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SCANNED OCT OF

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.us.gov/form990 A For the 2013 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change HAWAII ASSOCIATION OF REALTORS Name change 23-7056154 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-1259 A'ALA STREET 733-7060 300 (808)Amende return 1,654,856. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending 96817 HONOLULU, HI H(a) is this a group return F Name and address of principal officer: NANCY DONAHUE - JONES Yes X No for subordinates? SAME AS C ABOVE JYes L H(b) Are all subordinates included? \_\_\_\_ 501(c)(3) LX 501(c) ( 6 (insert no.) If "No," attach a list. (see instructions) Tax-exempt status: Website: ► WWW. HAWAIIREALTORS. COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1972 M State of legal domicile, HI Part I Summarv Bnefly describe the organization's mission or most significant activities: THE PURPOSE OF HAWAII Governance ASSOCIATION OF REALTORS ("HAR") IS TO ENHANCE THE ABILITY OF Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 12 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 1606 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form **Prior Year Current Year** 2,500 Contributions and grants (Part VIII, line 1) 25,280. S-OSC 618,353 627,255. Program service revenue (Part VIII, line 2) Investment income (Part VIII, column A) ines 17,153 2,321 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 1,638,006 1,654,856 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. O. Benefits paid to or for members (Part IX, column (A), line 4) 0 800,201 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 873,613. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 846,890. 800,388. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 647.091 674,001. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <19,145. <9,085. Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 2,103,273.2,106,950. 20 Total assets (Part X, line 16) 881,457. 907,847. 21 Total liabilities (Part X, line 26) 221,816. 1,199,103. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is than officer) is based on all information of which preparer has any knowledge true, correct, and complete, Declaration of preparer tothe Signature of officer Sign NANCY DONAHUE-JONES, CHIEF EXECUTIVE OFFICER Here Type or print name and title MITT Print/Type preparer's name Preparer's signature ALAN M.L. YEE P00130314 Paid Firm's name KMH LLP 42-1539623 Preparer Firm's EIN 1003 BISHOP STREET, SUITE Use Only Phone no 808-526-2255 HONOLULU, HI 96813

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

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

Form **990** (2013)

Yes

J No.

Form 990 (2013) HAWAII ASSOC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 98-197 If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		<u> </u>
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?			Х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
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		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ļ	•
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	114		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		.,	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u>x</u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$\frac{\Lambda}{X}$
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-ra		_ <del></del> -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		v
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

