

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



DLN: 93493162001004

orm990

Department of the Treasury Internal Revenue Service

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

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	or the	2013 c	al <u>endar year, or tax year beginnin</u> g	01-01-2013 , 2013, and ending 12	-31-2013				
B Ch	eck if	applicable	C Name of organization HISTORIC HAWAI'I FOUNDATION			D Employ	er ident	ification number	
┌ Ad	dress c	change				23-744	1972		
Гиа	me ch	ange	Doing Business As						
☐ Ini	tial ret	urn	Number and street (or P O box if ma	ail is not delivered to street address) Room/	/suite	E Telephon	e numbe	ar	
Гте	rmınat	ed	PO BOX 1658			· ·			
┌ An	nended	l return	City or town, state or province, coun	try, and ZIP or foreign postal code		(808) 5	23-29	00	
Гар	plicatio	on pendin	HONOLULU, HI 968061658			<b>G</b> Gross red	ceipts \$ 8	350,074	
			F Name and address of prince	cıpal officer	H(a) I	s this a group r	eturn fo	or .	
			KIERSTEN FAULKNER		I	subordinates?		┌ Yes ┌ No	
			PO BOX 1658 HONOLULU, HI 968061658	3	и/ы	N II l		□ Yes □ No	
					1	Are all subordın ncluded?	ates	j řesj No	
I Ta	ıx-exei	mpt statı	ıs 🔽 501(c)(3)	nsert no )	I	f "No," attach a	alıst (s	see instructions)	
J W	ebsit	: <b>e:►</b> W	/WW HISTORICHAWAII ORG		H(c)	Group exemption	on numl	oer <b>►</b>	
<b>K</b> For	m of o	rganızatı	on Corporation Trust Association	Other ►	<b>L</b> Year	of formation 197	4 <b>M</b> St	tate of legal domicile HI	
Pa	rt I	Su	mmary		'		_		
	1	Briefly	describe the organization's missio	n or most significant activities					
				OF HISTORIC BUILDINGS AND S	ITES IN HA	WAI'I			
æ									
Ĭ									
Ě									
ş	2	Check	this box 🔭 if the organization dis	continued its operations or disposed	d of more th	nan 25% of its r	net ass	ets	
Activities & Governance	_	Niconalia	and Continue and the second	and he he (Death) (T. Land 4.2)		1	- I	20	
<b>න්</b> රෙ				ng body (Part VI, line 1a)			3	28	
ĕ			· -	f the governing body (Part VI, line 1	•	h h	4	28	
5				alendar year 2013 (Part V, line 2a)		l l	5	5	
् ब	6	Totalr	number of volunteers (estimate if ne	ecessary)			6	111	
	7a	Total u	inrelated business revenue from Pa	rt VIII, column (C), line 12			7a	0	
	Ь	Net un	related business taxable income fr	om Form 990-T, line 34			7b	0	
						Prior Year		Current Year	
	8	Con	tributions and grants (Part VIII, lin	e1h)		543,6	78	426,945	
Revenue	9	Prog	ram service revenue (Part VIII, lir	ne 2g)		48,9	64	23,358	
ā Š	10	Inve	stment income (Part VIII, column	(A), lines 3, 4, and 7d)		23,0	39	24,085	
芒	11		er revenue (Part VIII, column (A), l			-63,2	10	153,599	
	12	Tota	I revenue—add lines 8 through 11	(must equal Part VIII, column (A), l	ıne				
-	<u> </u>	12)	<del></del>			552,4	71	627,987	
	13	Gran	its and similar amounts paid (Part :	IX, column (A), lines 1-3)		40,0	00	445,500	
	14	Bene	efits paid to or for members (Part I)	K, column (A), line 4)			0	0	
(f)	15			e benefits (Part IX, column (A), lines	s	242.7	,	224 240	
Expenses		5-1	,	Luna (A.) Luna (d.)		242,7	•		
<u>क</u>	16a		essional fundraising fees (Part IX,		•		0	0	
ठ	b		fundraising expenses (Part IX, column (D)						
	17			nes 11a-11d, 11f-24e)		205,30		187,722	
	18			t equal Part IX, column (A), line 25)		488,0		857,471	
	19	Reve	enue less expenses Subtract line 1	8 from line 12		64,3	_	-229,484	
Not Assets or Fund Balances					Begi	nning of Current Year	t	End of Year	
Set Sen	20	Toto	lassets (Part X, line 16)			1,053,69	96	844,463	
A B					•		$\neg$		
<u>5</u> 5	21		I liabilities (Part X, line 26)		•	42,5	_	24,551	
	22			ine 21 from line 20	•	1,011,10	0.5	819,912	
	rt II		nature Block						
				mined this return, including accomp					
			a beller, it is true, correct, and com knowledge	plete Declaration of preparer (other	than office	r) is based on a	II Inforr	nation of which	
,	••		<b>.</b>						
		**	***			2014-06-10			
Sigi	า	IB -	nature of officer			Date			
Her		k KT	ERSTEN FAULKNER EXECUTIVE DIRECTOR						
			pe or print name and title						
			Print/Type preparer's name	Preparer's signature	Date		PTIN	_	
Pai	d		MARK A HAYES			self-employed	P000852		
	par	er	Firm's name F CW ASSOCIATES CPAS			Firm's EIN 🟲 26-	1659234		
	Part On		Firm's address - 700 BISHOP STREET SU	ITE 1040		Phone no (808)	531-104	0	

