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Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Α	For the 20	12 cale	endar year, or tax year beginning	07/01	, 2012, a	nd ending	06/	30	, 20 13	
В	Check if ap	plicable	C Name of organization HANA ART	S				D Employe	r identification ni	ımber
	Address ch	ange	Doing Business As						99-0340564	
	Name chan	ge	Number and street (or P O. box if ma	all is not delivered to stre	et address)	Room/suite		E Telephone	e number	·
	Initial return	1	PO BOX 686					1	808-248-7569	
	Terminated		City, town or post office, state, and	ZIP code						
	Amended re	eturn	HANA, HI 96713					G Gross rec	ceipts \$	96,003
			F Name and address of principal office	ROBIN RAYNER			H(a) isthsa	arauo return fa	or affiliates? Yes	✓ No
			PO BOX 686, HANA, HI 96713				H(b) Are all	•		_
	Tax-exemp	t status	✓ 501(c)(3)	) ◀ (insert no )	4947(a)(1) or	527			see instructions)	
 J	Website: ▶		NAARTS.COM	, , , , , , ,	<u> </u>		H(c) Group			
K	Form of ora		Corporation Trust Associa	tion ☐ Other ►	L Yea	r of formation		T	of legal domicile	HI
		Summ								
			escribe the organization's miss	ion or most significa	ant activities:	DEVELO	P AND IMP	LEMENT	INNOVATIVE	
			MS THAT UTILIZE THE CREATIV							•••••
ည		OSSIBI								
ig.		000.01								
ě	2 C	heck th	nis box ▶☐ if the organization	discontinued its ope	erations or di	sposed of	more than	25% of it	ts net assets.	
Activities & Governance	L		of voting members of the gove					3		7
Š			of independent voting member	• • •				4		<del>,</del>
ij	1		mber of individuals employed in					5		11
¥	Ł		mber of volunteers (estimate if	•	•	, <u>Lu</u> , .		6		40
¥	1		related business revenue from			• •		7a		0
	1		lated business taxable income					7b		0
—	D N	et uine	lated business taxable income	101111 01111 930-1,1	<u> </u>	<del>i</del> i	Prior Ye		Current Y	
	8 C	ontribu	tions and grants (Part VIII, line	16)		-		45,333		95,934
ž			service revenue (Part VIII, line			• •		45,333		
Revenue	10 10	voetma	ent income (Part VIII, column (A	ECENED.		. –		61		0
8			venue (Part VIII, column (A), line			· ·			<del></del>	69
			enue—add lines 8 through 11 (r					45 204		0 000
—						16 12)		45,394		96,003
			nd similar amounts paid (Hart I			· ·				0
	145 0	enents	paid to or for members (Part I)		) ==	- 10;  -		24 225	<del></del>	50.000
Expenses	15 S		other compensation, employee			5-10)   <u> </u>		31,665		56,292
ë	16a P		onal fundraising fees (Part IX, o							0
꿃	b T		ndraising expenses (Part IX, col			6,280				
	17		penses (Part IX, column (A), lin			., · ·		14,198	· <del></del>	32,229
	1		penses. Add lines 13-17 (must		nn (A), line 25	" ·  —	_	45,863	. <del></del>	88,521
—		evenue	e less expenses. Subtract line 1	8 from line 12 .	<u> </u>	· · ·	ginning of Cu	-469	F-4 -4 V	7,482
Sor						De	ginning of Cu		End of Ye	
Net Assets	20 T		sets (Part X, line 16)			· ·		11,184	<u> </u>	18,666
E E	21 T		oilities (Part X, line 26)			· ·		0		0
			ets or fund balances. Subtract I	ine 21 from line 20	<u> </u>			11,184		18,666
	art II		ture Block							
			up. I declare that I have examined this plete. Declaration of preparer (other than						ny knowledge and	d belief, it is
	Te, concor, c	110 001115	Siete Decidation of probater (Grief that	1 Onicer) is based on an in				OG	10210	<del></del>
o:.			nature of officer	120				09	10010	7017
Sig	-		• 1	<b>\</b>			Da	te	1	
ПЕ	ere		bin Rayner, President	J						
		<u> </u>	e or print name and title	10		15	<del> </del>		Deiri	
Pá	aid	Print/T	ype preparer's name	Preparer's signature	> 0-	Date	'ついっ	Check [	<del></del>	
	eparer	Larry I		Herry	uce_		-545	self-emp	ployed P002	86795
	se Only	Firm's					Firm	n's EIN ▶		
			address ► PO Box 1185, Haiku, I		<del></del>		Pho	ne no	808-281-54	
_			ss this return with the preparer		instructions)	<u> </u>	<u></u>			s No
Fo	r Paperwo	rk Redu	uction Act Notice, see the separa	ite instructions.		Cat No	11282Y		Form	<b>990</b> (2012)

