,666			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	935			
b	Legal				
	Accounting			-,	
	Lobbying				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other				
12	Advertising and promotion	2,251			
13	Office expenses	693			
14	Information technology				
15	Royalties				
16	Occupancy	32,715			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	-			
21	Payments to affiliates				<u></u>
22 ~~	Depreciation, depletion, and amortization.				
23	Insurance				
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.)				
_	Musical Secret	596	· · · · · · · · · · · · · · · · · · ·		
a b	Guest Musicians	8,975			
C	Miscellaneous	5,654	· · · · · · · · · · · · · · · · · · ·		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	85,819			
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 11,280 34,782 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete O ß ol Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 0 10c 0 11 Investments-other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 0 14 Other assets. See Part IV, line 11 0 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 11,280 16 34,782 0 17 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 11,280 27 34,782 Fund Organizations that do not follow SFAS 117, check here ▶ □ þ and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances . . .

_	4	
Page	-1	4

Pa	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	Were the organization's financial statements audited by an independent accountant?	2b		√	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
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 separate basis				
3 a	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		✓	
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)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number Hawaii Vocal Arts Ensemble 0312364 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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. a 🗌 Type I **b** Type II c Type III-Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Νo (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (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). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes Νo Yes Yes No

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support		<u> </u>	<u> </u>	7		
_	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the 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 6	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)						
	tion B. Total Support	L	1		<u> </u>	<u> </u>	L
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	<u>, , , , , , , , , , , , , , , , , , , </u>					
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 .		<u>l </u>	<u> </u>		 	L
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor				
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage	·			
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	<u>%_</u>
15	Public support percentage from 2008 ScI					15	%_
	33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
	33%% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the

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

	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)		· · · · · · · · · · · · · · · · · · ·		
_	tion A. Public Support							
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include	77,326	29,829	69,363	32,100	65,300	273,918	
2	any "unusual grants.")	46,095	38,372	15,247	31,025	44,022	174,761	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization'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	400 404				400.000		
6	Total. Add lines 1 through 5	123,421	68,251	84,610	63,125	109,322	448,679	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						····	
	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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)						448,679	
	tion B. Total Support			- 7 . 2222 - Т		· · · · · · · · · · · · · · · · · · ·		
	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9 10a	Amounts from line 6	123,421	68,251	84,610	63,125	109,322	448,679	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b						.,	
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.)	123,421	68,251	84,610	63,125	109,322	448,679	
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
Sec	tion C. Computation of Public Su	' ' 						
15	Public support percentage for 2009 (lin					15	100 %	
16							100 %	
	ction D. Computation of Investment Income Percentage							
17		09 (line 10c, column (f) divided by line 13, column (f)) . 17 0 %						
18	Investment income percentage from 20							
19a	33½% support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ✓					nization 🕨 🗹		
b	line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌							
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,	check this bo	x and see inst	ructions 🕨 🔲	