HONOLULU, HI 96813

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

✓ Yes ☐ No

FUIIII	1990 (2013)	Page <b>∠</b>
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
TO P HIST ARC ENRI	PRESERVE AND ENCOURAGE THE PRESERVATION OF HISTORICAL BUILDINGS, OBJECTS, AND SITES RELATING TO FOR OF HAWAII, TO PROMOTE AN AWARENESS OF AND RESPECT FOR ALL THAT IS HISTORICALLY SIGNIFICANT HITECTURALLY DISTINCTIVE IN OUR STATE, AND THROUGH THESE EFFORTS, TO KEEP ALIVE AND INTACT FOR TICHMENT OF PRESENT AND FUTURE GENERATIONS THE INHERENT BEAUTY OF THE HAWAIIAN ISLANDS AND THE FORIC ROLE OF THE ISLANDS IN THE DEVELOPMENT OF THE PACIFIC BASIN	AND HE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	✓ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 137,563 including grants of \$ ) (Revenue \$ 16,690	6)
	PUBLIC EDUCATION - DEVELOP A COMMUNITY ETHIC OF PRESERVATION AND HERITAGE STEWARDSHIP THROUGH MEMBERSHIP, HISTORIC TOURS, E SEMINARS AND LECTURES, PUBLICATIONS, HISTORIC SITE RESEARCH AND ADVOCACY PROGRAM SERVICES INCLUDED SIX PUBLIC LECTURES ATTEN PEOPLE EACH, SIX PRESERVATION TOURS AND EVENTS ATTENDED BY 25-110 PEOPLE EACH, PRESENTED THREE EDUCATIONAL SEMINARS ABOUT HIS PRESERVATION FRAMEWORK AND STANDARDS, ATTENDED BY 25-40 PEOPLE EACH, RESEARCHED AND PUBLISHED AN ONLINE LISTING OF DESIGNATIONS SITES, INCLUDING 336 INDIVIDUAL LISTINGS, RESEARCHED AND PUBLISHED A WALKING TOUR, CONDUCTED ADVOCACY TO PRESERVE HISTORIC PROTECTION OF THE PROGRAMMENTS.	NDED BY 25-70 STORIC ED HISTORIC
4b	(Code ) (Expenses \$ 569,962 including grants of \$ 445,500 ) (Revenue \$ 7,57	70 )
	PRESERVATION PROJECTS AND TECHNICAL ASSISTANCE - CONNECT THE PAST TO THE PRESENT AND ENSURE THAT HERITAGE PROTECTION IS HARM CONTEMPORARY NEEDS THROUGH FIELD SERVICES, ON-SITE PRESERVATION ASSISTANCE, STATEWIDE CIRCUIT RIDER PROGRAM, PROFESSIONAL I WORKSHOPS, REVIEW OF DEVELOPMENT PROPOSALS, RECOMMENDATIONS FOR AVOIDING, MINIMIZING AND MITIGATING HARM TO HISTORIC PROPI INTEGRATING PRESERVATION INTO SIGNIFICANT PLANNING AND DEVELOPMENT PROPOSALS, AND PARTICIPATING IN LONG-RANGE URBAN AND RURAPLANNING ACTIVITIES PROGRAM SERVICES INCLUDED RESPONDING TO 460 INQUIRIES AT 166 HISTORIC SITES STATEWIDE, INCLUDING REQUESTS INFORMATION FROM INDIVIDUALS, BUSINESSES AND GOVERNMENT AGENCIES, REVIEWING AND SUBMITTING COMMENTS OR TESTIMONY ON EFFECT HISTORIC PROPERTIES FROM PROPOSED ACTIONS, AND EDUCATIONAL OUTREACH ADDITIONAL SERVICES INCLUDED ANNUAL MONITORING OF TWO PRESERVATION EASEMENTS, GRANT ADMINISTRATION FOR FIVE PRESERVATION GRANTS, THREE CIRCUIT RIDER VISITS, PROVIDING TWO PRESERVATION CHARRETTES ATTENDED BY 15-50 PEOPLE EACH, AND SERVING ON SIX ADVISORY GROUPS	DEVELOPMENT ERTIES, AL COMMUNITY FOR TS TO )
46	(Code ) (Expenses \$ 49,130 including grants of \$ ) (Revenue \$	1
<b>4</b> c	PUBLIC OUTREACH - PRESERVE HAWAI'I'S HERITAGE THROUGH POLICY DEVELOPMENT AND ADVOCACY FOR STATEWIDE AND LOCATION PRESERVATION ORDINANCES, ECONOMIC INCENTIVE PROGRAMS, PUBLIC PLANS, COMMISSIONS AND REGULATIONS, LEADING AND FACILITATING PUBLIC AWARENES BUILDING COALITIONS OF HISTORIC PRESERVATION ALLIANCES PROGRAM SERVICES INCLUDED MONITORING AND RESPONDING TO PROPOSED LEGING RELATED TO PRESERVATION, PLANNING, PERMITTING, CULTURE, ARTS, ENVIRONMENT AND RELATED TOPICS RESEARCHED AND TESTIFIED ON MATOTAX CREDITS AND ECONOMIC INCENTIVES FOR REHABILITATION OF HISTORIC PROPERTIES, STATEMENT OF QUALIFICATIONS FOR THE STATE HISTORIC PRESERVATION OFFICER, FUNDING FOR POSITIONS AT THE STATE HISTORIC PRESERVATION DIVISION AND FOR CAPITAL FUNDING FOR HISTORIC PSTANDARDS AND RULES FOR DEVELOPMENT PROJECTS, AND TECHNICAL COMMENTS ON VARIOUS MATTERS THAT WOULD AFFECT HISTORIC RESOUR ADDITIONAL PROGRAM SERVICES INCLUDED PRESENTING PRESERVATION AWARDS TO 18 PROJECTS AT AN EVENT ATTENDED BY 245 PEOPLE, AND NOT THREATENED HISTORIC PROPERTIES TO THE LIST OF MOST ENDANGERED HISTORIC SITES IN A PUBLICATION WITH A CIRCULATION OF 100,000 REA	SS, AND ISLATION TERS RELATED STORIC PROPERTIES, RCES IAMING SIX
	(Code ) (Expenses \$ 16,377 including grants of \$ ) (Revenue \$	``
	RESOURCE AND ADVOCACY - TO RESEARCH AND PROVIDE INFORMATION ON PROCESSING HISTORIC SITE STATUS AND BACKGROUND HISTORY ON S	, SITES
4d	Other program services (Describe in Schedule O ) (Expenses \$ 16,377 including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 773.032	

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

		$\neg$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
<b>L</b> 5	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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnotemark$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	 N
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   4		163	- 14
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c		
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
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	•		
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		١
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
b	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		١
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e 7f		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			١
,	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
)	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter			
а	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 )			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	The which the organization is needs to issue qualified health plans	1		
		14a		   •
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		

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

Check if Schedule O contains a response of	r note to any	line in this Part VI							.マ

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	, ,			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod <b>Yes</b>	e.) <b>No</b>
	<b>Ection B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal R</i> Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed►HI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
  ►KIERSTEN FAULKNER 680 IWILEI ROAD SUITE 690
  HONOLULU, HI 96817 (808) 523-2900

