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DLN: 93493198001494

# 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)

OMB No 1545-0047

Open to Public

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

	i teveriue							Inspection
A Fo	rthe 2	2012 cale		g 10-01-2012 , 2012, and ending 09-	30-2013			
		plicable	C Name of organization PACIFIC HISTORIC PARKS			D Emplo	yer ide	ntification number
Add	Iress cha	ange	Doing Business As			99-0	19450	1
┌ Nar	ne char	nge	Doing Business As					
┌ Inıt	ıal retur	'n	Number and street (or P O box if r	nail is not delivered to street address) Room/s	suite	E Teleph	one num	nher
┌ Ter	mınated	i	94-1187 KA UKA BLVD			· ·		
┌ Am	ended r	eturn	City or town, state or country, and			(808)	954-8	3777
		pending	WAIPAHU, HI 96797					÷ 11 FFC 110
, ,,,,,,	, iii da tio i i	penang	E Name and address of his	noinal officer	T ,			\$ 11,556,419 
			<b>F</b> Name and address of property AILEEN UTTERDYKE	пстрат опісет	H(a)	Is this a group affiliates?	returr	n for
			94-1187 KA UKA BLVD			aiiiiaces		, 105, 116
			WAIPAHU,HI 96797		H(b)			ıded?
	x-exem	pt status	▼ 501(c)(3)	(insert no )	1	If "No," attacl	n a list	(see instructions)
		•			H(c)	Group exemp	tıon nu	mber ►
J W	ebsite	:⊫ ww	W PACIFICHISTORICPARKS (	ORG				
<b>K</b> Forn	n of org	janization	Corporation Trust Association	on Cother ►	<b>L</b> Ye	ar of formation 1	979 <b>M</b>	State of legal domicile HI
Pa	rt I	Sumi	mary					
Activities & Governance	F F S	FOUR NA HISTORI SERVICE	ATIONAL PARK SERVICE SITI TC PRESERVATION, DEVELOR E TO PROVIDE EDUCATIONA	S EDUCATIONAL, SCIENTIFIC, ANI ES THAT ARE SERVED IN THE PACI PING EDUCATIONAL PRODUCTS, A L OPPORTUNITIES FOR PEOPLE OF RSTAND THE EVENTS THAT OCCUP	FIC THI ND WOR FALLAG	IS SUPPORT II KING WITH TH GES OUR MISS	NCLUD IE NAT SION I:	ES FUNDING FOR TONAL PARK S TO ENSURE THAT
<u>රි</u>								
×6	2 (	Theck th	s box 🞮 If the organization di	scontinued its operations or disposed	of more	than 25% of its	s net as	ssets
<u>କ</u>	   3 N	Number	of voting members of the govern	ning body (Part VI, line 1a)			з	17
Ĕ				of the governing body (Part VI, line 1b			4	17
্ব			•	calendar year 2012 (Part V, line 2a)	•		5	7 2
			nber of volunteers (estimate if r	·			6	40
	   7a⊺	otal unr	elated business revenue from P	art VIII, column (C), line 12			7a	26,463
				rom Form 990-T, line 34			7b	-764
						Prior Year		Current Year
	8	Contrib	outions and grants (Part VIII, I	ne 1 h)		991,	122	677,871
Revenue	9	Progra	m service revenue (Part VIII, I	ıne 2g)		851,	054	1,085,067
9.46	10	Invest	ment income (Part VIII, colum	n (A), lines 3, 4, and 7d)		198,	183	357,130
芷	11	Other	evenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		2,951,	743	3,454,433
	12			(must equal Part VIII, column (A), lii	ne	4,992,	102	5,574,501
	12			IX, column (A), lines 1-3)		1,107,		953,341
	13 14			IX, column (A), line 4)		1,107,	0	953,541
	15			ee benefits (Part IX, column (A), lines				
\$	15	5-10)	s, other compensation, employ	ce belieffes (Fare IX, column (A), mies		2,335,	960	2,677,145
9	16a	Profess	sional fundraising fees (Part IX	, column (A), line 11e)			0	0
Expenses	ь	Total fur	ndraısıng expenses (Part IX, column (D	o), line 25) <b>•</b> 449,107				
	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		1,499,	167	1,276,321
	18	Total e	xpenses Add lines 13-17 (mu	st equal Part IX, column (A), line 25)		4,942,	411	4,906,807
	19	Revenu	ie less expenses Subtract line	18 from line 12		49,	691	667,694
\$ \$					Be	ginning of Curre	ent	End of Year
e e e e e e e e e e e e e e e e e e e		T. 6-1-	(D+-)/			Year	225	12.466.022
A.S.	20 21		ssets (Part X, line 16)			12,526,		13,466,833
Not Assets or Fund Balances	21		abilities (Part X, line 26)	line 21 from line 20	-	3,157, 9,368,		3,120,330
	122 11 II		ature Block	me 21 nom me 20		,۵۵۵,	-T U Z	10,340,503
Unde my kr	r pena nowled	Ities of p	erjury, I declare that I have ex elief, it is true, correct, and cor	amined this return, including accompa nplete Declaration of preparer (other				•
		****				2014-06-25		
Sign		Signat	ture of officer			Date		
Here			N UTTERDYKE CFO					
			or print name and title					
_		Pr C	nnt/Type preparer's name ATHA LEE COMBS	Preparer's signature	Date 2014-06-2	Check if self-employed	PTIN P0084	9598
Paid	ľ	-	m's name WIKOFF COMBS & CO	1		Firm's FIN - 6		