## Form 990 (2013) HAWAII ASSOCIATION Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
44	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del> -
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		<del></del>	
£-70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		<del></del> -
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		_	_
Ŭ	any tax-exempt bonds?	24c		•
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			_
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	ļ		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		X
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	<u>X</u>	- <del></del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
^-	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del> -	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	20	X	1
	Note. All Form 330 meis are required to complete 3chequie o		990	(2012)
		rom	JJU	(2013)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable  c Did the organization comply with backup withholding jules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return  filed for the calendary year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3b Did the organization have unrelated businesses gross income of \$1,000 or more during the year?  3a X  1b If "Yes," has if filed a Form 980-T for this year? If "No," to line 8b, provide an explanation in Schedule O  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country   See enstructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did the organization shall may receive deductible contributions?  6a X  1f "Yes," did the organization include with every solicitation an express statement that such contributions or grift were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8a Uffection of the very section of the va		Check if Schedule O contains a response or note to any line in this Part V					X
tale Enter the number reported in Box 3 of Form 1096. Enter -0 in find applicable before the number of Forms W2G included in the 1st. Enter -0 in the applicable before the number of Forms W2G included in the 1st. Enter -0 in the applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) with naview withholding rules for reportable payments to vendors and reportable gaming (gamining) with naview with the year of the first of the celendar year ending with within the year of the first of the celendar year ending with within the year of the first of the celendar year ending with within the year of the first of the celendar year ending with within the year of the celendar year ending with 250, you may be required to e-fife (see instructions).  3						Yes	$\overline{}$
c Dut the organization comply with hackup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fee for the cellendar year ending with or within the year covered by this return.  1 In the control of the cellendar year ending with or within the year covered by this return.  Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  3 Did the organization have unrelated business gross soncere of \$1,000 or more during the year?  3 B. If Yes, "has if filed a form 990-T for this year? If Wo," to fire 4b, provide an explanation in Schedule O.  3 A Tany time during the calendar year, did the organization have an interest in, or a significant or other suthority over, a financial account, in drorigin country (such as a bank account, securities account, or other financial accounts.  4 A Tany time the name of the foregin country.  5 B. If Yes, "to line 6 a or 5b, did the organization have an interest in, or a significant or other suthority over, a financial account in a foreign country such as a bank account, securities account, or other financial accounts.  5 B. Was the organization by a prohibited tax sheller transaction or the financial accounts.  5 B. Was the organization and party to a prohibited tax sheller transaction at any time during the tax year?  5 B. Did any translate party notify the organization have an interest in, or a significant organization shell any accounts of the properties of the organization has a control to a prohibited tax sheller transaction?  5 B. Was the organization and gross receptor that are normally greater than \$100,000, and did the organization solicit any contributions?  5 B. Was the organization receive deductible as charitable contributions?  5 B. Was the organization receive and contribution of circle that are normally greater than \$100,000, and did the organization solicit and part	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
deambing) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, tied for the calendar year ending with or within the year covered by this return  12 b if at least one is reported on line 2a, did the organization lie all required federal employment tax returns?  Note. If the sum of lines 1a and 2 air genater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrielated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5b If Yes, "enter the name of the foreign country." IP.  5c Was the organization apply to a prohibited tax sheller transaction and the organization for Form TDF 90-22.1, Report of Foreign Bank and Financial accounts.  5c Was the organization apply to a prohibited tax sheller transaction at any time during the tax year?  5c Was the organization apply to a prohibited tax sheller transaction at any time during the tax year?  5c If Yes, "to line Sa or 5b, did the organization free Form 88861".  5c If Yes, "to line Sa or 5b, did the organization free Form 88861".  5c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or tax deductible contributions."  5c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions?  5c If Yes, "did the organization nebule and express provided?  5c If Yes," did the organization relieved sporeign and specific property for which it was required to the Form 8282?  6c If Yes," did the organization relieved a contribution of qualified intellectual property, did the organization file a Foreign 1098-C?  7c If If Yes, "did the organization	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  12 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3a A Tany time dumpt the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [w.c. the 3b, provide an explanation in Schedule O  3b If Yes, "enter the name of the foreign country [w.c. the same an interest in, or a signature or other authority over, a financial account in a foreign country [w.c. the same of the same of the foreign country [w.c. the same of the s	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
2a Eiter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year anding with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3		(gambling) winnings to prize winners?		•	1c		х
field for the calendary vaer ending with or within the year covered by this return    2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account;?  4 If "Yes," has it filled a Form 990." For this year? If "No," to line 30, provide an explanation in Schedule O  5 If "Yes," enter the name of the foreign country ▶  5 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did by 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?  6 Did 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?  7 Organizations that may receive deductible contributions under section 170(c).  8 Uffective that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Uffective that the organization include with every solicitation and parity for goods and servicts provided to the payor?  9 Did the organization netwer and notify the donor of the value of the goods or services provided?  10 Did the organization, during the year pay permiums, directly or indirectly, to pay permiums on a personal benefit contract?  10 Did the organization, during the year, pay permiums, directly or indirectly, on a personal benefit contract?  10 Did the organi			2a	12			
a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has if field a Form 980-T for this year? If "No," to fine 3b, provide an explanation in Schedule O  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!?  b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account!?  b If "Yes," the theory of the foreign country (such as a bank account, securities account, or other financial account!?  b If Yes," to the financial account! The foreign country (such as a bank account, securities account, or other financial account!?  5a Was the organization a party to a prohibited tax sheller transaction?  5b If Yes," to the financial account! The foreign between the security of the organization that it was or is a party to a prohibited tax sheller transaction?  5b If Yes," to the set of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If "Yes," to the set of 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions?  6b If Yes," did the organization notify the donor of the value of the goods or services provided?  7c If yes," did the organization received accountible to one of the value of the goods or services provided?  7d If Yes," indicate the number of Forms 8282 filed during the year  7e Did the organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization file a Form 1098-C?  7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7spensoring organizations maintaining	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ารว		2b	Х	
b If "Yes," has if field a Form 980.7 for this year" / If "No.1" to line 3b, provide an explanation in Schedule O  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 barik account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country Form DF 90.22.1, Report of Foreign Bank and Financial Accounts.  Sae instructions for filing requirements for Form DF 90.22.1, Report of Foreign Bank and Financial Accounts.  Sae with the program of the organization aparty to a prohibited tax shelter transaction?  Sae in Station of the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  Sae in Station of St		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  8 Was the organization approvious for Foreign Bank and Financial Accounts.  8 Was the organization that it was or is a party to a prohibited tax shelter transaction?  8 If "Yes," to line 5 or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  8 If "Yes," to line 5 or 55, did the organization that if was or is a party to a prohibited tax shelter transaction?  8 If "Yes," to line 5 or 55, did the organization that if was or is a party to a prohibited tax shelter transaction?  8 If "Yes," to did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 If the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor?  10 If "Yes," did the organization notify the doner of the value of the goods or services provided?  10 If the organization receive a payment in excess of \$75 made parity as a contribution and parity for which it was required to file Form 8282?  11 If "Yes," did the organization notify the doner of the value of the goods or services provided?  12 If "Yes," indicate the number of Forms 8282 filed during the year.  13 If the organization organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  14 If the organization exceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  15 If the organization received a contribution of qualified reliebelust property, did the organiza	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3а		Х
tranacial account in a foreign country (such as a bank account, securities account, or other financial account?)  b If "Yes," enter the name of the foreign country:  See instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Und any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Understand the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that term on tax dedicubles  6a X  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  7 Organizations that may receive deductible contributions under section 170(c).  a bill the organization stall may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8822?  d If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  5 Spensoring organizations maintaining denor advised funds and section 509(a)(3) sepporting organizations. Did the supporting organization make a distribution to a donor, donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Construction organization make a distribution to a donor, donor advised funds.  a Section 4947(a)(1) non-exemp	b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b 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.  5a Was the organization a party to a prohibited tax shelter transaction?  5b DI dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c CI if "Yes," to line Sa of Sb, did the organization file Form 888617  5a 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?  6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  b If "Yes," did the organization of the value of the goods or services provided?  7c If "Yes," did the organization of the value of the goods or services provided?  7c If "Yes," did the organization of the value of the goods or services provided?  7d If "Yes," did the organization of the value of the goods or services provided?  7c If "Yes," did the organization of undersective deductions of the goods or services provided?  7c If "Yes," did the organization of the value of the goods or services provided?  7e If the organization of undersective and the goods or services provided?  7f If the organization of undersective and the goods or services provided?  8g If the organization developed a contribution of qualified intellectual property	4a	At any time dunng the calendar year, did the organization have an interest in, or a signature or other	authoi	rity over, a			
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5a	b	If "Yes," enter the name of the foreign country:					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  d 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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization review a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization enceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization will be payor and a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  10 Did the organization make a distribution to a donor,		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
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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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of or cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 508(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Costion 501(c)(7) organizations. Enter:  a intation fees and capital contributions included on Part VIII, line 12  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  128 Section 501(c)(2) organizations. Enter:  a forsis income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  150 Section 501(c)(2) organization organization included on Part VIII, line 12  b If "Yes," enter the amount of t	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	•	5b		X
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9						_	
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Initiation fees and capital contributions included on Part VIII, line 12 c Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11b Initiation fees and capital contributions included on Part VIII, line 12 a Gross income from members or shareholders 11a Initiation fees included on Form 990, Part VIII, line 12 b Gross income from members or shareholders 11a Initiation fees included on Form 990, Part VIII, line 12 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Initiation fees included on Form 990 in lieu of Form 1041? 11b Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11b Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation fees included on Form 990 in lieu of Form 1041? 11c Initiation f					8		
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	9		•	<b>3 7</b>			
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Did the organization make any taxable distributions under section 4966?			9a		
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c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15c   Ida   X	b	·		1			
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		· · · · · · · · · · · · · · · · · · ·					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c				<del></del>
······································		• • • • • • • • • • • • • • • • • • • •					X
	b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eυ			000	

Form 990 (2013)

HAWAII ASSOCIATION OF REALTORS

23 - 7056154 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   32			
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4_		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
_	The governing body?	8a	X	<del> </del>
þ	Each committee with authority to act on behalf of the governing body?	8b		<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	رحا		
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	-
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14		<del> </del>
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	<u></u>
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed NONE  Section 5104 required on a proportion to make the Form 1023 (or 1024 if applicable), 000, and 000 T (Section 501(a)(3)) and			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply	avallab	иe	
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.	IQI	,0101	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	HAWAII ASSOCIATION OF REALTORS - (808) 733-7060			
	1259 A'ALA STREET, SUITE 300, HONOLULU, HI 96817			