Part I	V Checklist of Required Schedules		. T	
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	No_
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>*</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓_
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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>✓</b>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>✓</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7
40	In the control of the property of the property of 170/h\/1\/\/\/1\/2 If "\/20 " complete Schodule F	13		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>▼</b>
b				<b> </b>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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, Parts III and IV	16		1
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 (see instructions)	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	Ĺ	1
20 a		20a		<b>✓</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<u>_</u>		For	m 99	0 (2012)

Part I	Checklist of Required Schedules (continued)		¥ [	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
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		✓
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		<b>✓</b>
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		<b>√</b>
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>✓</b>
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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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):	AND THE		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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	L	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
				_

Part				
	Check if Schedule O contains a response to any question in this Part V		<u></u>	
_			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		_ 1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>✓</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ال ا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	·	,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			، ا ـــا
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	ļ	
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	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			
0	organization, have excess business holdings at any time during the year?	8		<del>                                     </del>
9 a	Did the organization make any taxable distributions under section 4966?	- 9a	ļ	i :
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	ļ	'
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-	1	,
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders	┧		,
	against amounts due or received from them.)	ŀ	1	} :
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b> </b>	<b> </b> -
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans	$\exists$		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	+	Ė-
	The state of the s			(2012)

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI			ons. ✓
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
00011	on Al determing Deay and Wanagement	$\neg$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 7	$\neg$		
	If there are material differences in voting rights among members of the governing body, or	}		
	if the governing body delegated broad authority to an executive committee or similar			,
_	committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent .   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		j
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	:	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5_		✓_
6	Did the organization have members or stockholders?	6		✓_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-'a		
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		<del></del>	[]
a	The governing body?	8a	<b>✓</b>	<u> </u>
9 9	Each committee with authority to act on behalf of the governing body?	8b	✓	<del> </del>
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	<del> </del>	<b>*</b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	-	<del> </del>
13 14	Did the organization have a written whistleblower policy?	13		1
15	Did the process for determining compensation of the following persons include a review and approval by	<del></del>		<b>                                     </b>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		1
iva	with a taxable entity during the year?	16a	-	1
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		╅
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		]	
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed HI	. EO+	(0)/2)	000
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1	(U)(J)	s only
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest	oolicy
	and financial statements available to the public during the tax year.			· ·
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	е	
	Organization: Dorve Daved (2019)248-7569			

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

A acitos	Officers, Directors,	Trustons Ko	v Employees	and Highart C	omponented Em	nlovece
Jecuon A.	Officers, Directors,	Husices, Ne	v Ellibiovees.	anu munesi v	Utilipelisateu Elli	IDIOAGES

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	,	(C)								
(A)	(B)	,		Pos				(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)				s both	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
KENNETH MCNICKLE	3									
DIRECTOR	0	/	$\bigsqcup$	L			<u> </u>	0	0	0
GENA SANSONE	3									
DIRECTOR	0	<b>✓</b>					ļ	0	0	0
SHEILA WICKEY	3	]								
DIRECTOR	0	<b>✓</b>	<u> </u>				<u> </u>	0	0	0
CHRIS HELEKAHI	3	1	]			}	ļ	1		
DIRECTOR	0	✓				<u> </u>	乚	0	0	<u>_</u>
ROBIN RAYNER	20	]	1							
PRESIDENT	0		<u> </u>	✓		<u> </u>		0	0	
IAN COLE	3	]	1	1		Į	}			
VICE PRESIDENT	0		$oldsymbol{ol}}}}}}}}}}}}}}}}}$	✓	L			0	0	
CHUCK GREY	3	]	1		1		1			
TREASURER	0	<u> </u>		✓		ļ	L	0	0	
MARY HANCHETT	3		1	1		Ì	1	1		
SECRETARY	0	ļ	igspace	✓	L		_	0	0	
					i				E.	
							T			
				-			1			-
				-					-	-
			+							