Firm's address ► 1001 BISHOP ST STE 2760

HONOLULU, HI 96813

Preparer

**Use Only** 

Phone no (808) 791-1414

✓ Yes No

	<u> </u>				
Par	<b>Statement of Program</b> Check if Schedule O contain				٦
1	Briefly describe the organization's	mission			
	SUPPORT THE NATIONAL PARK SE I IN THE PACIFIC AND OTHER PA		ON, DEVELOPMENT	, PRESERVATION, AND INT	ERPRETATION OF
*****	TIN THE FACILITY AND OTHER FA	CITIC HISTORIC SITES			
	Did the organization undertake any	cianificant program corvice	s during the veer whi	sh ware not listed on	
2	the prior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?			ts, any program	┌ Yes ┌ No
	If "Yes," describe these changes or	n Schedule O			
4	Describe the organization's programexpenses Section 501(c)(3) and 5 the total expenses, and revenue, if	01(c)(4) organizations are r	equired to report the		
4a	(Code ) (Expense	s \$ 2,846,849 includ	ling grants of \$	) (Revenue \$	1,085,067 )
	THE STORY OF THE DECEMBER 7TH 1941 PARKS (PHP) WORKS IN CLOSE COOPER/ (WWII VALOR) TO ENSURE THESE STORIE HARBOR AND THE USS ARIZONA MEMORI FINANCIALLY SUPPORTED BY PHP INCLUD ALLOW STUDENTS FROM AROUND THE WORKSHOP FOR EDUCATORS WHO TEAC ORIENTATION MATERIAL, WHICH IS OFFE ON MORE THAN 20 LOCATIONS WITHIN TINCLUDES COMMENTARY FROM PEARL HAPORTION OF THE CURATORIAL PROGRAM THE PARK'S COLLECTION ARE APPROPRIA OF ORAL HISTORIES OF PEARL HARBOR S	ATION WITH NATIONAL PARK SERVES ARE TOLD TOGETHER, PHP AND ALL EDUCATIONAL PROGRAMS OFF OF OWNSITE VISITS BY MORE THAN ORLD TO INTERACT WITH PEARL HEAM AMERICAN HISTORY PACIFIC HEAM FOR THE WAYSIE ARBOR SURVIVORS AS WELL AS NATHER PACIFIC INTELY CATALOGED AND PROTECTEINTELY CATALOGED AND PROTECTEINTS.	ICE (NPS) LEADERSHIP A'D NPS WORK TO PROMOT ERED AT WORLD WAR II N 30,000 SCHOOL CHILDRE IARBOR SURVIVORS OR O ISTORIC PARKS ALSO FUN GUAGES THE USS ARIZON DE EXHIBITS, ONSITE MUS TIONAL PARK SERVICE HI NATIONAL MONUMENT, AS D PACIFIC HISTORIC PAR	I WORLD WAR II VALOR IN THE PACI E EDUCATION AND ENHANCE VISITO I VALOR IN THE PACIFIC NATIONAL MC N EACH YEAR, MORE THAN 25 TELEC THER SUBJECT MATTER EXPERTS, A IDS THE DEVELOPMENT AND PRINTIN IA MEMORIAL AUDIO TOUR PROVIDES EUMS, AND THE USS ARIZONA MEMO STORIANS PACIFIC HISTORIC PARKS ISURING THE DOCUMENTS, PHOTOGICKS CONTINUES TO FINANCIALLY SUFICE.	FIC NATIONAL MONUMENT R EXPERIENCE AT PEARL NUMENT AND CONFERENCES, WHICH ND AN ANNUAL IG OF BASIC PARK IN-DEPTH INFORMATION IRIAL THE TOUR RALSO FUNDS A LARGE RAPHS AND OBJECTS IN
	(Code ) (Expanse	s \$ 1,048,836 includ	ling grants of \$	953,341 ) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
4b	(Code ) (Expense PACIFIC HISTORIC PARKS SUPPORTS THE	, , ,	,	, , , ,	) IENT THIS SUPPORT
	INCLUDES EVENT MANAGEMENT, PROGR SEATING, AND OTHER EVENT-RELATED N STATES, FAMILY AND FRIENDS IN ADDITIOTHER NATIONAL PARKS IN THE PACIFIC HISTORICAL PARK ON GUAM FINANCIAL DEVELOP AND INSTALL NEW EXHIBITS AT PROGRAMS, STAFF SUPPORT FOR EDUCA SUPPORT FOR THE OPENING OF THE NEW INCLUDED FUNDING FOR THE ANNUAL ECAS WELL AS THE RIDGE TO REEF SCHOOL INCLUDED SUPPORT OF THE PARK'S CUR CELEBRATION	EEDS THE EVENT IS NOT ONLY OF CON TO OUR WORK AT WWII VALOW KALAUPAPA NATIONAL HISTORIC. SUPPORT FOR WAR IN THE PACIFICATIONAL PROGRAMS BOTH IN THE INVISITOR CENTER FACTIONAL PROGRAMS BOTH IN THE INVISITOR CENTER COMPLEX FINANCION FAIR PRESENTATION DEVELOPE. OUTREACH PROGRAM FINANCIAL	EN TO THE PUBLIC BUT A R IN THE PACIFIC NATION AL PARK, AMERICAN MEM C NATIONAL HISTORICAL ACILITY, FUNDING OF THE PARK AND AS PART OF AN ANCIAL SUPPORT FOR AM ID IN COOPERATION WITH L SUPPORT FOR KALAUPAN SUPPORT FOR KALAUPAN	LSO ATTENDED BY SURVIVORS FROM IAL MONUMENT, PACIFIC HISTORIC I ORIAL PARK ON SAIPAN, AND WAR II PARK ON GUAM DURING THIS PERICE REEF RANGER CAMP AND JUNIOR FOOUTHEACH PROGRAM TO LOCAL SCERICAN MEMORIAL PARK IN SAIPAN ITHE NATIONAL PARK SERVICE AND PA NATIONAL HISTORICAL PARK DUR	I ALL ACROSS THE UNITED PARKS SUPPORTS THREE IN THE PACIFIC NATIONAL OD INCLUDED FUNDING TO RANGER ACADEMY HOOLS, AND LOGISTICAL DURING THIS PERIOD THE LOCAL COMMUNITY, ING THIS PERIOD
4c	(Code ) (Expense	s \$ includ	ing grants of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O )			
	(Expenses \$	including grants of \$	)	(Revenue \$	)
4e	Total program service expenses	3,895,685			