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

Check if Schedule O contains a response or note to any line in this Part VII

 $\mathbf{x}$ 

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot	h an	( <b>D</b> ) Reportable compensation from	( <b>E</b> ) Reportable compensation from related	( <b>F</b> ) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUGHTY, STEPHANIE C	2.00									
IMMED PAST PRESIDENT		X	<u> </u>	X		<u> </u>		0.	0.	0
(2) NAKAMURA, JOYCE R	1.00	]						1		_
DIRECTOR AT LARGE	1.00	X						0.	0.	0
(3) BENTON, BRIAN C	1.00	Ų.				li				,
DIRECTOR AT LARGE	1.00	X		Щ.		├—	_	0.	0.	0
(4) NOGUCHI, NORMAN DIRECTOR AT LARGE	1.00	x						0.	0.	۸ ا
(5) O'BRIEN CHRISTINE T	1.00	^	H	_		╁		0.		0
DIRECTOR AT LARGE	1.00	x						0.	0.	0
(6) OSORNO FELIX B	1.00	<del> </del>	$\vdash$		-	$\vdash$		<del></del>		<del> </del>
DIRECTOR AT LARGE		x						0.	0.	0
(7) PAIKAI, JOE K K	1.00	<u> </u>		_		┢				
DIRECTOR AT LARGE	1.00	x				Ι,		0.	0.	0
(8) TSUKAMOTO, CHERIE L	1.00									<del></del>
DIRECTOR AT LARGE		x	•				ŀ	0.	0.	0
(9) WONG, WENDELL M Y	1.00									
DIRECTOR AT LARGE		X						0.	0.	0
(10) FARM, JODEE LL	2.00									
TREASURER		X		X				0.	0.	0
(11) ANDERSEN, MOANA L	2.00									_
EXEC COMM LIAISON		Х				L		0.	0.	0
(12) RICE, DONNA E	1.00					l				
MEMBER BOARD REPRESENTATIVE	1.00	Х	$oxed{oxed}$			$oxed{oxed}$		0.	0.	0
(13) BALL, KEONE J E	1.00								_	
DIRECTOR AT LARGE		Х	_			Ь.		0.	0.	0
(14) BEALL, MATTHEW G	2.00									
EXEC COMM LIAISON		Х				_		0.	0.	0
(15) HERBST, WAILANA R	1.00								^	٫ ا
MEMBER BOARD REPRESENTATIVE	1 00	X		_	<u> </u>	<u> </u>	-	0.	0.	0
(16) METCALF, NANCY D	1.00	x						0.	0.	۸ ا
DIRECTOR AT LARGE (17) MIYAMA, KEVIN E	1.00	┡	$\vdash$	<u> </u>	_	<del> </del>	<u> </u>	<del> </del>	<u> </u>	0
MEMBER BOARD REPRESENTATIVE	1.00	x	1					0.	0.	0

Part VII Section A. Officers, Directors, True		ploy	/ees			ighe	st (						
(A)	(B)				C) sitior	,		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week					is bot or/trus			compensation from related	1		nount other	οτ
	(list any	ğ			П	П		the	organizations	,		pensa	ition
	hours for	l dire				B	l	organization	(W-2/1099-MIS			om th	
	related	ste o	nstee			Ensa	l	(W-2/1099-MISC)			org	anızat	ion
	organizations	랿	l ag	ļ	loyee	ling a	1					d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	}			orga	anızatı	ons
(18) SCHRIEBER, MIKE W	1.00	Ĕ	Ĕ	Ē	<u>ş</u>	美を	윤	<del> </del>					
DIRECTOR AT LARGE	1.00	x				i		0.		0.			0.
(19) WARD, SHARLY G	1.00	<del> </del>	-	╁	$\vdash$	┼	┢		<del></del>	•			<u> </u>
DIRECTOR AT LARGE	1.00	x			1	1		0.		0.			0.
(20) NISHIHARA, TRUDY (SEE SCH O)	3.00		$t^-$		$\vdash$	+	H						<del>.</del>
PRESIDENT ELECT		X	Ī	x			l	10,300.		0.			0.
(21) CONNELLEY, JOHN (SEE SCH O)	1.00	Г	一	t		†		<del>                                     </del>					
DIRECTOR AT LARGE	1.00	X	1	1	1	1	1	750.		0.			0.
(22) CAMBLOR, ARABEL L	2.00												
FIRST VP		X		X	L			0.		0.			0.
(23) BORDNER, DALE K	7.00	1											
PRESIDENT	1 2 2 2	X	<u> </u>	X	↓	↓_	<u> </u>	0.		0.			0.
(24) LA COSTA, DENISE P	1.00	ļ.,	1										•
MEMBER BOARD REPRESENTATIVE	1.00	A	⊢	<u> </u>	<b>├</b>	_	_	0.		0.			0.
(25) PHILLIPS, ELLE MEMBER BOARD REPRESENTATIVE	1.00	x			1			0.		0.			۸
(26) WILLING LISA N	1.00	^	$\vdash$	$\vdash$	╁	┿	⊢			٠.	<del> </del> -		0.
MEMBER BOARD REPRESENTATIVE	1.00	x						0.		0.			0.
1b Sub-total	-l			<u> </u>	<u> </u>	٠		11,050.		0.			0.
c Total from continuation sheets to Part V	II. Section A							173,300.		0.	1	1,4	
d Total (add lines 1b and 1c)	,						•	184,350.	<u> </u>	0.		1,4	
2 Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	,000 of reportabl	e			
compensation from the organization													_ 1
												Yes	No
3 Did the organization list any former officer			e, ke	еу е	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for											3_		X
4 For any individual listed on line 1a, is the s									the organization			3.7	
and related organizations greater than \$15											4_	Х	
5 Did any person listed on line 1a receive or							rela	ted organization or indivi	dual for services		_		х
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete scriedui	eji	OF S	исп	per.	SON			<del></del>		5_		
Complete this table for your five highest co	ompensated in	den	ende	ent d	cont	ract	ors	that received more than	\$1.00.000 of com	nens	ation	from	
the organization Report compensation for	•									.poc	acion.		
(A)								(B)			(0	C)	
Name and business	address	N	ON	Ē				Description of s	ervices		ompe	nsatio	n_
									}				
	<del></del>							<del></del>					
		-											
Total number of independent contractors (     \$100,000 of compensation from the organ	-	ot li	mite	ed to	tho	ose li O	ste	d above) who received m	nore than				
# 100,000 of compensation from the organ	Lation			_		<u> </u>							

Form 990

### HAWAII ASSOCIATION OF REALTORS

23-7056154

· · · · · · · · · · · · · · · · · · ·		<u> </u>	,,,,,,			ngn	<u> </u>	Compensated Employ		(E)
<b>(A)</b> Name and title	(B)			( <b>(</b> Boss	رد ition			( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F)
Name and title	Average hours	(c)				арр	h/A	compensation	Estimated amount of	
	per					арр	''y'	from	compensation from related	other
	l .i.ook					yee		the	organizations	compensation
	(list any	ector				oldm		organization	(W-2/1099-MISC)	from the
	hours for	or din	8			ited e		(W-2/1099-MISC)		organization
	related	stee	truste			Suad				and related
	organizations	ual tra	onal		ploye	E CO				organizations
	(list any hours for related organizations below line)	Individi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ļ		
27) HAY, RHONDA LEE	1.00			_		_				
DIRECTOR AT LARGE		X						0.	0.	0
28) LEE LOY, SUSAN E	1.00									
DIRECTOR AT LARGE	2.00	х						0.	0.	0
29) MEIER, JULIE	1.00						-			
DIRECTOR AT LARGE		х						0.	0.	0
(30) MOREY, F LEE	1.00	Ė			$\vdash$	$\vdash$				
DIRECTOR AT LARGE		х						0.	0.	0
(31) MOULIN, LINDA	1.00		М	$\Box$		<del>                                     </del>	$\vdash \lnot$			
DIRECTOR AT LARGE		х						0.	0.	0
(32) MURCHIE, MARGARET E	1.00	-								
DIRECTOR AT LARGE		х						0.	0.	0
33) DONAHUE-JONES, NANCY	45.00	Ë								
CHIEF EXECUTIVE OFFICER	1.00			х				173,300.	0.	11,482
			_	=				2/0/0001		11,100
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	L	<u> </u>		Ц	L	L	Щ		ļ	<del></del>