Form 990	(2013	
----------	-------	--

_				_
D	-	$\alpha$	Δ	4
г	a	ч	_	•

### 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 . . . . . .

### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	tion ( han d n is	ne l both	box, an d	heck unless officer stee)	;	( <b>D</b> Report compen from organizat	table sation the tion (W-	<b>(E)</b> Reportable compensation from related organizations (W	.   (	( <b>F)</b> Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		rganizati relate organiza	ed b
												+		
1b	Sub-Total		oction (		•			<b>*</b>						
c d	Total from continuation sheet  Total (add lines 1b and 1c) .			<b>`</b>	٠.	٠.		-		100,742		0		2,400
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received	d more th	an			
													Yes	No No
3	Did the organization list any fo					key	emplo	yee	, or highest	compen	sated employee			
4	on line 1a? <i>If "Yes," complete S</i> For any individual listed on line					• mno	ncatio	• n and	d other con	• •	n from the	3		No
7	organization and related organization and related organ											4		No
5	Did any person listed on line 1 services rendered to the organ										or individual for	5		No
	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp											<b></b>	
	compensation from the organiz	(A)		ation	ior	ine c	arenda	ar ye	ar enaing \		(B)	ons t	(C	<del></del>
	N	lame and business	address							Des	cription of services		Compen	sation
												_		
												+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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

Part V	1111	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Scried	ule O contains a respon	se or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
	1a	Federated cam	paigns 1a										
ınts	ь	Membership du	es <b>1b</b>	98,036									
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising ev		43,745									
	_												
	d	Related organiz											
	e	Government grant											
	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	285,164									
년 동	g		ons included in lines	30,874									
ont nd (	h	1a-1f \$  Total. Add lines	c 1 a_1 f		426,945								
<u>ਹ ह</u>		Total. Add lille:	5 1 4 - 11	•	120,313								
e≘	3-	DUDITO EDUCATIO	NI.	Business Code									
Yen	2a	PUBLIC EDUCATIO		611710	15,788	15,788							
Program Serwce Revenue	b c	TECHNICAL ASSIST	TANCE	611710	7,570	7,570							
	d												
æ	e												
Tan	f	All other progra	am service revenue										
ွို	-												
	g 2		s 2a-2f		23,358								
	3		ome (including dividend ar amounts)		23,976			23,976					
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨									
	5	Royalties .		🟲									
	6a	Gross rents	(ı) Real	(II) Personal									
	b	Less rental											
	_	expenses Rental income											
		or (loss)											
	d	Net rental inco	me or (loss)  (i) Securities	<b>►</b> (II) O ther									
	7a	Gross amount from sales of assets other	89,732	(II) Other									
	١.	than inventory Less cost or											
	b	other basis and	89,623										
	С	sales expenses Gaın or (loss)	109										
	d	Net gain or (los	ss)		109			109					
Other Revenue	8a	Ψ	luding 5,745 s reported on line 1c)										
Ę		See rait IV, III	a a	284,300									
Ħ.	ь	Less direct ex	penses b	131,609									
ō	С	Net income or	(loss) from fundraising (	events 🛌	152,691			152,691					
	9a		rom gaming activities ne 19 a										
	ь	Less direct ex	penses <b>b</b>										
	С		(loss) from gamıng actıv	/ities▶									
	10a	Gross sales of											
		returns and allo	owances . a	1,763									
	ь	Less costofa	oods sold <b>b</b>	855									
			ı loss) from sales of ınve(		908	908							
		Mıscellaneou	s Revenue	Business Code									
	11a												
	ь												
	С												
	d		ue [										
	е	Total. Add lines	s 11a-11d										
	12	Total revenue.	See Instructions	🕨	627 987	24 266	0	176 776					

	,	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)

Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $$ All	other organizat	ions must comp	olete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX		<del></del>	<u> </u>
	ot include amounts reported on lines 6b, b, 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	445,500	445,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	,	,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	103,142	90,074	7,983	5,085
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	104,032	90,851	8,053	5,128
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,108	1,841	163	104
9	Other employee benefits	14,967	13,071	1,158	738
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	21,021		21,021	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	888		888	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,888	47,022	4,639	3,227
12	Advertising and promotion	,	,		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	41,304	31,717	5,407	4,180
14	Information technology	12,001	02,12	3,101	.,200
15	Royalties				
16	Occupancy	22,116	18,135	2,433	1,548
17	Travel	22,110	10,133	2,433	1,540
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,148	5,897	153	98
20	Interest	0,140	3,037	155	
21	Payments to affiliates			<del>                                     </del>	
22	Depreciation, depletion, and amortization	3,197	2,455	418	324
23	Insurance	6,632	5,093	868	671
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	3,552	2,000		
а	PRESERVATION COSTS	30,770	20,742		10,028
b	OTHER EXPENSES	758	634	76	48
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	857,471	773,032	53,260	31,179
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)	331,471	,,,,,,,	33,200	31,179
		1	I		rm <b>990</b> (2013)

Part X Balance Sheet

Раг	tΧ	Check if Schedule O contains a response or note to any line in this	s Part X			
				( <b>A</b> ) Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing		37,857	1	53,094
	2	Savings and temporary cash investments		253,272	2	123,565
	3	Pledges and grants receivable, net		10,000	3	4,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees. Complete Part Schedule L	II of	key	5	
Assets	6	Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and color and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing employ	ers	6	
8	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use		8,067	8	5,857
	9	Prepaid expenses and deferred charges		3,902		4,010
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		8,015		1,212
	Ь	Less accumulated depreciation	<b>10b</b> 5	2,265 6,930	10c	5,750
	11	Investments—publicly traded securities		733,593	11	648,112
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		75	15	75
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,053,696		844,463
	17	Accounts payable and accrued expenses		22,531	17	13,301
	18	Grants payable		20,000	18	11,250
	19	Deferred revenue		·	19	<u>,                                     </u>
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedu			21	
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	s, trustees,			
ge		persons Complete Part II of Schedule L			22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part	X of Schedule		25	
	26	D		42,531		24,551
	26	Total liabilities. Add lines 17 through 25		42,551	26	24,551
ğ	27	Unrestricted net assets		267,679	27	341,922
<u>छ</u>	28	Temporarily restricted net assets		182,491	28	237,495
<u>~</u>	29	Permanently restricted net assets		560,995	29	240,495
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here		333,333		240,400
ŏ		complete lines 30 through 34.				
Assets	30	Capital stock or trust principal, or current funds			30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Ą	32	Retained earnings, endowment, accumulated income, or other fun			32	0.12 - 1.7
Net	33	Total net assets or fund balances		1,011,165	33	819,912
	34	Total liabilities and net assets/fund balances		1,053,696	34	844,463

Form	990	(2013)

Page	12
------	----

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	- Check it beneate a contains a response of note to any line in this farex?	1			· · ·
1	Total revenue (must equal Part VIII, column (A), line 12)	1		é	527,987
2	Total expenses (must equal Part IX, column (A), line 25)	2			357,471
3	Revenue less expenses Subtract line 2 from line 1	3			229,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			011,165
5	Net unrealized gains (losses) on investments	5			38,231
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8	319,912
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	iewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis			١	
D	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi audit, review, or compilation of its financial statements and selection of an independent accountant?	-	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explair Schedule O			1	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