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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 $IV^{\bullet}$	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e		No
f	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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)								
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	Yes						
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		No					
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		No					
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		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?								
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?								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No					
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		No					
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		No					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)								
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No					
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	Yes						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No					
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		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No					
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		No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b							
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No					
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		No					
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	Yes						

a i	Check if Schodule O centains a response to any question in this Bart V			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   37			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
а	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			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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		N
)	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	-		
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
•	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management **1a** Enter the number of voting members of the governing body at the end of the tax 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . Nο 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Nο 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . Yes 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 . . . . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 13 Yes Yes 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . 15a Yes 15b Yes 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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed HI, AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY,

- List the States with which a copy of this Form 990 is required to be filed HI, AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NC, ND, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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 organization ►THE ORGANIZATION 94-1187 KA UKA BLVD WAIPAHU, HI (808) 954-8777

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

Check if Schedule O contains a response to any question in this Part VII  $\,\cdot\,\,\cdot\,\,\cdot\,\,$ .

#### 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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot ecto	not box h ar or/tr	ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) NEIL A SHEEHAN	10 00	х						0	0	C	
CHAIRMAN											
(2) NOEL W BRAGG	4 00	х						0	0	C	
VICE-CHAIRMAN (3) KWAI S YOUNG	4 00				$\vdash$						
		х						0	0	C	
SECRETARY  (4) JEFF BELL	4 00										
	4 00	х						0	0	C	
TREASURER (5) ALAN R MATTSON	4 00										
	1 00	х						0	0	C	
DIRECTOR (6) ALBY L SAUNDERS	4 00										
	4 00	х						0	0	C	
DIRECTOR (7) ALFRED B RODRIGUES	4 00										
	4 00	х						0	0	C	
DIRECTOR (8) CLIF PURKISER	4 00										
	4 00	х						0	0	C	
DIRECTOR (9) COLETTE J HIGGINS	4 00				$\vdash$						
	4 00	х						0	0	C	
DIRECTOR (10) DWIGHT L COBB	4 00										
	4 00	х						0	0	C	
DIRECTOR  (11) CEOFEREY M WHITE	1.00										
(11) GEOFFREY M WHITE	4 00	×						0	0	C	
DIRECTOR (12) GEORGE E SULLIVAN	4.00			_	$\vdash$	<u> </u>					
	4 00	x						0	0	C	
DIRECTOR (13) JAMES K SYLVA	4.00			_	$\vdash$	<u> </u>					
	4 00	×						0	0	C	
DIRECTOR (14) JAMES M BOERSEMA	4.00										
	4 00	×						0	0	C	
DIRECTOR  (15) LOACHTM B COV	100				_						
(15) JOACHIM P COX	4 00	×						0	0	C	
DIRECTOR  (16) PATRICIA A LUCAS					_						
(16) PATRICIA A LUCAS	4 00	×						0	0	C	
DIRECTOR					_						
(17) ROBERT Q BRUHL	4 00	×						0	0	O	
									· ·	•	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl x, unle n office rustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estima amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz and rel organiza	ated
	BRAD WALLIS	40 00			x				93,870		0		8,167
	IDENT & CEO AILEEN UTTERDYKE	40 00									+		
. ,		40 00			×				83,615		0		6,617
	NG PRESIDENT & CEO  CARLTON KRAMER	40 00									+		
	= MARKETING						Х		104,400		0		16,420
<i>.</i> . OI						f					+		
											+		
											十		
											+		
											+		
											$\perp$		
											$\top$		
											+		
											+		
1b	Sub-Total						<b>•</b>						
C	Total from continuation sheets to Part	VII, Section A		•	•		▶						
d	Total (add lines 1b and 1c)				•		<b>P</b>		281,885	0			31,204
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than				
3	Did the organization list any <b>former</b> offi	cer, director or	trustee	e, ke	y em	nplo	yee, o	r hig	jhest compensate	d employee		Yes	No
	on line 1a? If "Yes," complete Schedule J	for such ındıvıa	ual .	•	•			•			3		No
4	For any individual listed on line 1a, is th									om the			
	organization and related organizations of individual	reater than \$1	50,000	ינ If 	Yes	5," C	omplei -	re Sc •	cneaule J for such		4		N o
5	Did any person listed on line 1a receive services rendered to the organization?		•						-	idividual for			No_
	organization.	,, comple			_ , 01	240	puis			· · · <u>·</u>	5		No_
Se	ection B. Independent Contracto	rs											
1	Complete this table for your five highes compensation from the organization Re	port compensa							ling with or within	the organization		ax year	
(A) (B) Name and business address Description of services									(B) on of services		(C) Compen		
											#	F	
											+		
											$\pm$		
											T		
2	Total number of independent contractors	(including but i	not lim	ited t	o th	iose	listed	ı abo	ove) wno received	more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99			-					Page <b>S</b>
Part V	4111		f <b>Revenue</b> ile O contains a respon	se to any question i	n this Part VIII .  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								512,513,or 514
	1a	Federated camp	paigns 1a					
ant	ь	Membership due	es <b>1b</b>	95,630				
بي و بيا	С	Fundraising eve	nts <b>1c</b>					
iffs, ar A	d	Related organiza	ations 1d					
£, E	e	Government grants	(contributions) <b>1e</b>					
ions Si Si	f	All other contributio	ns, gifts, grants, and <b>1f</b>	582,241				
Contributions, Gifts, Grants and Other Similar Amounts	_	sımılar amounts not Noncash contributio						
ĒĢ.	g	1a-1f \$	ons included in lines	19,338				
S E	h	Total. Add lines	1a-1f	· · · · •	677,871			
<u> </u>				Business Code				
Program Service Revenue	2a	AUDIO TOUR INCOM	ME	900099	1,085,067	1,085,067		
<u> </u>	b							
MCA	C							
ð.	d							
Ta L	e f	All other progra	m service revenue					
္န	Ι΄		l					
	g		2a-2f		1,085,067			
	3		ome (including dividend ir amounts)		231,295			231,29
	4	Income from invest	tment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties			603			60
	63	Gross rents	(ı) Real	(II) Personal				
	6a b	Less rental						
	c	expenses Rental income						
		or (loss)	me or (loss)					
	d		(i) Securities	(II) Other				
	7a	Gross amount		(ii) o thei				
		from sales of assets other	2,678,459					
	ь	than inventory Less cost or						
		other basis and sales expenses	2,552,624					
	c	Gain or (loss)	125,835		425.025			425.02
	d ga		s)	· · · · •	125,835			125,83
Φ	8a	Gross income fr events (not incl	_					
Other Revenue		\$	reported on line 1c)					
ě		See Part IV, line						
<u>ب</u> ت			a					
ŧ	C D		oenses <b>b</b> [ loss) from fundraising e	avents <b>-</b>				
0			om gaming activities					
		See Part IV, line	e 19					
	ь	less directeur	a penses b					
	c		loss) from gaming activ	vities				
	10a	Gross sales of i		-				
		returns and allo	wances . a	6,852,144				
	Ь	Less cost of an	oods sold <b>b</b>	3,429,294				
	1		loss) from sales of inve		3,422,850			3,422,850
		Miscellaneous		Business Code				
	11a	BOOK/GIFT SH	IOP SALES - NET	453220	13,668		13,668	
	ь	ATM TRANSAC	TION FEE	900099	12,795		12,795	
	С							
	d	All other revenu	ie		4,517			4,517
	e	<b>Total.</b> Add lines	11a-11d		30,980			
	12	Total revenue.	See Instructions		5.574.501	1.085.067	26,463	3.785.100