<u></u>		Check if Schedule O cont	tains a resnonse	or note to any lu	ne in this Part VIII			
		Greek ii Gareadae G cesti	auris a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats its	1 a	Federated campaigns	1a					
irar		Membership dues	1b		1			
Ğ,Ë		: Fundraising events	1c		1			
ar /		Related organizations	1d		1			
S, E	e		<del></del>					
Sign	f	A 11 - 41						
he	•	similar amounts not included abo		25,280.				
<u>oğ</u>		Noncash contributions included in lines		•	1			
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		<u> </u>	25,280.	]		
			<del></del>	Business Code				<del></del>
e e	2 a	MEMBERSHIP DUES	5		1,508,573.	1,508,573.		
Σ̈́	b	EDUCATION AND F	FORMS	531390	112,905.	112,905.	· · · · · · · · · · · · · · · · · · ·	
Se	c	MISCELLANEOUS		531390	4,892.			<u> </u>
eve	d	SPECIAL PROGRAM	1S	531390	885.	885.		
Program Service Revenue	е	•		,				
P.	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b></b>	1,627,255.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>•</b>	2,321.			2,321.
	4	Income from investment of ta	x-exempt bond ;	oroceeds <b>&gt;</b>				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents			1	1		
	b	Less rental expenses			1			
	C	: Rental income or (loss)		<u> L</u>				
		Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Secunties	(II) Other				
1		assets other than inventory	<b>}</b>	<b> </b>				
	b	Less: cost or other basis						
		and sales expenses				1		
		: Gain or (loss)		L	4			
		Net gain or (loss)						ļ
enne	8 a	Gross income from fundraisin	· .					
Ve		including \$	of		Ì	}		
Other Rev		contributions reported on line						
je.		Part IV, line 18	а		{			
ŏ		Less direct expenses	b		ł			
		<ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ad</li> </ul>	-		<del>                                     </del>	<del> </del>	<del>-</del>	
l	o a	Part IV, line 19	a a		İ			
	<b>h</b>	Less: direct expenses	b		1			
		: Net income or (loss) from gan			1	1		
		Gross sales of inventory, less	-			<del></del>		<del> </del>
	.0 0	and allowances	а					
	h	Less: cost of goods sold	b		1	Į Į		ļ
		: Net income or (loss) from sale			1			1
		Miscellaneous Revenu		Business Code		<del></del>	··	<del>                                     </del>
1	11 a	<del>- · · · · · · · · · · · · · · · · · · ·</del>			1			1
	u							
ł	c							
	d	All other revenue						
ļ	е	Total. Add lines 11a-11d		<b></b>				
ليي	12	Total revenue. See instructions.		<u> </u>	1,654,856.	1,627,255.	0 .	
33200 10-29	13							Form <b>990</b> (2013)

## Form 990 (2013) HAWAII ASSOCI Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).												
	Check if Schedule O contains a response or note to any line in this Part IX  (A) (B) (C) (D)												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses								
1	Grants and other assistance to governments and												
	organizations in the United States. See Part IV, line 21												
2	Grants and other assistance to individuals in												
	the United States. See Part IV, line 22												
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	United States. See Part IV, lines 15 and 16			<u></u>									
4	Benefits paid to or for members		<u> </u>	ļ									
5	Compensation of current officers, directors,	104 350											
	trustees, and key employees	184,350.	<del></del>	<del> </del>	- <del></del>								
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)	500 222											
7	Other salanes and wages	509,233.		<del> </del>									
8	Pension plan accruals and contributions (include	33,792.											
_	section 401(k) and 403(b) employer contributions)	85,573.	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del>								
9	Other employee benefits	60,665.		<del>                                     </del>									
10	Payroll taxes Fees for services (non-employees)	00,003.	<del></del>	<del> </del>	<del></del>								
11	, , , ,												
a b	Management Legal	33,058.		<del> </del>	<del>,</del>								
c	Accounting	77,338.		<del> </del>									
d	<del>-</del>	10,194.		<del> </del>									
e	Professional fundraising services. See Part IV, line 17	<u> </u>											
f	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25,												
_	column (A) amount, list line 11g expenses on Sch O.)	99,680.		L									
12	Advertising and promotion	4,219.											
13	Office expenses	56,694.											
14	Information technology												
15	Royalties	00 400		ļ									
16	Occupancy	98,433.		<del> </del>	<u> </u>								
17	Travel	105,439.		ļ									
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials	7,204.		<del> </del>	<del></del>								
19	Conferences, conventions, and meetings	7,204.		<del> </del>									
20	Interest Payments to affiliates												
21	Depreciation, depletion, and amortization	53,693.		<del>                                     </del>	<del></del>								
22 23	Insurance	9,935.											
24	Other expenses. Itemize expenses not covered												
24	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	ZIP FORM COSTS	130,607.			<del></del>								
ь	PROGRAMS	106,393.											
С	BAD DEBT EXPENSE	6,090.											
đ	BAD DEBT RECOVERY	<14,365.	>										
е	All other expenses	15,776.											
25	Total functional expenses. Add lines 1 through 24e	1,674,001.											
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)				<u> </u>								

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	1,583,786.	2	1,621,058.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,388.	4	21,932.
	5	Loans and other receivables from current and former officers, directors,			
	l	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
	ļ	employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 469, 987			
	Ь	Less: accumulated depreciation 10b 185,652	318,484.	10c	284,335.
	11	Investments - publicly traded securities	100 500	11	104 150
	12	Investments - other securities. See Part IV, line 11	103,523.	12	104,468.
	13	Investments - program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets	60 000	14	75 455
	15	Other assets See Part IV, line 11	68,092.	15	75,157
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,103,273.	16	2,106,950. 96,241.
	17	Accounts payable and accrued expenses	100,545.	17	30,241
	18	Grants payable	667,160.	18	712,770
	19	Deferred revenue	007,100.	19 20	712,770
	20	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D	<del></del>	21	
"	22	Loans and other payables to current and former officers, directors, trustees,	<del></del>	21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons			
<u> </u>		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<del></del>	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			
	1	Schedule D	105,752.	25	98,836.
	26	Total liabilities. Add lines 17 through 25	881,457.	26	907,847.
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	1,105,576.	27	1,069,110.
ala	28	Temporanly restricted net assets	116,240.	28	129,993.
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō	1	and complete lines 30 through 34.	}		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,221,816.	33	1,199,103.
	34_	Total liabilities and net assets/fund balances	2,103,273.	34	2,106,950.
					Form <b>990</b> (2013)