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ontinue	ed)		_
	<b>(A)</b> Name and title		box,	unles	Pos eck s pe	rson	than out the state of the state	an	(D) Reportable compensation from	(E) Reportable compensation related		Estir	F) nated unt of her	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compe fron organ and r	nsation the ization elated zations	
										.,				
												_		
		<del> </del>												
				-				-						
					_			_						
												_	-	
1b c	Sub-total	-		•	•			<b>&gt;</b>	0		0			0
d 2	Total number of individuals (including bu		d to th					<b>►</b> e) v	/ho received m	L	<b>0</b> 00,000	of	_	0
	reportable compensation from the organ												Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>	Schedule J	for s	uch	ınd	ivid	ual					3	-	<b>√</b>
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000	)? [	f "Ye	es,"	complete Sch	nedule J for	r such	4	-	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m an	y ur	related organi	zation or ind	ıvıdua			./
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business add	dress							(B) Description of s	services		(C) Compens	ation	
											_			
								$\vdash$						
2	Total number of independent contractor	' <del>-</del> '	-					o tl	nose listed ab	ove) who				

Part	VIII	Statement of Revenue											
		Check if Schedule O contains a response to any ques	stion in this Part V		<u></u> . <u>.</u>	<u></u> . <u>.                            </u>							
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514							
nts	1a	Federated campaigns 1a 0											
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 2,480											
s, C	c	Fundraising events 1c 5,697			İ								
Gift	d	Related organizations 1d 0	]										
ī, Ē	e	Government grants (contributions) 1e 0				I							
tior r S	f	All other contributions, gifts, grants,											
ibu		and similar amounts not included above 1f 87,757	]			1							
do	g	Noncash contributions included in lines 1a-1f. \$0	]_										
<u> </u>	h	Total. Add lines 1a–1f	95,934										
ыe		Business Code											
	2a												
% <b>.</b>	b					<u> </u>							
Program Service Revenue	С												
Ser	d												
am,	е												
.og	f	All other program service revenue											
<u>~</u>	g	Total. Add lines 2a–2f ▶	0										
	3	Investment income (including dividends, interest,				_							
		and other similar amounts)	69	69	0	0							
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0							
	5	Royalties	0	0	0	0							
	6-		4										
	6a	Gross rents	1			1							
	b	Less: rental expenses Rental income or (loss)  0 0		,									
	d	Net rental income or (loss)	-										
	7a	(1) Country (2) (1)											
	ь	Less: cost or other basis and sales expenses .	1			,							
		· · · · · · · · · · · · · · · · · · ·	-										
	C	Gain or (loss)	<b>'</b>										
	d	Net gain or (loss)		<del></del>									
Ë	8a	Gross income from fundraising											
le/		events (not including \$ 5,697											
Æ		of contributions reported on line 1c).											
9	-	See Part IV, line 18 a	İ		i								
Other Rever	b	Less: direct expenses b											
•	С	Net income or (loss) from fundraising events . ▶											
	9a	Gross income from gaming activities.											
		See Part IV, line 19 a	_										
	b	Less: direct expenses b											
	С	Net income or (loss) from gaming activities <b>&gt;</b>											
	10a	Gross sales of inventory, less											
		returns and allowances a											
	b	Less: cost of goods sold b	_		1								
	<u>c</u>	Net income or (loss) from sales of inventory	ļ		<u> </u>								
	<u> </u>	Miscellaneous Revenue Business Code	4	ļ	1	1							
	11a		<del> </del>	ļ	<del> </del>								
	b		<del> </del>	<del></del>	<del> </del>								
	C	All other records		<del></del>		<del></del>							
	d	All other revenue	<del> </del>		<del>                                     </del>								
	12	Total. Add lines 11a–11d	0 003										
	1 14	Total levelide. Dec instructions	96,003	69	0	) 0							