1,085,067

5,574,501

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	<u>rt IX</u>			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	953,341	953,341		
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	278,959	121,972	98,919	58,068
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	1,813,580	1,523,607	78,610	211,363
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	395,602	333,610	29,130	32,862
10	Payroll taxes	189,004	154,984	17,010	17,010
11	Fees for services (non-employees)				
а	Management				
b	Legal	33,619		33,619	
c	Accounting	46,716		46,716	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	66,158		66,158	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,308	39,082	12,113	2,113
12	Advertising and promotion	123,871	112,516	12,113	11,355
13	Office expenses	101,706	46,597	37,773	17,336
14	Information technology	101,700	40,337	37,773	17,550
15	Royalties				
16	Occupancy	15,822		15,822	
17	Travel	13,822		13,822	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,190	38,312	15,878	
20	Interest	41,158		41,158	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	167,391	131,926	13,952	21,513
23	Insurance	52,183	42,810	5,961	3,412
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)				
а	OTHER EXPENSES	171,267	105,441	14,434	51,392
b	REPAIRS AND MAINTENANCE	121,189	89,485	25,546	6,158
c	CREDIT CARD AND OTHER B	112,310	108,977	2,709	624
d	DIRECT MAILING	89,708	67,300	6,507	15,901
е	All other expenses	25,725	25,725		
25	Total functional expenses. Add lines 1 through 24e	4,906,807	3,895,685	562,015	449,107
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	408,022	1	161,049
	2	Savings and temporary cash investments	5	2	674,283
	3	Pledges and grants receivable, net	419	3	0
	4	Accounts receivable, net	4,456	4	236,725
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	,,,,,	-	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Se	_			6	
Assets	7	Notes and loans receivable, net	000 054	7	4 005 000
	8	Inventories for sale or use	923,651	8	1,025,300
	9 10a	Prepaid expenses and deferred charges	123,904	9	73,822
	ь	Part VI of Schedule D  Less accumulated depreciation		10c	3,924,889
	11	Investments—publicly traded securities	6,916,373	11	7,318,735
	12	Investments—other securities See Part IV, line 11		12	<u> </u>
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	52,030	14	52,030
	15	Other assets See Part IV, line 11	,	15	,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,526,235	16	13,466,833
	17	Accounts payable and accrued expenses	770,173		818,313
	18	Grants payable	,	18	
	19	Deferred revenue		19	_
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
abi		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,387,580	23	2,302,017
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	D	3,157,753	25 26	3,120,330
	26	Total liabilities. Add lines 17 through 25	3,157,753	26	3,120,330
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	7,892,082	27	8,589,154
Ba	28	Temporarily restricted net assets	1,112,652	28	1,388,923
пd	29	Permanently restricted net assets	363,748	29	368,426
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,368,482	33	10,346,503
_	34	Total liabilities and net assets/fund balances	12,526,235	34	13,466,833

Pai	TEXT Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>		5.5	574,501
2	Total expenses (must equal Part IX, column (A), line 25)	2			906,807
3	Revenue less expenses Subtract line 2 from line 1	3			567,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 368,482
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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		10,3	346,503
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				l
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493198001494

**Employer identification number** 

OMB No 1545-0047

SCHEDULE A

Name of the organization

PACIFIC HISTORIC PARKS

(Form 990 or 990EZ)

Department of the Treasury 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.