-o <u>rm</u>	990 (2	2013) HAWAII ASSOCIATION OF REALTORS		23-7	056154	1 Pa	ge 12
Pai	t XI	Reconciliation of Net Assets					
		Check if Schedule O contains a response or note to any line in this Part XI					X
1		revenue (must equal Part VIII, column (A), line 12)	_	1	1,65		
2	Total e	expenses (must equal Part IX, column (A), line 25)	_	2	1,6		
3	Reven	nue less expenses Subtract line 2 from line 1		3	<.	L9,1	45.
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	1,2	21,8	16.
5	Net ur	nrealized gains (losses) on investments	L	5			
6	Donat	ted services and use of facilities	L	6			
7	Invest	tment expenses	Ŀ	7			
8	Pnor p	period adjustments		8		<4,3	
9	Other	changes in net assets or fund balances (explain in Schedule O)		9		7	98.
10	Net as	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	colum	nn (B))		10	1,19	99,1	.03.
Pa	t XII	Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII					X
		<u>_</u>				Yes	No
1	Accou	unting method used to prepare the Form 990: $oxdot$ Cash $oxdot{X}$ Accrual $oxdot$ Other $oxdot$					
	If the	organization changed its method of accounting from a prior year or checked "Other," explain	ı ın Schedule (	)			ŀ
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant	?		2a	1	X
	If "Yes	s," check a box below to indicate whether the financial statements for the year were compile	d or reviewed	on a			
	separa	rate basis, consolidated basis, or both					
		Separate basis Consolidated basis Both consolidated and separate basis	sis			1	Į.
ь	Were	the organization's financial statements audited by an independent accountant?			2b	X	]
	If "Yes	s," check a box below to indicate whether the financial statements for the year were audited	on a separate	basis,			
	conso	olidated basis, or both					
		Separate basis	sis				
С	If "Yes	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight of the	audıt,		1	1
	review	w, or compilation of its financial statements and selection of an independent accountant?	_		20	Х	
	If the	organization changed either its oversight process or selection process during the tax year, e.	xplain in Sche	dule O			
За	As a re	result of a federal award, was the organization required to undergo an audit or audits as set for	orth in the Sin	gle Audıt			
	Act an	nd OMB Circular A-133?		_	3a		X
b	If "Yes	s," did the organization undergo the required audit or audits? If the organization did not unde	ergo the requir	ed audit			
	or aud	dits, explain why in Schedule O and describe any steps taken to undergo such audits	· .		3b	1	
					For	n <b>990</b>	(2013)

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

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

<u> </u>	Section 501(c)(4), (5), or (6) organ	nizations: Complete Part III.			
Nan	ne of organization			Emp	oyer identification number
	HAWAI	I ASSOCIATION OF 1	REALTORS		23-7056154
Pa	art I-A Complete if the	organization is exempt un	der section 501(c	or is a section 527 o	rganization.
2		anization's direct and indirect polit	ical campaign activities	s in Part IV ►\$	
Pa	art I-B Complete if the	organization is exempt un	der section 501(c	)(3).	
1	Enter the amount of any excise	tax incurred by the organization ur	nder section 4955	<b>▶</b> \$	
2	Enter the amount of any excise	tax incurred by organization mana	gers under section 495	<b>⊳</b> \$	
3	If the organization incurred a se	ction 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV		==	· · · · · · · · · · · · · · · · · · ·	
Pa	art I-C Complete if the	organization is exempt un	der section 501(c		
1	Enter the amount directly expen	ded by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing or	ganization's funds contributed to d	other organizations for s	section 527	
	exempt function activities			▶ \$	
3	· ·	ires Add lines 1 and 2 Enter here	and on Form 1120-PO	•	
	line 17b			<b>▶</b> \$	
	Did the filing organization file Fo	•			Yes No
5		d employer identification number (E			
	· · ·	nization listed, enter the amount pa			•
		e promptly and directly delivered to If additional space is needed, pro			ite segregated lund or a
	<u> </u>			<del></del>	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
				ŕ	delivered to a separate
					political organization If none, enter -0-
					a viene, enter e
				<del>- </del>	
			- <del></del>	· <del>-  </del> · · · · · · · · · · · · · · · · · · ·	
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		ļ			

Schedule C (Form 990 or 990-EZ) 2013	HAWAI	I ASSO	CIATION OF	REALTORS	23-	7056154 Page 2
Part II-A Complete if the org			npt under section	on 501(c)(3) and file	ea Form 5/68	
<del></del>		<del></del>	<del> </del>		<del></del>	
· ·		-	•	in Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha			•			
B Check L if the filing organiza	tion check	ed box A ar	nd "limited control" p	rovisions apply		T
		bying Expe neans amou	nditures ints paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence pub	lic opinion (	grass roots lobbying)			<del> </del>
<b>b</b> Total lobbying expenditures to infli	uence a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add I			, , ,			
d Other exempt purpose expenditur		•		Ì		1
e Total exempt purpose expenditure		es 1c and 1c	(t	ľ		
f Lobbying nontaxable amount. Ent	•		•	oth columns		<del>†</del>
If the amount on line 1e, column (a) of			bying nontaxable ar			
Not over \$500,000	<u> </u>		the amount on line 1			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5			<u> </u>	cess over \$1,000,000		
Over \$1,500,000 but not over \$17				ess over \$1,500,000.		
Over \$17,000,000	,000,000	\$1,000,		3033 0¥C( Ψ1,300,000.		Ì
C401 W11,000,000		Ψ1,000,				
g Grassroots nontaxable amount (er	ter 25% o	f line 1f)				<del> </del>
h Subtract line 1g from line 1a. If zer		•		•		
Subtract line 1f from line 1c. If zero	•			1		<del></del>
j If there is an amount other than ze	•		line 1; did the organi	L Ization file Form 4720		<del></del>
reporting section 4911 tax for this		51 II/IC 111 OI	ine ii, did the organi	zation life Form 4720		Yes No
reporting section 4911 tax for this	year:	4-Vear Ave	eraging Period Unde	r Section 501(h)	<del></del>	162 140
(Some organiz	ations tha			on do not have to comp	lete all of the five	
			• •	nes 2a through 2f on pa		
<del>-</del>	Lobi	bying Expe	nditures During 4-Ye	ear Averaging Period	<del></del>	
						<del></del>
Calendar year	(a)	2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						† <del></del>
(150% of line 2a, column(e))						
<del></del>						
c Total lobbying expenditures						
			<del></del>	<del>                                     </del>		<del> </del>
d Grassroots nontaxable amount						
e Grassroots ceiling amount				T		<del> </del>
(150% of line 2d, column (e))						
					·	<del> </del>
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2013