# Software ID: Software Version:

**EIN:** 23-7441972

Name: HISTORIC HAWAI'I FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde						, .	,			
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-11130/	2/1033-1413-0	related organizations
TONY MIZUNO	1 00	х		х				0	0	0
PRESIDENT JEAN CAMPBELL	1 00	×		×				0	0	0
FIRST VICE PRESIDENT LES Y GOYA	1 00	×		×				0	0	0
SECOND VICE PRESIDENT JOANNA KAWAMOTO	1 00	-								
SECRETARY KIMO TODD	1.00	Х		Х				0	0	0
TREASURER	1 00	x		х				0	0	o
STANTON ENOMOTO	1 00	х		х				0	0	0
AT-LARGE OFFICER RICHARD HOUCK	1 00	Х		х				0	0	0
AT-LARGE OFFICER FRANK HAAS	1 00	X		X				0	0	0
PAST PRESIDENT DAWN NS CHANG	1 00	-								
DIRECTOR KEVIN COCKETT	1 00	Х						0	0	0
DIRECTOR		Х						0	0	0
BLAIR D COLLIS DIRECTOR	1 00	x						0	0	0
LINDALEE CISSY FARM DIRECTOR	1 00	х						0	0	0
MARCY E FLEMING DIRECTOR	1 00	х						0	0	0
ANN GOMMERS	1 00	х						0	0	0
DIRECTOR WAYNE GOO	1 00	X						0	0	0
DIRECTOR ANNA GRUNE	1 00									
DIRECTOR KIMO LEE	1.00	Х						0	0	0
DIRECTOR	1 00	х						0	0	0
SAMUEL AB LYONS DIRECTOR	1 00	х						0	0	0
NANCY MAEDA	1 00	х						0	0	0
DIRECTOR MAKANI MAEVA	1 00	x						0	0	0
DIRECTOR KURT MATSUMOTO	1 00	X						0	0	0
DIRECTOR WENDIE MCALLASTER	1 00	-								
DIRECTOR LANCE PARKER	1 00	X						0	0	0
DIRECTOR		Х						0	0	0
RICK PIPER DIRECTOR	1 00	х						0	0	0
BEN SALAZAR DIRECTOR	1 00	х						0	0	0
DECETOR	_		L	1	1	1	1	<u>I</u>	<u> </u>	<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan oi n is b	ne bo	ox, u an of	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations	
RONALD SATO DIRECTOR	1 00	х						0	0	0	
PATSY SHEEHAN	1 00										
DIRECTOR		Х						0	0	0	
TOM YOUNG	1 00	х						0	0	0	
DIRECTOR NORB BUELSING	1 00										
FORMER AT LARGE OFFICER	1 00	х		Х				0	0	0	
ROBERT IOPA	1 00										
FORMER PAST PRESIDENT		Х		Х				0	0	0	
GREG DICKHENS	1 00										
FORMER DIRECTOR		Х						0	0	0	
MICHAEL D FORMBY	1 00	х						0	0	0	
FORMER DIRECTOR		_ ^						0	U	U	
RAMSAY TAUM	1 00	х						0	0	0	
FORMER DIRECTOR											
KIERSTEN FAULKNER	40 00			Х				100,742	0	2,400	
EXECUTIVE DIRECTOR	]							<u> </u>		<u> </u>	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493162001004

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

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

Open to Public **Inspection** 

Name	of	the	orga	nizat	tion
<b>HISTOR</b>	IC	HAW	AI'I FO	DUND	NOITA

**Employer identification number** 

									23-7441		
	t I			blic Charity Sta						<u>instructions</u>	5
The o	rganı	zatıon ıs	not a privat	te foundation becaus	seitis (For	lınes 1 thro	ugh 11, chec	k only one	box )		
1		A chur	ch, conventi	on of churches, or a	ssociation o	fchurches	described in <b>s</b>	ection 170	(b)(1)(A)(i).		
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (A1	tach Sched	dule E )				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>secti</b> o	on 170(b)(:	1)(A)(iii).		
4	Γ	A medi	cal researcl	h organization opera	ted ın conjur	ction with a	a hospital des	cribed in <b>s</b>	ection 170(b)	(1)(A)(iii).	Enter the
	_			ty, and state							
5	ı	_		erated for the benefi	_	e or univers	ity owned or o	perated by	a governmer	ntal unit des	cribed in
	_	sect ior	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )						
6				local government o	-						
7	Г			at normally receives			s support from	n a governm	nental unit or	from the gen	eral public
	_			on 170(b)(1)(A)(vi).				т \			
8			-	described in <b>section</b>			-	-			
9	굣	_		at normally receives					•	· ·	-
		•		ities related to its e	•	-			• •		
		•	-	oss investment inco						tax) from b	usinesses
	_			ganızatıon after June							
10	<u> </u>	_		ganized and operated							
11	ı			ganized and operated							
			•	ly supported organız bes the type of supp			. , ,	•		see <b>section</b> :	509(a)(3). C neck
				<b>b</b> Type II <b>c</b>						lon-function	ally integrated
e	Г			ox, I certify that the							
	•	•	-	on managers and ot	-			•		•	
			n 509(a)(2)								
f			-	received a written d	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	e III support	ing organizatio <u>n,</u>
			this box	2006, has the organ	ization acco	atad any gu	ft or contribut	ion from an	v of the		J
g			ng persons?		ization acce	oteu aliy gii	it of contribut	ion nom an	y of the		
			<b>.</b>	rectly or indirectly o	controls, eith	ner alone or	together with	persons d	escribed in (ii	)	Yes No
		and (III	) below, the	governing body of th	ne supported	organizatio	on?			119	g(i)
		(ii) A f	amily memb	er of a person descr	ıbed ın (ı) ab	ove?				110	ı(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii)
h				ng information about							<u> </u>
				J	• •		, ,				
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of
s	uppo	rted		organization	organizat	ion in	the organ	zation	organiza	tion in	monetary
or	ganiz	ation		(described on	col (i) lıs		ın col (i)		col (i) or		support
				lines 1 - 9 above	your gove	_	suppo	rt <sup>7</sup>	ın the l	JS?	
				or IRC section (see	docume	ent?					
				instructions))				T		1	
				,,	Yes	No	Yes	No	Yes	No	
								ļ			
								<u> </u>			
			I	1	I	1	1	1	1	1	1