2012

Open to Public Inspection

									99-0194		
Par				blic Charity Sta						ınstructior	ns.
	ganı			e foundation becaus							
1			-	on of churches, or as				section 170	(b)(1)(A)(i)	•	
2	<u></u>			in <b>section 170(b)(1</b>							
3				perative hospital se							
4				n organization operat	ted in conjun	ction with a	a hospital de	scribed in <b>s</b>	ection 170(b)	)(1)(A)(iii).	. Enter the
5	Г			ty, and state erated for the benefi	t of a college	or univers	ity owned or	operated by	/ a governme	ntal unit de:	scribed in
	•	_	•	A)(iv). (Complete P	_		,	'	. J		
6	Г		. , , , ,	local government or	•	al unit des	cribed in <b>sec</b>	tion 170(b)	(1)(A)(v).		
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public											neral public
8	described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )  A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )										
9	9 🗸 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										
		ıts sup	port from gr	oss investment inco	me and unre	lated busın	ess taxable i	ncome (les	s section 51	1 tax) from l	businesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b>	<b>509(a)(2).</b> (	Complete P	art III )		
10	Γ	An org	anızatıon or	ganızed and operated	dexclusively	to test for	public safety	y See <b>secti</b>	on 509(a)(4)		
11	$\Gamma$			ganized and operated							
				ly supported organız bes the type of supp						See <b>section</b>	<b>509(a)(3).</b> Check
				<b>b</b> Type II <b>c</b>						Non-functio	nally integrated
е	$\Box$			ox, I certify that the							
		other t	han foundat	on managers and otl							
_			1509(a)(2)			6	DC +b-+ .+	. T I T	II T	- III	
f			this box	received a written de	etermination	from the H	KS MALILIS 6	атурет, гу	pe II, or Typ	e III Suppo	rting organization,
g				2006, has the organi	zation accep	ted any gif	ft or contribu	tion from an	y of the		,
			ng persons?								
				rectly or indirectly o	•		-	h persons d	escribed in (	_	Yes No
				governing body of th		-	on?				Lg(i)
		• •	•	er of a person descri	• •		- 1 2				lg(ii)
L				lled entity of a perso						111	g(iii)
h		Provide	e the following	ng information about	the supporte	eu organiza	tion(s)				
	Nam	e of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	ou notify	(vi) I	s the	(vii) A mount of
	ıoqqı		(,	organization	organizati		the organ	•	organiza		monetary
orç	ya niza	ation		(described on	col (i) lis		ın col (i) suppo		col (i) or		support
				lines 1 - 9 above	your gove	US?					
				or IRC section <b>(see</b>	document?						
				instructions))		T	-	T	<u> </u>	T	
					Yes	No	Yes	No	Yes	No	
 Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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.)

Se	ction A. Public Support						_	
Cale	ndar year (or fiscal year beginning in) ▶	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,281,537	1,085,147	825,286	943,665	(	577,871	4,813,506
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	5,511,174	4,809,415	3,165,633	6,810,031	6,8	352,144	27,148,397
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	<b>Total.</b> Add lines 1 through 5	6,792,711	5,894,562	3,990,919	7,753,696	7,!	30,015	31,961,903
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
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							0
	amount on line 13 for the year							
с 8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c from line 6)							31,961,903
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	12	(f) Total
9	A mounts from line 6	6,792,711	5,894,562	3,990,919	7,753,696	7,5	30,015	31,961,903
L0a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	388,506	255,374	236,283	198,243	2	231,898	1,310,304
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	388,506	255,374	236,283	198,243	2	231,898	1,310,304
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,763	20,258	53,677	51,416		26,463	159,577
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				61,432			61,432
13	Total support. (Add lines 9, 10c,	7,188,980	6,170,194	4,280,879	8,064,787	7,7	88,376	33,493,216
14	11, and 12)  First five years. If the Form 990 is for check this box and stop here	or the organization	on's first, second,	third, fourth, or f	ifth tax year as a	501(c)(3	) organ	ization,
Se	ction C. Computation of Publ							, , , , , , , , , , , , , , , , , , ,
15	Public support percentage for 2012			13, column (f))		15		95 430 %
16	Public support percentage from 201		*			16		95 890 %
	ction D. Computation of Inve				(6))			
17 10	Investment income percentage for 2				n (r))	17		3 910 %
18	Investment income percentage from	<b>2011</b> Schedule A	a, Part III, line 1	/		18		3 520 %
10-	33 1/3% support tests—2012. If the		التناطيل ممام معمد		lina 1 F ''		v	ina 17

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493198001494

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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.