### Schedule C (Form 990 or 990 EZ) 2013 HAWAII ASSOCIATION OF REALTORS 23-705615 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	nch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b	<del>)</del>
	lobbying activity.	Yes	No	Amo	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				<del></del>
	Mailings to members, legislators, or the public?	<del> </del>			
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?	<del></del>		·	<del></del>
	Total Add lines 1c through 1i				
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
	III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		X
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		R (b) Par	t III-A, lir	ne 3, is
	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit	iaal	1	1,500	,,,,,,,
	expenses for which the section 527(f) tax was paid).	icai			
	Current year		2a	180	819.
	Carryover from last year		2b	100	, 013.
	Total		2c	180	7,819.
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		0,819.
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	10000			,,,,,,,
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part					
Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grou	p list): Part II	·A. line 2: a	nd Part II-F	line 1
	complete this part for any additional information.	,,	. ,, .		,
,					

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013
Open to Public

Inspection
Employer identification number

#### Name of the organization HAWAII ASSOCIATION OF REALTORS 23-7056154 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) لا Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		ASSOCIATIO						J56154	
Par	t III   Organizations Maintaining C	ollections of A	rt, Histori	ical Tre	asures, or O	ther S	imilar Ass	ets(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the fo	ollowing that are	a signif	cant use of its	collection	items
	(check all that apply):								
а	Public exhibition	C	i Loa	n or exch	ange programs				
ь	Scholarly research	•	e L Oth	er					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how they	further the	e organization's e	exempt	purpose in Pa	ırt XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, histor	ncal treas	ures, or other sim	ıılar ass	ets		
	to be sold to raise funds rather than to be ma	aintained as part of	the organiza	tion's col	lection?			Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	janization	answered "Yes"	to For	n 990, Part IV	line 9, or	
	Is the organization an agent, trustee, custod	an or other interme	diary for con	tributions	or other assets	not incl	uded		
	on Form 990, Part X?		,					Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table	e·			_		
_	vec, express an angent and an analysis			•		ſ	1	Amount	
c	Beginning balance					Ī	1c	7 01100111	
	Additions during the year					Ì	1d		
	Distributions during the year					ļ	1e		
f	Ending balance						1f		
_	Did the organization include an amount on F	orm 990. Part X. line	217				<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII			as been r	provided in Part X	an			
Par									
		(a) Current year	(b) Pnor		(c) Two years back		hree years back	(e) Four	years back
1a	Beginning of year balance		11	1	1-6	157		1	
b	Contributions					+-		<u> </u>	
c	Net investment earnings, gains, and losses	<del></del>			<del></del>	$\dashv$			
ď	Grants or scholarships					+			
-	Other expenditures for facilities	<del></del>				+			
•	and programs								
f	Administrative expenses						-		
g	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1a. c	olumn (a)	held as:	·		<del></del>	
_ a	Board designated or quasi-endowment		%	(-)	,				
b	Permanent endowment ▶	%							
	Temporarily restricted endowment	^ %							
·	The percentages in lines 2a, 2b, and 2c shou								
32	Are there endowment funds not in the posse	•	ation that ar	re held an	d administered fo	or the a	rganization		
-	py.						· <b>3</b>	F-	Yes No
	(i) unrelated organizations							3a(i)	100
	(ii) related organizations							3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Schedule	R?				3b	
4	Describe in Part XIII the intended uses of the	· ·							
Par									
	Complete if the organization answere		D, Part IV, lin	e 11a. Se	e Form 990, Part	X, line	10.		
	Description of property	(a) Cost or o		(b) Cost of			nulated	(d) Book	value
		basis (invest		basis (d	,	deprec		(=, ====	
	Land	<del></del>	<del>-</del>						
	Buildings	-							
	Leasehold improvements			247	7,082.	4	1,180.	205	,902.
	Equipment			222	2,905.	14	472.	78	3,433.
	Other						_, ,		,
	Add lines 1a through 1e (Column (d) must e	qual Form 990 Pari	t X. column (	(B) line 10	)(c) )			284	.335.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED LEASE CREDITS AND	
(3)	OBLIGATIONS	98,836.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	98,836

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013				/U30134 Page 4
	ion of Revenue per Audited Financial	-	Retur	1.
	organization answered "Yes" to Form 990, Part IV			1 770 064
	and other support per audited financial statements	•	1	1,778,061.
	line 1 but not on Form 990, Part VIII, line 12	1 - 1	1 1	
<ul> <li>a Net unrealized gains o</li> </ul>		2a	-	
<b>b</b> Donated services and		2b	4 [	
c Recovenes of prior year	_	2c 103 305	- 1	
d Other (Describe in Par	·	2d 123,205	4 1	102 005
e Add lines 2a through 2			2e	123,205.
3 Subtract line 2e from I	ine <b>1</b>		3	1,654,856.
	Form 990, Part VIII, line 12, but not on line 1:	1 1	1 1	
a Investment expenses	not included on Form 990, Part VIII, line 7b	4a	-  I	
<b>b</b> Other (Describe in Par	t XIII.)	4b	-	_
c Add lines 4a and 4b			4c	0.
	es 3 and 4c. (This must equal Form 990, Part I, line		5_	1,654,856.
	ion of Expenses per Audited Financial	•	r Retu	ırn.
	organization answered "Yes" to Form 990, Part IV	/, line 12a	<del>.</del>	
<ol> <li>Total expenses and los</li> </ol>	sses per audited financial statements		1	1,719,966.
2 Amounts included on l	line 1 but not on Form 990, Part IX, line 25:	1 1		
<ul> <li>a Donated services and</li> </ul>	use of facilities	2a	<b>-</b>	
b Prior year adjustments	<b>;</b>	2b	<b>-</b>	
c Other losses		2c	<b>⊣</b>	
<b>d</b> Other (Describe in Par	t XIII.)	2d 45,965	-1	
e Add lines 2a through 2	łd		2e	45,965.
3 Subtract line 2e from I	ine 1		3	1,674,001.
	Form 990, Part IX, line 25, but not on line 1:	1		
a Investment expenses	not included on Form 990, Part VIII, line 7b	4a	<b>-</b>	
<b>b</b> Other (Describe in Par	t XIII.)	4b	<b>-</b> Ì Ì	_
c Add lines 4a and 4b			4c	0.
	nes 3 and 4c. (This must equal Form 990, Part I, lii	ne 18 )	5	1,674,001.
Part XIII Supplement				<del></del>
· ·	uired for Part II, lines 3, 5, and 9, Part III, lines 1a a		e 4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII	, lines 2d and 4b. Also complete this part to provide	de any additional information		
				<del></del>
PART X, LINE 2	•			
PART A, DINE Z	•			
EXPLANATION: T	HE ASSOCIATION HAS EVALUA	TED ITS TAX POSITION	S AN	ת
		1100 110 1101 1001111011		
DETERMINED THA	T THERE WERE NO UNCERTAIN	TAX POSITIONS AT DE	CEMB	ER 31, 2013
				27 2013
AND 2012.				
THIS EVIET		<del></del>		<del></del>
				<del></del>
PART XI. LINE	2D - OTHER ADJUSTMENTS:			
HAWAII ASSOCIA	TION OF REALTORS POLITICA	L ACTION COMMITTEE		123,205.
PART XII, LINE	2D - OTHER ADJUSTMENTS:			
222	7077			45 - 5-
RPAC CONTRIBUT	IUNS			45,965.
		<del></del>		<del></del>
PART XI AND XI	<u> </u>			
332054 09-25-13			Sche	dule D (Form 990) 2013