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

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

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ┡	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 20	)13	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	293,385	337,591	394,153	543,678		426,945	1,995,752
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,362	29,737	82,969	51,429		25,121	203,618
3	Gross receipts from activities that are not an unrelated trade or business under section 513	203,450	34,800	35,040	36,560		284,300	594,150
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	511,197	402,128	512,162	631,667		736,366	2,793,520
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	221,462	53,925	58,400	42,427		124,750	500,964
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
_	amount on line 13 for the year Add lines 7a and 7b	221,462	53,925	58,400	42,427		124,750	500,964
8	Public support (Subtract line 7c from line 6)	221,102	33,323	30,100	12,127		12 17/30	2,292,556
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 20	13	<b>(f)</b> Total
9	<b>in) ►</b> A mounts from line 6	511,197	402,128	512,162	631,667		736,366	2,793,520
10a	Gross income from interest, dividends, payments received on	4,500	13,076	12,243	19,888		23,976	73,683
	securities loans, rents, royalties and income from similar sources	4,300	13,070					
b	and income from similar	4,300	13,070					
b c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	4,500	13,076	12,243	19,888		23,976	73,683
c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			12,243	19,888		23,976	73,683
_	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the			12,243	19,888		23,976	
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	2,025 517,722	13,076 415,204	524,405	651,555		760,342	2,025
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is	2,025 517,722	13,076 415,204	524,405	651,555		760,342	·
c 11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	4,500 2,025 517,722 for the organizatio	13,076 415,204 n's first, second,	524,405	651,555		760,342	2,025
c 11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here	4,500  2,025  517,722  for the organizatio	13,076 415,204 n's first, second, <b>rcentage</b>	524,405 third, fourth, or fi	651,555		760,342	2,025 2,869,228 Ization,
c 111 12 13 14 See 15	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	4,500  2,025  517,722  for the organizatio  lic Support Pe (line 8, column (f	13,076  415,204 n's first, second, rcentage ) divided by line	524,405 third, fourth, or fi	651,555	501(c)(3	760,342	2,025 2,869,228 Ization, ▶┌
c 111 12 13 14 Se 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2013	4,500  2,025  517,722  for the organizatio  lic Support Pe (line 8, column (f	13,076  415,204 n's first, second,  rcentage ) divided by line: rt III, line 15	524,405 third, fourth, or fi	651,555	501(c)(3	760,342	2,025 2,869,228 Ization, ▶☐ 79 900 %
c 111 12 13 14 See 15 16 See	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub Public support percentage from 20:	4,500  2,025  517,722  for the organizatio  lic Support Pe (line 8, column (f	13,076  415,204 n's first, second,  rcentage ) divided by line: rt III, line 15 ne Percentag	524,405 third, fourth, or fi 13, column (f))	651,555 fth tax year as a	501(c)(3	760,342	2,025 2,869,228 Ization, ▶☐ 79 900 %
c 111 12 13 14 Se 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 201  Ction D. Computation of Inv	2,025  517,722  for the organizatio  lic Support Pe (line 8, column (f. 2 Schedule A, Pa estment Incor 2013 (line 10 c, co	13,076  415,204 n's first, second,  rcentage ) divided by line: rt III, line 15  me Percentag lumn (f) divided b	524,405 third, fourth, or file 13, column (f))  e y line 13, column	651,555 fth tax year as a	501(c)(3	760,342	2,025 2,869,228 Ization, 79 900 % 78 610 %

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	,
	17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

Facts And Circumstances Test				
Return Reference	Explanation			
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2009 AMOUNT \$ 2,025			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493162001004

### OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

Open to Public Inspection

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

•	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III				
	ime of the organization STORIC HAWAI'I FOUNDATION			Employ	er idei	ntification number
1113	DI OUTC HANNALL LOONDALTON			23-74	41972	!
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(			
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	ivities in Part IV		
2	Political expenditures				<b>-</b>	\$
3	V olunteer hours					
		ganization is exempt unde				
1		e tax incurred by the organization			•	\$
2		e tax incurred by organization mar	_	n 4955	•	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?			☐ Yes ☐ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	•	ganization is exempt unde				01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities	•	\$
2	Enter the amount of the filing of exempt function activities	rganızatıon's funds contributed to	other organizations	s for section 527	<b>•</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	٠	\$
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?				┌ Yes ┌ No
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	om the filing organizato a separate politic	ation's al org	funds Also enter the anization, such as a
	(a) Name	(b) Address	<b>(c)</b> EIN	(d) A mount paid filing organizati funds If none, en	on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	EIN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	1,566	
c	Total lobbying expenditures (add lines 1a and 18	o)	1,566	
d	Other exempt purpose expenditures		771,466	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	773,032	
f	Lobbying nontaxable amount Enter the amount f	140,955		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	35,239	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	reporting	□ Ves □ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) Total beginning in) Lobbying nontaxable amount 79,232 140,955 220,187 Lobbying ceiling amount 330,281 (150% of line 2a, column(e)) 865 Total lobbying expenditures 1,566 2,431 Grassroots nontaxable amount 19,808 35,239 55,047 Grassroots ceiling amount 82,571 (150% of line 2d, column (e)) Grassroots lobbying expenditures

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

Schedule C (Form 550 CF 250 CF 250 CF			rage <del>-r</del>		
Part IV Suppler	nental Information <i>(continu</i>	ed)			
Return Referer	ce	Explanation			
-					
-					

Schedule D (Form 990) 2013

DLN: 93493162001004

OMB No 1545-0047

Open to Public

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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

**Supplemental Financial Statements** 

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

Na	me of the organization STORIC HAWAI'I FOUNDATION	Employer identification number					
1115	LOVIC HAMATT LOOMDALTON	23-7441972					
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No				
6	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?						
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.				
1 2	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation)  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)  Preservation of an Preservation of a contraction	historically important land area ertified historic structure ne form of a conservation				
	casement on the last day of the tax year	Γ	Held at the End of the Year				
а	Total number of conservation easements		<b>2a</b> 2				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified histo	oric structure included in (a)	<b>2c</b> 2				
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d				
3	Number of conservation easements modified, transferr	- ed, released, extinguished, or terminated	d by the organization during				
	the tax year <b>►</b>						
4	Number of states where property subject to conservati	ion easement is located <b>b</b> 1					
5	Does the organization have a written policy regarding t	•	— ling of violations, and				
,	enforcement of the conservation easements it holds?		☐ Yes   ✓ No				
5	Staff and volunteer hours devoted to monitoring, inspection.  10 00	cting, and enforcing conservation easem	ents during the year				
7	Amount of expenses incurred in monitoring, inspecting  \$\blue \$ 750	, and enforcing conservation easements	during the year				
8	Does each conservation easement reported on line 2(of and section $170(h)(4)(B)(H)$ ?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)				
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial :					
aı	Complete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar Assets.				
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or research in furtherance of public				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education, o					
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$				
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		'				
а	Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$				