Open to Public Inspection

Interna	al Revenue Service	► Attach to Form	m 990. ► See separate instructions.		Inspection
	me of the organ			Emp	loyer identification number
				99-0	0194501
Pa		izations Maintaining Donor Adv		ınds	or Accounts. Complete if the
	organi	zation answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	Τ	(b) Funds and other accounts
1	Total number a	at end of year	(a) Donor advised funds	1	(b) Funds and other accounts
2		tributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
5	Did the organia	zation inform all donors and donor adviso organization's property, subject to the or		or advi	sed Yes No
6	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			
Pa	rt III Conse	ervation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part IV, line 7.
2	Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertifie	d historic structure
	easement on t	he last day of the tax year	Г		Held at the End of the Year
а	Total number o	of conservation easements		2a	ried at the thu of the real
b		restricted by conservation easements		2b	
c		servation easements on a certified histo	oric structure included in (a)		
d	Number of con	servation easements included in (c) acq ure listed in the National Register	· · · · •	2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ie organization during
	the tax year ►	<u> </u>			
4	Number of stat	tes where property subject to conservati	on easement is located 🕨		
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	llıng of	violations, and Yes No
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents d	luring the year
7	A mount of exp	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during	g the year
-	<b>►</b> \$				
8		nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ι)
9	balance sheet,	lescribe how the organization reports cor , and include, if applicable, the text of the	e footnote to the organization's financial		
Dar		on's accounting for conservation easeme		0+ O+l	hor Similar Assats
ŀĊ	Compl	ete if the organization answered "Y	es" to Form 990. Part IV. line 8.	oi Oti	ilei Siiilidi Assets.
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar assede, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revents held for public exhibition, education, o	or rese	arch in furtherance of public
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues i	included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets inc	luded in Form 990, Part X			<b>▶</b> \$
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		r finan	
а	Revenues incli	uded in Form 990, Part VIII, line 1			<b>▶</b> \$
	- ··· <del>-</del> ···	, ===,==			

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

Part	Organizations Maintaining Co	llections of Art	t, His	torical T	reası	ires, or O	the	r Similar <i>I</i>	\sse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, ch	eck any of	the fol	lowing that a	re a	sıgnıfıcant u	se of	ıts	
а	Public exhibition		d	┌ Loan	orexc	hange progr	ams				
b	Scholarly research		e	┌ Othe	r						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	aın hov	v they furth	er the	organızatıon	's ex	empt purpos	e ın		
5	During the year, did the organization solicit of							nılar	_		_
	assets to be sold to raise funds rather than t									Yes	▼ No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	) "Y	es" to Form	1990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving table		_					
								,	4 mou	nt	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year					L	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nation has	been p	rovided in P	art )	KIII			$\sqcap$
Pa	rt V Endowment Funds. Complete										
4 -	Danish of war halance	<b>(a)</b> Current year 373,572	(b	)Prior year	b (c)	Two years back	(d)	Three years bad	:k (e	Four ye	ears back
1a	Beginning of year balance	4,678		363,74	0				+		
b	Contributions	4,070		303,74			1		+		
С	Net investment earnings, gains, and losses	41,036		9,82	4						
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses	3,288									
g.	End of year balance	416,228		373,57	2						
2	Provide the estimated percentage of the curi	ent vear end halan	ce (lin	e 1a colun	n (a))	held as					
– a	Board designated or quasi-endowment	encycar ena baran	· · · · · · · · · · · · · · · · · · ·	c 19, coluii	(4))	nera as					
b	Permanent endowment ► 89 000 %										
c		000 %									
	The percentages in lines 2a, 2b, and 2c shot										
За	Are there endowment funds not in the posses	•	ation	that are hel	d and a	admınıstered	lfor	the			
	organization by	J								Yes	No
	(i) unrelated organizations				•		•		a(i)		No
	(ii) related organizations						•	· · ·	a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the				•		•		3b		
	t VI Land, Buildings, and Equipme				10.						
	Description of property			(a) Cost o basis (inve	r other	(b)Cost or of basis (othe		(c) Accumula depreciation		<b>(d)</b> Bo	ok value
				1		1,213	910	<u> </u>		:	1,213,910
	Buildings					2,040		141	,592		1,898,802
	Leasehold improvements					,					<u> </u>
	Equipment					1,554	195	824	,018		730,177
_ e	Other	<u></u>	•			82,	000				82,000
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			mn (B), lıne	10(c).	)		🕨			3,924,889
								Schedule	D (F	orm 9	90) 2012

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	<u>er Retur</u>	n
1	Total revenue, gains, and other support per audited financial statements	1	5,884,828
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	310,327
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,574,501
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	5,574,501
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	4,906,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,906,807
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	4,906,807

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE ORGANIZATION HAS COLLECTIONS OF ARTWORK THAT DEPICT EVENTS OF WORLD WAR II THAT ARE ON DISPLAY TO EDUCATE THE PUBLIC
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS INTERPRETED THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, THE ORIGINAL CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME OF THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THE STANDARDS OF PRUDENCE PRESCRIBED BY UPMIFA
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	MANAGEMENT IS REQUIRED TO ASCERTAIN THE EFFECT OF UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY EXAMINATION MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAX RETURNS ARE OPEN FOR EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE STATUTE OF LIMITATIONS (GENERALLY THREE YEARS) EXPIRES

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Schedule I

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

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

OMB No 1545-0047

DLN: 93493198001494

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Employer identification number

PACIFIC HISTORIC PARKS 99-0194501 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applicable valuation non-cash assistance or assistance grant cash (book, FMV, appraisal, or government assistance other) (1) NATIONAL PARK 953,341 FAIR MARKET AID FOR SERVICES VALUE **EDUCATION AND** 1 ARIZONA MEMORIAL MISSION-RELATED PLACE **ACTIVITIES** HONOLULU, HI 96818

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

	<i>\( \cdot \c</i>
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	1	I	1	I

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 MEETINGS ARE HELD WITH THE NATIONAL PARK SERVICE TO DETERMINE THE PROPOSED EXPENSES FOR THE UPCOMING YEAR APPROVAL OF THE AID REQUEST IS THEN PROVIDED AS EXPENSES ARE INCURRED THEY ARE SUBMITTED FOR PAYMENT UPON RECEIPT, EACH EXPENSE IS REVIEWED TO DETERMINE IF IT MEETS THE AUTHORIZED EXPENSES DETERMINED AT THE BEGINNING OF THE YEAR