	90 (2012)  Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must con	plete all columns.	All other organization	s must complete coll	umn (A).
	Check if Schedule O contains a respon				🗸
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,059	38,438	6,621	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	· 			
9	Other employee benefits				
10	Payroll taxes	11,233	9,574	1,659	
11	Fees for services (non-employees):	2 4 6 2		2.462	
a b	Management	2,163		2,163	· <del></del>
C	Accounting	3,994	639	3,355	
d	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	126		126	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	1,445		1,445	
14	Information technology				
15 46	Royalties				
16 17	Occupancy	392	123	269	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	392	123		
19	Conferences, conventions, and meetings .				<del></del>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	533		533	
23	Insurance	1,842	400	1,442	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TELEPHONE	954	<del> </del>	954	
b	PAYROLL FEES	474	<del> </del>	474	
q	EVENT SUPPLIES; MISC COSTS; TAXES	20,306	<del>                                     </del>	0	6,280
d e	All other expenses		0	0	
25	All other expenses  Total functional expenses. Add lines 1 through 24e	88,521	63,200	19,041	6,280
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	00,321	63,200	13,041	0,20

Pá	art X	Balance Sneet	· · · · · · · ·			
		Check if Schedule O contains a response to any ques	tion in this Part X		٠.,	
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		8,684	1	16,699
l	2	Savings and temporary cash investments	[		2	
ĺ	3	Pledges and grants receivable, net	[		3	
	4	Accounts receivable, net	[		4	
	5	Loans and other receivables from current and former office	cers, directors,		l	
		trustees, key employees, and highest compensate	d employees.			
		Complete Part II of Schedule L	[		5	
ts	6	Loans and other receivables from other disqualified persons (as defii 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution sponsoring organizations of section 501(c)(9) voluntary employorganizations (see instructions). Complete Part II of Schedule L	ng employers and		6	
Assets	7	Notes and loans receivable, net	[		7	
₽	8	Inventories for sale or use	[		8	
	9	Prepaid expenses and deferred charges	[		9	
	10a	Land, buildings, and equipment: cost or				
		other basis Complete Part VI of Schedule D 10a	19,460			
	b	Less. accumulated depreciation 10b	17,768	2,225	10c	1,692
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11	F		12	
	13	Investments-program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		275	15	275
	16	Total assets. Add lines 1 through 15 (must equal line 34)		11,184	16	18,666
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		<u>.</u>	19	<u> </u>
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S	7	<u>.</u>	21	
es	22	Loans and other payables to current and former office				
ij		trustees, key employees, highest compensated en	nployees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	· · · ·		22	
_	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24). Cof Schedule D	complete Part X			
					25 26	
	26	Total liabilities. Add lines 17 through 25	oro N 🕜 ond	0	20	0
es		complete lines 27 through 29, and lines 33 and 34.	ere 🗾 and			
anc.	27	Unrestricted net assets		11,184	27	18,666
3ali	28	Temporarily restricted net assets		0		0
Net Assets or Fund Balances	29	Permanently restricted net assets		0	29	0
ڃ		Organizations that do not follow SFAS 117 (ASC 958), check				
Y.		complete lines 30 through 34.				
ţŞ	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building, or equipment			31	
As	32	Retained earnings, endowment, accumulated income, or o			32	
Ě	33	Total net assets or fund balances		11,184	33	18,666
_	34	Total liabilities and net assets/fund balances	<u> </u>	11,184	34	18,666
_						

orm 99	90 (2012)			Pa	ıge 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u></u> .	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,003	
2	Total expenses (must equal Part IX, column (A), line 25)	2		88,521		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,482		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5		0		
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-			
	33, column (B))	10		1	8,666	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	<u> </u>			
				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," ex	plaın ır	1		1	
	Schedule O.				ļ	
2a	J				<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled oi	·		1 !	
	reviewed on a separate basis, consolidated basis, or both:				i	
	Separate basis Consolidated basis Both consolidated and separate basis					
b			_2b		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	1		1	
	separate basis, consolidated basis, or both:				1 :	
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	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, ex	ıplaın ır	1		1 .	
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir			1	
	the Single Audit Act and OMB Circular A-133?		_3a	<u> </u>	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıudıts	3b			