Assets included in Form 990, Part X

Par	t Organizations Maintaining Co	llections of Art, I	<u>Hist</u>	<u>tori</u>	<u>cal Tr</u>	easur	es, or O	<u>ther</u>	Similar Ass	<u>sets (</u>	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	s, ch	ecka	ny of t	he follo	wing that a	ire a s	significant use	of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Other	<u>-</u>					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how	v the y	furthe	r the or	ganızatıon	's exe	mpt purpose i	n	
5	During the year, did the organization solicit o									_	_
Do	assets to be sold to raise funds rather than t									Yes	☐ No
Pal	<b>Part IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	u re	s to form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets no		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llow	/ıng t	able		_				
									Am	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year						L	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?						Γ	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	xpla	natio	n has	been pr	ovided in F	art X	III	,	. Г
Pa	rt V Endowment Funds. Complete	f the organization a	ans	were	d "Ye	s" to Fo	orm 990,	Part	IV, line 10.		
		(a)Current year	(b)	Prior y		<b>b (c)</b> Two		+` _		<b>(e)</b> Four	years back
1a	Beginning of year balance	600,995			500,995		560,995		560,995		450,995
Ь	Contributions						40,000	1			110,000
С	Net investment earnings, gains, and losses	13,084			17,154		9,769	,			
d	Grants or scholarships	320,500									
e	Other expenditures for facilities and programs	11,293			17,154		9,769				
f	Administrative expenses										
g	End of year balance	282,286		-	500,995		600,995		560,995		560,995
2	Provide the estimated percentage of the curi		(line	e 1g,	colum	n (a)) he	eld as				
а	Board designated or quasi-endowment 🕨	14 800 %									
b	Permanent endowment ► 85 200 %										
С	Temporarily restricted endowment ► Control of the percentages in lines 2a, 2b, and 2c shows the control of the percentages in lines 2a, 2b, and 2c shows the control of the percentages in lines 2a, 2b, and 2c shows the control of the percentages in lines 2a, 2b, and 2c shows the control of the percentages in lines 2a, 2b, and 2c shows the control of the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentages in lines 2a, 2b, and 2c shows the percentage and 2b shows the percentage	) % uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organizati	ıon t	hat a	re held	d and ad	lmınıstered	for t	he		
	organization by									Ye	<del></del>
	(i) unrelated organizations (ii) related organizations		•	•				•	3a(i	-	No No
ь	If "Yes" to 3a(II), are the related organization							• •	3b	_	1
4	Describe in Part XIII the intended uses of th	•									
Pai	Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e or	gan	ızatıor	answ	ered 'Yes	' to F	orm 990, Pa	rt IV,	line
	Description of property				a) Cost o		(b)Cost or basis (otl		(c) Accumulate depreciation	d (d)	Book value
	Land			+						+	
	Buildings									+	
	Leasehold improvements									+	
	Equipment						5	3,780	48,1	187	5,593
	Other		-					4,235	·	078	157
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	colui	mn (E	3), line	10(c).)				+	5,750
	- , , , ,	. ,		•	-	,				(Form	990) 2013

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Part	ΧI		evenue per Audited Financial S			ts With Revenue p	er Re	turn Complete if
1	Total		ered 'Yes' to Form 990, Part IV, lii r support per audited financial statemei				1	633,425
2			t not on Form 990, Part VIII, line 12				$\neg$	· ·
a	Netι	ınrealızed gaıns on ınvestı	ments		2a	38,231		
b			cilities		2b	30,236		
с					2c			
d e		r (Describe in Part XIII ) ines <b>2a</b> through <b>2d</b>		'	2d		2e	68,467
3		3					3	564,958
4			), Part VIII, line 12, but not on line <b>1</b>	-				
а	Inve	stment expenses not inclu	ided on Form 990, Part VIII, line 7b		4a	888		
b	Othe	r (Describe in Part XIII )			4b	62,141		
с -						-	4c	63,029
5 Part			4c. (This must equal Form 990, Part I, epenses per Audited Financial				5	627,987 <b>Return</b> , Complete
		ıf the organization ans	wered 'Yes' to Form 990, Part IV,	line	12a.		<del>, , , , , , , , , , , , , , , , , , , </del>	
1			audited financial statements				1	559,182
2			not on Form 990, Part IX, line 25		2a	30,236		
a b					2a 2b	30,236		
c		•			2c			
d	Othe	(Describe in Part XIII )			2d			
e	Addl	ines <b>2a</b> through <b>2d</b>					2e	30,236
3				•			3	528,946
4			), Part IX, line 25, but not on line 1:		ـها	I		
a b		·	ded on Form 990, Part VIII, line 7b.		4a 4b	888 327,637		
c							4c	328,525
5			d <b>4c.</b> (This must equal Form 990, Part :	I, line	e 18 )		5	857,471
		Supplemental Info						
			Part II, lines 3, 5, and 9, Part III, lines lines 2d and 4b, and Part XII, lines 2d					e any additional
	nation		· · ·				<u> </u>	,
	Re	turn Reference	Explanation					
PART	II, LIN		PRESERVATION EASEMENTS ARE L HISTORIC PROPERTIES BE PRESER					
			PRESERVATION AND CONSERVATI	IONE	EASEM	ENT FOR THE FRED C	BALD	WIN MEMORIAL
			HOME IN MAKAWAO, MAUI, HAWAI THE EASEMENT WAS TO ASSURE T					
			AESTHETIC FEATURES OF THE BUI FOREVER SUBSTANTIALLY IN THEI					
			EFFECTIVE DATE OF THE EASEMEN	NT FC	RCON	SERVATION AND PRI	ESERV	ATION PURPOSES,
			TO PREVENT ANY USE OR CHANGE IMPACT OR INTERFERE WITH THE N					
			AROUND THE BUILDING THE FOUN WITH MAKING SURE THE BUILDING					
			SAME OR BETTER CONDITION AS E	EXIST	TEDOI	N THE EFFECTIVE DAT	TE OF T	THE EASEMENT,
			HOWEVER, THE OWNER OF THE HO RESPONSIBLE FOR FINANCING ITS					
			FOUNDATION WITH A VESTED REA	AL PR	OPERT	Y INTEREST IN THE P	ROPE	RTY THAT WAS NOT
			RECOGNIZED IN THE ACCOMPANY UNCERTAINTY EXISTS ABOUT THE					
			ALTERNATIVE USE PREVIOUSLY, A UNIVERSITY OF HAWAII BY THE ES					
			FOUNDATION BE GIVEN A PRESERY	VATI	ONAN	ID CONSERVATION E	ASEME	ENT TO ASSIST IN
			PRESERVING AND MAINTAINING T CULTURAL FEATURES FOR THE BEN					
			RESPONSIBILITY OF THE FOUNDAT					
			HISTORICAL INTEGRITY OF THE BU	UILD	ING T	HE FOUNDATION IS A	LSO C	CHARGED WITH
			MAKING SURE THE BUILDING RECE HOWEVER, THE UNIVERSITY, AS O					
			USED AND WILL BE RESPONSIBLE F	FOR F	FINANO	CING ITS PRESERVAT	ION T	HE EASEMENT
			THAT WAS NOT RECOGNIZED IN TH	HEA	ссомі	PANYING FINANCIAL	STATE	EMENTS BECAUSE A
			MAJOR UNCERTAINTY EXISTS ABO NO ALTERNATIVE USE	UTT	HE EX	ISTENCE OF VALUE, A	ND TH	1E EASEMENT HAS
PART	V,LIN	E 4	HISTORIC HAWAII FOUNDATION (					
			THE BRETZLAFF FOUNDATION END PROVIDE SUPPORT FOR THE OPER.					
			FOUNDATION THE HHF ENDOWME AND ACTIVITIES OF THE HISTORIO					
			PRESERVATION FUND FOR HAWAI`	`I WA	SINIT	TIATED IN 2008 AS TH	HE HAV	I'IAW
			PRESERVATION FUND ENDOWMEN' UNDER AN AGREEMENT BETWEEN T					
			HISTORIC PRESERVATION TO CRE PRESERVATION PROJECTS IN THE					
			ANNUAL GRANTS THAT SUPPORT O	CULT	URALI	HERITAGE PRESERVA	TIONE	EFFORTS, AND FOR
			RELATED TECHNICAL ASSISTANCE WILL PARTICIPATE IN THE GRANT					
			JOINTLY REVIEWED BY THE FOUND	OATIO	NANC	D THE NATIONAL TRU	JST FO	RHISTORIC
			PRESERVATION THE FUNDS WERE PRESERVATION IN MAY 2013 WHE					
			YEAR OF DECEMBER 31, 2011, THE \$40,000 OF UNRESTRICTED NET A					
			FUND TO SUPPORT ANNUAL EASEN					
PART	X. LIN	E 2	OF 12/31/13 TOTALED \$40,000 ACCOUNTING PRINCIPLES GENERA	ALLY	ACCE	PTED IN THE UNITED	STATE	 ES OF AMERICA
	., ==14		REQUIRE UNCERTAIN TAX POSITION	ONS	то ве	RECOGNIZED IN THE	FINAN	NCIAL STATEMENTS
			IF THEY ARE MORE LIKELY THAN N MANAGEMENT HAS EVALUATED TH					
			2013 AND 2012 AND FOR THE YEAR RETURNS AND CONFERRING WITH					
			FOUNDATION HAD NO UNCERTAIN	NTAX	( POSI	TIONS REQUIRED TO	BE RE	PORTED IN
			ACCORDANCE WITH SUCH GENERAL TAX RETURNS ARE GENERALLY OPE					
D	V* · -	IE AD OTHER	THE STATUTES OF LIMITATIONS E	XPIR	ES			
ADJUS		IE 4B - OTHER TS	INCREASE IN TEMPORARILY RESTF KIND CONTRIBUTION 7,089	KICTI —	בט NE1 	. ASSEIS 55,004 REC	LASS	INVENIORY 48 IN
	,		RECLASS INVENTORY 48 TRANSFE	ROF	PERM	ANENTLY RESTRICTE	D NET	ASSETS 320,500
ADJUS	PIMEN	15	IN KIND CONTRIBUTION 7,089					