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DLN: 93493198001494

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 2012

Open to Public Inspection

	nization ARKS						Em	ploye	r ident if	fication	numbe	r
								-0194				
	s Benefit Tran											
	te if the organizati of disqualified pers			between disc		c) Descri						rected?
<b>1 (a)</b> Name (	oi disquaimed pers			d organizatio		(C) Descrip	ption o	i tians	action	<del>  '</del>	No.	
2 Enter the am	ount of tax incurre	d by organiza	ation mana	agers or disg	ualified perso	ns during the	vearu	ınder s	ection			
4958									\$			
3 Enter the am	ount of tax, if any,	on line 2, abo	ove, reimb	oursed by the	organızatıon				<b>F</b> \$			
Part II Loai	ns to and/or F	rom Inter	ested D	ersons								
	plete if the organiz				·EZ, Part V, lı	ne 38a, or Fo	rm 990	o, Pari	t IV, lın	e 26, o	r ıf the	
orgar	nization reported a	n amount on l	Form 990,									
/- \ NI C					1		1				1	
(a) Name of	(b) Relationship				(e)Original			In	(h	-		ritten ment?
interested person	(b) Relationship with organization		(d) Loar or from organizat	the	(e)Original principal amount	<b>(f)</b> Balance due	(g) defa		(h Appro	ved	(i)Wi agree	
ınterested			or from organizat	the cion?	principal		defa	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
ınterested			or from	the	principal				A ppro	oved ird or		
ınterested			or from organizat	the cion?	principal		defa	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
ınterested			or from organizat	the cion?	principal		defa	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
interested			or from organizat	the cion?	principal		defa	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
ınterested			or from organizat	the cion?	principal		defa	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
ınterested			or from organizat	the cion?	principal		defa	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
interested person	with organization	of loan	or from organizat	From	principal amount		defa	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
otal Gran	with organization	of loan	To  **Sting Int	From erested P	principal amount	due	Yes	ult?	Appro by boa commi	oved ird or ttee?	agree	ment?
otal Gran	nts or Assistan plete if the organization (b) Rel	ce Benefit	or from organization To  To  sting Interest "Year of the content o	From erested P	principal amount ersons. m 990, Part	due	Yes	No	A pproby boa commi	oved ord or ttee?	Yes	ment?
otal  Part III Gran Comp	nts or Assistan plete if the organization pressure (b) Rel	ce Benefit nization ans ationship bet ted person ar	or from organization To  To  sting Interest "Year of the content o	From  From  erested Perested P	principal amount ersons. m 990, Part	: IV, line 27	Yes	No	A pproby boa commi	oved ord or ttee?	Yes	No
otal Part III Gran Comp (a) Name of inte	nts or Assistan plete if the organization pressure (b) Rel	ce Benefit	or from organization To  To  sting Interest "Year of the content o	From  From  erested Perested P	principal amount ersons. m 990, Part	: IV, line 27	Yes	No	A pproby boa commi	oved ord or ttee?	Yes	No
otal Part III Gran Comp	nts or Assistan plete if the organization pressure (b) Rel	ce Benefit nization ans ationship bet ted person ar	or from organization To  To  sting Interest "Year of the content o	From  From  erested Perested P	principal amount ersons. m 990, Part	: IV, line 27	Yes	No	A pproby boa commi	oved ord or ttee?	Yes	No
otal Part III Gran Comp	nts or Assistan plete if the organization pressure (b) Rel	ce Benefit nization ans ationship bet ted person ar	or from organization To  To  sting Interest "Year of the content o	From  From  erested Perested P	principal amount ersons. m 990, Part	: IV, line 27	Yes	No	A pproby boa commi	oved ord or ttee?	Yes	No

Part IV Business Transactions I Complete if the organizatio			e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) AL RODRIGUES & ASSOCIATES LLC	100% OWNED COMPANY OF BOARD MEMBER, ALFRED RODRIGUES	15,054	BOOK ROYALTIES		No	

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

<b>Ident if ier</b>	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493198001494

OMB No 1545-0047

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### **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Noncash Contributions** 

▶ Attach to Form 990. Internal Revenue Service

Inspection Name of the organization PACIFIC HISTORIC PARKS **Employer identification number** 99-0194501 Part I Types of Property (a) (b) (c) (d)  ${\sf Check}$ Number of contributions Noncash contribution Method of determining or items contributed amounts reported on noncash contribution amounts ıf applicable Form 990, Part VIII, line

				1 g							
1	Art—Works of art	Х	2	7,000	FAIR MARKET VAL	UE					
2	Art—Historical treasures .										
3	Art—Fractional interests										
4	Books and publications										
5	Clothing and household										
	goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities—Publicly traded .										
10	Securities—Closely held stock .										
11	Securities—Partnership, LLC, or trust interests										
12	Securities—Miscellaneous										
13	Qualified conservation contribution—Historic structures										
14	Qualified conservation contribution—Other										
15	Real estate—Residential .										
16	Real estate—Commercial										
17	Real estate—O ther										
18	Collectibles										
19	Food inventory										
	Drugs and medical supplies .										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
	Archeological artifacts										
	Other (INVENTORY)	Х	7	7,505	FAIR MARKET VAL	UE					
	LIGHTING FOR			·							
26	Other►( <u>BOOKSTORE</u> )	Χ	2	4,281	FAIR MARKET VAL						
27	Other►( <u>AIRFARE</u> )	Χ	1	552	2 FAIR MARKET VALUE						
28	Other ► ()										
29	Number of Forms 8283 received for which the organization comple				29						
	-		·				Yes	No			
30a	During the year, did the organiza	tion receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it						
	must hold for at least three years	s from the c	late of the initial contribution	on, and which is not require	d to be used						
	for exempt purposes for the entir					30a		No			
h	If "Yes," describe the arrangeme										
31	Does the organization have a gift	acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?										
b	If "Yes," describe in Part II				32a No						
33											