Schedule D (Form 990) 2013 HAWAII ASSOCIATION OF REALTORS  Part XIII   Supplemental Information (continued)	23-7056154 Page 5
Part XIII   Supplemental Information (continued)	
EXPLANATION: AUDITED FINANCIAL STATEMENTS INCLUDES FINANCIA	L ACTIVITY FOR
HAWAII ASSOCIATION OF REALTORS (EIN: 23-7056154) AND HAWAII	ASSOCIATION OF
REALTORS POLITICAL ACTION COMMITTEE (EIN: 90-0041818).	

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

HAWAII ASSOCIATION OF REALTORS

**Employer identification number** 23-7056154

4.	Check the appropriate boy(on) if the argonization arounded any of the following to a few and the first and the first arguments are few are few and the first arguments are few and the first are few are few and the first arguments are few a		Yes	No
K	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	46		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.	1b		
~	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and officers, including the OLO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

HAWAII ASSOCIATION OF REALTORS Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported as deferred in prior Form 990
	ļ	7		c	d			c
(1) DONAHUE-JONES, NANCY	Ξ	168,30	5,00	0	0 c ' 8	2,9/8.	184,/82.	0
CHIEF EXECUTIVE OFFICER	▤	0.	0	0	0	0 •	0	0
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33712 09-13-13							Schedu	Schedule J (Form 990) 2013

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 **Open to Public** Inspection

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

Name of the organization

HAWAII ASSOCIATION OF REALTORS

**Employer identification number** 23-7056154

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEMBERS TO SUCCESSFULLY PRACTICE THEIR PROFESSION ETHICALLY AND
COMPETENTLY, TO SERVE THE COMMUNITY, AND TO PROTECT PRIVATE PROPERTY
RIGHTS. HAR WORKS IN PARTNERSHIP WITH LOCAL AND NATIONAL REALTOR
ORGANIZATIONS TO PROVIDE PRODUCTS AND SERVICES TO ITS MEMBERS, TO
SUPPORT THE INDUSTRY THROUGH LEGISLATIVE ADVOCACY, AND TO ENHANCE AND
PROMOTE THE REALTOR IMAGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NATIONAL REALTOR ORGANIZATIONS TO PROVIDE PRODUCTS AND SERVICES TO ITS
MEMBERS, TO SUPPORT THE INDUSTRY THROUGH LEGISLATIVE ADVOCACY, AND TO
ENHANCE AND PROMOTE THE REALTOR IMAGE.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
EXPLANATION: INSTRUCTOR DEVELOPMENT WORKSHOP WITH REAL ESTATE
COMMISSION: HELD ON 3 ISLANDS WITH 53 ATTENDEES. THIS WORKSHOP WAS LAST
HELD IN 2011.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
COUNTY LEVELS THROUGH THE LOCAL BOARDS.
FORM 990, PART V, LINE 1C
EXPLANATION: THIS QUESTION IS NOT APPLICABLE TO THE EXEMPT
ORGANIZATION. AS SUCH, IT HAS BEEN MARKED NO.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

HAR-POLITICAL ACTION COMMITTEE ACCOUNTS PAYABLE & OTHER

CURRENT LIABILITIES

798.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization HAWAII ASSOCIATION OF REALTORS	Employer identification number 23-7056154
FORM 990, PART XI, LINE 2C:	
EXPLANATION: HAWAII ASSOCIATION OF REALTORS HAS AN AUDIT	COMMITTEE THAT
ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS	FINANCIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. T	HIS PROCESS
HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047	2013	1
0		

(g) Section 512(b)(13) Ŷ Employer identification number 23-7056154 Open to Public Inspection controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 Total income Exempt Code € section Î ▶ See separate instructions. Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. HAWAII ASSOCIATION OF REALTORS Primary activity Primary activity ACTION COMMITTEE - 90-0041818, 1259 A'ALA HAWAII ASSOCIATION OF REALTORS POLITICAL Name, address, and EIN (if applicable) Name, address, and EiN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Parti Part

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

×

527

HAWAII

SEE PART VII

STREET, SUITE 300, HONOLULU, HI 96817

332161 09-12-13 LHA

Schedule R (Form 990) 2013 HAWAII ASSOCIATION OF REALTORS

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	Predomina		(f) Share of total	(g) Share of		42	(i) Code V-UBI		General or Percentage	age
		(state or foreign country)	eriniy	excluded fro	excluded from tax under sections 512-514)	allocul.	assets	15	ons? No	20 of Schedule K-1 (Form 1065)		OWI GE	<u> </u>
Identification of Related Organizations Taxable as a Corporati organizations treated as a corporation or trust during the tax year	axable a	as a Corpo	Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	mplete if the	e organization	answered "Y	es" on Form	990, Part IV,	line 34 t	because it had	one or mor	e related	סו
(a) Name, address, and EIN of related organization		Prima	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity		(e) Type of entity (C corp, S corp,	(f) Share of total income		(g) Share of Peend-of-year o	(h) Percentage ownership	Section 512(b)(13) controlled	୍ଟ ନ
:				foreign country)		ō	or trust)						୍ । ଥା
												<u> </u>	
												ļ	ľ
												<del> </del>	
													1

Schedule R (Form 990) 2013

332162 09-12-13

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

						┡
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	i in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				-E		×
b Gift, grant, or capital contribution to related organization(s)				<b>1</b>	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				1d		X
				ē		×
f Dividends from related organization(s)				14		×
g Sale of assets to related organization(s)				19		×
				£		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				*	_	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			Ę		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
p Reimbursement paid to related organization(s) for expenses				4		×
q Reimbursement paid by related organization(s) for expenses				19		×
						1
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				÷		×
,a				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) lated organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
HAWAII ASSOCIATION OF REALTORS POLITICAL (1) ACTION COMMITTEE	В	1,198.	САЅН			
(2)						
(3)					ì	
(4)						
(5)						
(6).						
332163 09-12-13			Schedule R (Form 990) 2013	R (Form	(066	2013

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

gge dir				1	1	1	#
(k) ercenta wnersh							06 106
al or Pe							i i
General or managing partner?							a a
Code V-UBI General or Percentage amount in box 20 partner? of Schedule K-1 (Form 1065) Yes No							Schedule 8 (Form 990) 2013
(h) Disproportionate allocations?							
Disj the alloc	_			<u> </u>			
(g) Share of end-of-year assets							
(f) Share of total							
(e) Are all partners sec 501(c)(3) orgs? Yes No							
9 partin 501 01 7 Yes	 						-
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)			:				
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R (Form 990) 2013 HAWAII ASSOCIATION OF REALTORS	23-7056154 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instruction	s)
PART II COLUMN (B) PRIMARY ACTIVITY:	
EXPLANATION: POLITICAL CONTRIBUTIONS AND CAMPAIGN A	ACTIVITIES IN SUPPORT
OF POLITICAL CANDIDATES WHOSE INTERESTS ARE IN HARM	ONY WITH THOSE OF
THE REAL ESTATE PROFESSION AND PRIVATE PROPERTY RIG	HTS.