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493162001004

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	ne of the organization TORIC HAWAI'I FOUNDAT		Employer identification number							
1113	TORIC HAWAI I FOUNDAT	1011					23-7441972			
Pa	<b>rt I Fundraising Act</b> Form 990-EZ filers				on answered "Yes" part.	to Form	990, Part IV	, line 17.		
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the 1	following activities Che	eck all th	at apply			
а	Mail solicitations			е	Solicitation of nor	n-governi	ment grants			
b	Internet and email soli	cıtatıons		f	Solicitation of gov	vernment	grants			
c	c									
d	d									
2a	Did the organization have a or key employees listed in							Г Yes Г No		
b	If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	er which the fu	ndraiser is		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization		
			Yes	No						
3	List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	or has bee	en notified it is	exempt from		

Sche	edule	G (Form 990 or 990-EZ) 2013				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
		evente man grees rescipte g	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col <b>(c)</b> )
Revenue	1	Gross receipts	328,045	5		328,045
⊕ ⊕	2	Less Contributions	43,745	5		43,745
<u>~</u>	3	Gross income (line 1 minus line 2)	284,300			284,300
	4	Cash prizes				
မှာ 48	5	Noncash prizes				
ensk ensk	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
△	9	Other direct expenses .	131,609			131,609
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)		(131,609)
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)		152,691
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>종</u>	1	Gross revenue				
s Ses	2	Cash prizes				
çben	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
툽	5	Other direct expenses				
	6	Volunteer labor	<ul><li>✓ Yes</li></ul>	Г Yes% Г No	<ul><li>☐ Yes</li></ul>	
	7	Direct expense summary Add lines	s 2 through 5 in column (	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	tivities		
а		the organization licensed to operate				Fyes F <sub>No</sub>
b	If"	No," explain				_
10a		re any of the organization's gaming l	icenses revoked, suspei	nded or terminated during	the tax year?	
b	11	Yes," explain				

						11				
Does	s the organization operate gaming activi	ties with nonmembers	s?	Г	Yes $\Gamma_{No}$					
12	Is the organization a grantor, beneficia									
	formed to administer charitable gamin	g <sup>,</sup>			┌ Yes ┌	No				
13	Indicate the percentage of gaming act	ıvıty operated ın								
а	The organization's facility					%				
b	An outside facility			13b		%				
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special eve	nts books and record	ls					
	Name 🟲									
	Address 🟲									
15a b	Does the organization have a contract revenue?	evenue received by the	he organization 🟲 \$		· 「Yes 「	No				
	amount of gaming revenue retained by	the third party 🟲 🕏 _								
C	If "Yes," enter name and address of th	e third party								
	Name 🕨									
	Address ►									
16	Gaming manager information									
	Name 🕨									
	Gaming manager compensation ► \$									
	Description of services provided									
	Director/officer	Employee	☐ Independent contr	actor						
17	Mandatory distributions									
а	Is the organization required under stat	:e law to make charita	able distributions from the gaming p	proceeds to						
	retain the state gaming license?				$\Gamma_{ m Yes}$ $\Gamma$	No				
b	Enter the amount of distributions requ	red under state law d	distributed to other exempt organiza	ations or spent						
	ın the organızatıon's own exempt actıv	ities during the tax y	ear 🟲 💲							
Pai		5b, 15c, 16, and 17	planations required by Part I, 7b, as applicable. Also complet			nd				
	Return Reference		Explanation	n						
		<u> </u>	·	Schodulo G /Forn	- 000 000 F7\	2012				

Part I General Information on Grants and Assistance

Enter total number of other organizations listed in the line 1 table .