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493198001494

OMB No 1545-0047

2012

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

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization
PACIFIC HISTORIC PARKS

Employer identification number

99-0194501

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE WITH THE CONFLICT OF INTEREST IS SIGNED BY EACH BOARD MEMBER ANNUALLY AND PROVIDED TO THE ORGANIZATION FOR REVIEW OF ANY POTENTIAL DISCLOSURE
	FORM 990, PART VI, SECTION B, LINE 15	THE COMMITTEE VOTES ON THE PROPOSED COMPENSATION PACKAGES FOR BOTH PRESIDENT AND CFO, AND THE COMMITTEE'S RECOMMENDATION IS PRESENTED TO THE BOARD AS A WHOLE FOR APPROVAL THE PRES IDENT'S ACCOMPLISHMENTS ARE COMPARED WITH PRESET GOALS AND OVERALL PERFORMANCE OF DUTIES THE FINANCIAL CONDITION OF THE ORGANIZATION IS ALSO CONSIDERED THE PRESIDENT'S COMPENSATI ON AND BENEFITS ARE COMPARED TO ORGANIZATIONS DEEMED MOST SIMILAR TO PACIFIC HISTORIC PARK S
	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 UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493198001494 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return PACIFIC HISTORIC PARKS 99-0194501 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . . the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 167.819 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 167,819 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	ition (C	aution	: See t	he ii	ารtruct	ions for	r limits	for pa	asseng	jer au	tomob	<u>iles</u>
<b>24a</b> Do y ou hav e ev ider	nce to support t	the business/in	vestment ι	use claime	d? ┌ Yes	Гио		24	<b>b</b> If "Yes	," is the e	v idence	e written?	,	s L N	)
<b>(a)</b> Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	Cost o	or other (business/in				<b>(f)</b> Recovery period	very Method/		(h) Depreciation deduction		(i) Elected section 179 cost		179
<b>.5</b> Special depreciation allo 50% in a qualified busi	•		erty placed	in service	during the	tax year	and u	sed more		25					
<b>6</b> Property used more			business	use						<u> </u>					
		%													
		% %											+		
<b>7</b> Property used 50%	nrlessin a		SINASS IIS				l								
r roperty ascaso A	01 1000 111 0	%	3111033 43	,					S/L -						
		%							S/L -						
		%	27	4 I					S/L -						—
<b>28</b> Add amounts in co						ne 21, p	age	¹ L	28						
29 Add amounts in co	olumn (ı), lını					· .	•		<u> </u>			29			
omplete this section	for vehicles		ction B							'orrela	tad na	reon			
you provided vehicles to													se vehic	les	
<b>30</b> Total business/inv	vestment mi	les driven du	ring the		a)	(b	•		(c)	1 '	(d)	1 .	e)		f)
year ( <b>do not</b> inclu				Vehi	icle 1	Vehic	cle 2	V e	hicle 3	Veh	ıcle 4	Vehi	icle 5	Vehi	cle
<b>31</b> Total commuting i	milas drivan	during the ve													
_										+		<u> </u>			—
32 Total other persor	•									+					
<b>33</b> Total miles driven through 32 .	during the y	ear Add line	es 30												
<b>34</b> Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	T No
during off-duty ho					1	1		+	+	+	+	+	+		<del>                                     </del>
35 Was the vehicle us owner or related p	sed primarily	by a more t	han 5%												
<b>36</b> Is another vehicle		r personal us	se? .										†		T
		stions for		vers W	ho Pro	vide V	/ehi	cles fo	or Use	by Th	eir F	mploy	Lees		
nswer these questio % owners or related	ns to determ	ine if you me	et an exc											<b>not</b> mo	re tl
B7 Do you maintain a employees?				hibits all	personal	use of	vehic	les, inc	luding c	ommuti	ng, by	your	Y	es	No
													L		
38 Do you maintain a employees? See t															
<b>9</b> Do you treat all us	se of vehicles	s by employe	es as pe	rsonal us	e?										
<b>10</b> Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormation	n fron	n your e	mploye	es abou	t the u	se of			
, <b>I1</b> Do you meet the r				automobi	ıle demoi	nstratio	ท แระ	? (See	instruct	ions )				-+	
Note: If your answ	•	_	•					•		,					
	rtization	, 33, 40, 01 -	1113 16	3, 40 110	Comple	te Sect	1011 D	TOT LITE	COVERCE	Venicie					
Allio	T CIZACIOII	(b)								(e)					
(a) Description of c	osts	Date amortizatio begins	n	A mort a mo	ızable		C	( <b>d)</b> ode ction	A mo	rtizatior riod or entage:	A morti			<b>(f)</b> ization for s year	
<b>12</b> A mortization of co	sts that ben		ur 2012	tax vear	(see ins	truction	ıs)		1		1				
	- I I I I I I I I I I I I I I I I I I I	adming yo	1 2012	-un your	,555 1113		- /								
									_		1				
<b>13</b> A mortization of co	ete that had	an hefore ve	ur 2012 (	tay year						. 43					
43 Amortization of co	_	•		-	oro to re	nort .	•			43					—
ee iniai Annamolin'	. <b>.</b>	THE SEPTEMBLE	IIISTELLE ELO	uus ini∈w/n	HIP IN TA	O OFFI				1 444					