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

 $\blacktriangleright$  Information about Form 8868 and its instructions is at  $_{\it WWW\ IrS}\ \it gov/form8868$  .

OMB No. 1545-1709

<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box		•	• L <u>&amp;</u> J	
• if you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)			
Do not co	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed For	rm 8868		
	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	oration	
	to file Form 990-T), or an additional (not automatic) 3-mol						
	file any of the forms listed in Part I or Part II with the exc						
	Benefit Contracts, which must be sent to the IRS in pap	-					
	ris gov/efile and click on e-file for Chanties & Nonprofits		(,,			,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies nee	eded).			
	ation required to file Form 990-T and requesting an autor						
Part I onl			State of the state	Complete			
	r corporations (including 1120-C filers), partnerships, REM	ICs and t	rusts must use Form 7004 to reques	an exten	sion of time		
	ome tax returns	,00, u,,u (	rusts must use rollin root to reques		r's identifying nu	mhor	
Time or	Name of exempt organization or other filer, see instru	ctions	·	_	identification num		
Type or	Name of exempt organization of other filer, see institu	ctions.		Employer	identification num	bei (Eliv) or	
print	HAWAII ASSOCIATION OF REALS	ם אטו			23-70561	5.1	
File by the			A		<del></del>		
due date for filing your	Number, street, and room or suite no If a P.O box, s 1259 A'ALA STREET, NO. 300	ee instruc	ctions	Social security number (SSN)			
return See					<del></del>	<del></del>	
instructions	City, town or post office, state, and ZIP code For a form HONOLULU, HI 96817	oreign add	iress, see instructions				
	HONOLULU, HI 96817			· · · · · · · · · · · · · · · · · · ·			
						011	
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1	
		I <b>.</b> .	T		<del></del>	Т	
Applicati	on	Return	Application			Return	
<u>is For</u>		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	PBL	02	Form 1041-A			08	
	0 (individual)	03	Form 4720 (other than individual)		<del></del>	09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	HAWAII ASSOCIA						
	ooks are in the care of   1259 A'ALA STRI	EET,	SUITE 300 - HONOLU	LU, H	I 96817		
Teleph	none No. ► (808) 733-7060		Fax No ▶				
• If the	organization does not have an office or place of busines:	s in the Ur	nited States, check this box		•		
<ul><li>If this</li></ul>	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this	
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	f all memb	ers the extension i	s for.	
1 l re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until			
	AUGUST 15, 2014 , to file the exemp	t organiza	ition return for the organization name	ed above	The extension		
ıs f	or the organization's return for:						
<b>▶</b> [	X calendar year 2013 or						
<b>▶</b> [	tax year beginning	, an	nd ending				
•		•			_		
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on· Initial return	Final retur	n		
- <u>"</u>	Change in accounting period						
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any				
	prefundable credits. See instructions.	, 5. 5000,	contains tan, root any	За	s	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and				
	mated tax payments made Include any prior year overp		•	3ь	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa			1 30	<del></del>		
		-		3c	s	0.	
	using EFTPS (Electronic Federal Tax Payment System)  If you are going to make an electronic funds withdrawal						
vaution.	n you are going to make an electronic funds withdrawal	tairect de	DIU WILL LINS FOLLI 8808, SEE FORM 8	ゅっこ・ヒレ ai	nu romi 68/9·EU 1	or payment	

instructions.

Form 886	88 (Rev. 1-2014)						Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box			X
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	led Form	886 <b>8</b> .		
	are filing for an Automatic 3-Month Extension, complete						
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies n	eeded).	
			Enter filer's	identifyir	<u>ıg numb</u>	er, see ins	tructions
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employe	r identific	ation numb	ber (EIN) o
print	L						
File by the	HAWAII ASSOCIATION OF REALTO	-			23-	705615	<u>, 4</u>
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, so 1259 A'ALA STREET, NO. 300	ee instruc	tions	Social se	cunty nu	mber (SSN	i)
instructions	City, town or post office, state, and ZIP code. For a for HONOLULU, HI 96817	oreign add	ress, see instructions.				
					· <del>-</del>		
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)				0 1
Applicati	ion	Return	Application				Return
ls For			Is For				Code
Form 990 or Form 990-EZ							
Form 990-BL			Form 1041-A				08
Form 472	20 (individual)	03	Form 4720 (other than individual)				09
Form 990	)-PF	04	Form 5227				10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	0-T (trust other than above)	06	Form 8870				12
STOP! D	o not complete Part II if you were not already granted			iously file	ed Form	8868.	
	HAWAII ASSOCIAT				T 06	017	
• The bo	pooks are in the care of $\triangleright$ 1259 A'ALA STRI	CET,		ш, п	1 90	91/	
	none No ► (808) 733-7060	مال مطاهمي	Fax No.				$\Gamma$
	organization does not have an office or place of business			f #h.aa. foo	مطلب مطلع	olo anoma	الناء
box	is for a Group Return, enter the organization's four digit of the group, check this box		ach a list with the names and EINs o				
			BER 15, 2014	air mei ni	ers the e	Aterision is	, 101.
	r calendar year 2013, or other tax year beginning		, and endin	a			
	he tax year entered in line 5 is for less than 12 months, c	heck reas	<del></del>	Final i	return		<del></del> ·
	Change in accounting period				-12		
7 Sta	ate in detail why you need the extension						
	DDITIONAL TIME IS NEEDED TO	SATHE	R THE NECESSARY IN	FORMA	TION	TO F	LE A
$\overline{c}$	MPLETE AND ACCURATE RETURN.	THER	EFORE, TAXPAYER RE	SPECT	FULL	Y REQU	JESTS .
AI	DDITIONAL TIME THROUGH NOVEME	BER 1	5, 2014 TO TIMELY	FILE	THIS	RETUR	₹N.
8a If th	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
non	nrefundable credits. See instructions.			8a	\$		0.
b If th	his application is for Forms 990 PF, 990 T, 4720, or 6069	, enter an	y refundable credits and estimated				
tax	payments made Include any prior year overpayment all	lowed as a	a credit and any amount paid				
pre	eviously with Form 8868.			8b	\$		0.
c Bal	lance due. Subtract line 8b from line 8a. Include your pa	yment wi	th this form, if required, by using				_
				1 -	1 🛦		0.
EF	TPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II	8c	\$		

Title ► AGENT/CPA

Date > 18/17/14

Done menn