Form **990** (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

### **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

Employer identification number

Open to Public Inspection

**HANA ARTS** 99-0340564 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 11 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 ill-Functionally integrated **d** Type III-Non-functionally integrated e 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) 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your the organization in organization in col (described on lines 1-9 organization support col (i) of your governing document? (i) organized in the US? above or IRC section. support? (see instructions)) Yes Yes Yes Nο No No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
Sacti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	stea below, p	lease comple	ele Part III.)	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and	(a) 2008	(b) 2009	(6) 2010	(d) 2011	(e) 2012	(i) iotai
•	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	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)						
6	Public support. Subtract line 5 from line 4.						<u> </u>
	on B. Total Support		1			1	T
_	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					<u> </u>	<del></del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	~			-		
	organization, check this box and stop he			<u> </u>	· · · · ·	· · · <u>· · · · · · · · · · · · · · · · </u>	<b>▶</b> □
	on C. Computation of Public Support					T	
14	Public support percentage for 2012 (line		•			14	<u> %</u>
15 16a	Public support percentage from 2011 Sci 331/3% support test—2012. If the organi					15 1 mg/s or more (	mback this
IVa	box and <b>stop here</b> . The organization qua						•
ь	331/3% support test—2011. If the organ	•		_			
_	check this box and stop here. The organ						▶ □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop here.	l line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets th	e "facts-and-c	ercumstances' stances" test.	' test, check t	this box and s	top here.
18	Private foundation. If the organization d	id not check a			a, or 17b, che	ck this box and	_

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	Section A. Public Support								
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received (Do not include any "unusual grants")	134,972	77,234	37,026	42,149	82,897	374,278		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,906	7,482	2,084	3,184	13,037	35,693		
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								
6	Total. Add lines 1 through 5	144,878	84,716	39,110	45,333	95,934	409,971		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с 8	Add lines 7a and 7b						400.071		
Secti	on B. Total Support						409,971		
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
9	Amounts from line 6	144,878	84,716	39,110	45,333	95,934	409,971		
10a		1,11,070	3 1,7 13	33,113	10,000	53,00			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b			<u> </u>					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	148	387	0	61	0	596		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	145,026	85,103	39,110	45,394	95,934	410,567		
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)		
Secti	on C. Computation of Public Support								
15	Public support percentage for 2012 (line			3, column (f))		15	99.86 %		
16	Public support percentage from 2011 Sci		•			16	99.89 %		
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·					
17	Investment income percentage for 2012			y line 13, colur	nn (f))	17	0 %		
18	Investment income percentage from 201					18	0 %		
19a	331/23% support tests—2012. If the organity is not more than 331/23%, check this box	ization did not	check the box	on line 14, ar	nd line 15 is m				
b	331/3% support tests—2011. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and		
20	Private foundation If the organization d		_				_		

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
General Ex	xplanation - Line 12. Interest income.							
<del></del> -								
	······································							
<del>-</del>								
	<del></del>							

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No 1545-0047

**2012** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b

Attach to Form 990. ▶ S

99-0340564 HANA ARTS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . 2a **b** Total acreage restricted by conservation easements . . . . . . . . c Number of conservation easements on a certified historic structure included in (a) . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . . . . Assets included in Form 990, Part X

Part							
3	Using the organization's acquisition, collection items (check all that apply):		nd other records, ch	eck any of th	e follov	ving that are a	significant use of its
а	Public exhibition		d 🗌 Loa	an or exchang	je prog	rams	
b	Scholarly research		e 🔲 Oth	ner	. <b></b> -		
C	☐ Preservation for future generations						
4	Provide a description of the organization XIII.	tion's collection	ons and explain how	v they further	the org	janization's exe	mpt purpose in Part
5	During the year, did the organization	solicit or rec	eive donations of ai	t, historical tr	easure	s, or other simil	ar
	assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra	angements.	Complete if the c	organization a	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amour	t on Form 9	90, Part X, line 21.				
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian o	r other intermediary	for contribut	ions or	other assets n	ot □ Yes □ No
b	If "Yes," explain the arrangement in P	art XIII and co	mplete the following	g table:			
	•					<i>F</i>	Amount
С	Beginning balance				10	:	
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amoun	nt on Form 99	0, Part X, line 21? .				☐ Yes ☐ No
b	If "Yes," explain the arrangement in P						
Par	V Endowment Funds. Compl						
		(a) Current ye	ar (b) Prior year	(c) Two year	rs back	(d) Three years bad	k (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and			Į			
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f ~	Administrative expenses	<del></del>		-			<del></del>
g 2	End of year balance	the current ve	ar and halance (line	1g. column (a	)) bold		<del></del>
a	Board designated or quasi-endowme	nt 🟲	ai eilu balaile (iile	rg, coluitii (a	i)) Held	as	
b							
c	Permanent endowment ►  Temporarily restricted endowment ►		%				
·	The percentages in lines 2a, 2b, and 2		<b>-</b> 1.1				
За	Are there endowment funds not in th			that are held	and ad	ministered for t	he
	organization by:	•	Ü				Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related organ	izations listed	l as required on Sch	edule R? .			3b
4	Describe in Part XIII the intended use	s of the organ	ization's endowmen	it funds.			
Part	VI Land, Buildings, and Equip	oment. See	Form 990, Part X,	line 10.			
	Description of property		st or other basis (b) Co evestment)	ost or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land		0	0			0
b	Buildings		0	0		0	0
C	Leasehold improvements		0	0		0	0
d	Equipment		19,460	0		17,768	1,692
e	Other	·	0	0		0	0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Fo	rm 990, Part X, colu	mn (B), line 10	0(c).)	<u> ▶  </u>	1,692

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.
(á	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	I derivatives		
	held equity interests		
(A)	•		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
	(b) must equal Form 990, Part X, col. (B) line 12) ►	1 0 - 5 000 D-+ V	line 40
Part VIII	Investments—Program Related	<u> </u>	T
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		-	
(5)			
(6)			
<u>(7)</u>			
(8)	<del></del>		
(9)			
(10)	(b) must equal Form 000 Part V and (D) line 12 )		
	(b) must equal Form 990, Part X, col (B) line 13) ►	1 V 1 = 15	
Part IX	Other Assets. See Form 990, Pa	a) Description	(b) Book value
(4)	(c	b) Description	(b) Dook value
(1)		-	
(2)			
(3)			
(4)	<del></del>		
(5)		·	
<u>(6)</u> (7)	<del></del>		
(8)			
(9)	<del></del>		
(10)	<del></del>	-	
	umn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	
Part X	Other Liabilities. See Form 990,		
1.	(a) Description of liability	(b) Book value	1
(1) Federa	l income taxes		7
(2)			
(3)			1
(4)			1
(5)			]
(6)			]
(7)			
(8)			
(9)			
(10)			
(11)			]
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		1
2. FIN 48 (A	SC 740) Footnote. In Part XIII, provide the		ganization's financial statements that reports the organization
			the footnote has been provided in Part XIII
		· · · · · · · · · · · · · · · · · · ·	Schedule D (Form 990) 20

	e D (Form 990) 2012		Mith Davanua	Dotu	Page 4
_	XI Reconciliation of Revenue per Audited Financial Staten			retui	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	s.,			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اموا		i	
а	Net unrealized gains on investments	2a 2b			
b	Donated services and use of facilities	<del> </del>			
C.	Recoveries of prior year grants	2c 2d			
d	Other (Describe in Part XIII.)			20	
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b		·		
b	Other (Describe in Part XIII.)			40	
С 5	Add lines <b>4a</b> and <b>4b</b>			4c	
	XII Reconciliation of Expenses per Audited Financial State				hurn
	Total expenses and losses per audited financial statements			1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25			┝∸┤	
_	Donated services and use of facilities	2a			
a		2b		1	
b	Prior year adjustments	2c		1	
C	Other losses	2d	<u> </u>		
d	Add lines 2a through 2d			2e	
_	Subtract line 2e from line 1			3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	 	۳	
4	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
		4b		1	
	Add lines 4a and 4b		<u> </u>	4c	
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I			5	
	XIII Supplemental Information	10.7	<u> </u>		
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, ar, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and liation.	4b. Also	complete this part to	prov	ide any additional
		· <b></b>		<b>-</b>	
		·			

#### Sunnamental Information to Form 9911 or 9911 F7

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

Open to Public Inspection

ZUTZ

Employer identification number

99-0340564

Department of the Treasury Internal Revenue Service Name of the organization

**HANA ARTS** 

► Attach to Form 990 or 990-EZ.

Form 990, Part VI, Section B, Line 11b - THE ORGANIZATION RECORDED THE MINUTES OF THE BOARD OF DIRECTORS MEETINGS FOR REFERNECE AND RECORDS Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THRU THE WEBSITE Form 990, Part IX, Line 1 - n/a