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

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

HISTORIC HAWAI'I FOUNDATION

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

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

Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No 1545-0047

Employer identification number

23-7441972

2013

DLN: 93493162001004

Open to Public

Schedule I (Form 990) 2013

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HAWAII MISSION HOUSES HISTORIC SITE & ARCHIVES 553 S KING STREET HONOLULU,HI 96813	99-0073491	501(C)(3)	60,000				TO RESTORE THE ROOF AND EXTERIOR STAIRCASE AT THE CHAMBERLAIN HOUSE
(2) WAIOLI CORPORATION PO BOX 1631 LIHUE,HI 96766	99-0079200	501(C)(3)	45,000				TO RESTORE THE ROOF OF THE GROVE FARM MUSEUM MAIN HOUSE AND EXTERMINATE TERMITES IN 34 BUILDINGS IN KAIPU CAMP
(3) FRIENDS OF WAIPAHU CULTURAL GARDEN PARK 94-695 WAIPAHU STREET WAIPAHU,HI 96796	23-7381472	501(C)(3)	20,000				TO RESTORE THE ROOF OF THE WAKAMIYA INARI SHRINE
(4) NATIONAL TRUST FOR HISTORIC PRESERVATION 2600 VIRGINA AVENUE NW SUITE 1000 WASHINGTON, DC 20037	53-0210807	501(C)(3)	320,500				TO TRANSFER THE CORPUS OF THE SAM AND MARY COOKE PRESERVATION FUND FOR HAWAII FOR PRESERVATION PROJECTS IN THE HAWAIIAN ISLANDS

	(· ···································			
rt III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization answered	"Yes" to Form 990, I	Part IV, line 22.
	Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental In	formation. Provide the inf	formation required in l	Part I, line 2, Part III, co	lumn (b), and any other a	dditional information.
	Explanation				

PART I, LINE 2 HHF DEVELOPED A GRANT REQUEST SUBMITTAL FORM AND CHECKLIST FOR REQUIRED INFORMATION, INCLUDING DESCRIPTION OF ORGANIZATIONAL PROFILE AND CAPACITY, SCOPE OF WORK, QUALIFICATIONS OF PROGRAM PERSONNEL, AND GRANT BUDGET A PORTION OF THE GRANT FUNDS ARE PROVIDED AT PROJECT INITIATION AND THE FINAL PORTION IS RELEASED ON PROJECT COMPLETION A FINAL REPORT IS REQUIRED ABOUT THE PROJECT OUTCOMES AND FINANCIAL REPORT HHF TYPICALLY CONDUCTS A SITE VISIT AT THE ON-SET AND CONCLUSION OF THE PROJECT TO CONFIRM THE SCOPE OF WORK

DLN: 93493162001004

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

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

Open to Public Inspection

Name of the organization HISTORIC HAWAI'I FOUNDATION

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** 

23-7441972

Part I Types of	Property			-	3 / 1113/2			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			nts
1 Art—Works of art .	[	Х	1	70	FAIR MARKET V	ALUE		
2 Art—Historical treas	sures .							
3 Art—Fractional inter	ests							
4 Books and publication	<b>⊢</b>							
5 Clothing and househ goods	old							
6 Cars and other vehic	cles							
<b>7</b> Boats and planes .								
8 Intellectual property	/ [							
9 Securities—Publicly	traded .							
10 Securities—Closely	held stock .							
11 Securities—Partners or trust interests .								
<b>12</b> Securities—Miscella								
13 Qualified conservati contribution—Histor structures	пс							
14 Qualified conservati contribution—Other	on							
<b>15</b> Real estate—Reside	ntial .							
<b>16</b> Real estate—Comme	ercial							
<b>17</b> Real estate—Other	[							
<b>18</b> Collectibles	[							
<b>19</b> Food inventory .	[							
<b>20</b> Drugs and medical s	supplies .							
<b>21</b> Taxıdermy								
22 Historical artifacts	[							
<b>23</b> Scientific specimens	s							
<b>24</b> Archeological artifac	cts							
<b>25</b> Other►( SILENT AUCTIO)		Х	17		5 FAIR MARKET V			
26 Other►( SOFTWARE)		Х	1		FAIR MARKET V			
27 Other►( DTHER EVENTI) 28 Other►(		X	2		D FAIR MARKET V			
MEALS / BEVER )  Other►(		X	2		D FAIR MARKET V			
PRESERVATION)	.0.2				TAIR HARRET V			
			ion during the tax year for Part IV, Donee Acknowled		29		Yes	No
- · · · ·	east three years fro	m the date	contribution any property r e of the initial contribution, ?		= '	30a		No
<b>b</b> If "Yes," describe t	he arrangement in I	Part II						
<b>31</b> Does the organizati	on have a gıft acce	ptance po	licy that requires the revie	w of any non-standard c	ontributions?	31	Yes	
32a Does the organizati contributions? .		•	related organizations to s	olicit, process, or sell no	oncash • • •	32a		No
<b>b</b> If "Yes," describe i	n Part II							
		nount in co	lumn (c) for a type of prop	erty for which column (a	) is checked,			

PART I, COLUMN (B)

artit	Supplemental Into	<b>ormation.</b> Provide the information required by Part 1, lines 30b,
	32b, and 33, and wh	nether the organization is reporting in Part I, column (b), the number of contributions, the
	number of items rec	eived, or a combination of both. Also complete this part for any additional information.
Ret	urn Reference	Explanation

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

Schedule M (Form 990) (2013)

### DLN: 93493162001004

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization HISTORIC HAWAI'I FOUNDATION

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

**Employer identification number** 

23-7441972

990 Schedu	le O, Supplemental Information
Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE ORGANIZATION HAS A CO-EMPLOYMENT ARRANGEMENT WITH ALTRES, WHO IS THE OUTSOURCED HR/PAYROLL PROVIDER AND THE EMPLOYER OF RECORD THE ORGANIZATION IS THE WORKSITE EMPLOYER
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP NONE BUSINESS RELATIONSHIP FLEMING/CAMPBELL, LEE/FARM, MATSUMOTO/FARM
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND THE PRESIDENT OF THE BOARD OF TRUSTEES MEMBERS HAVE THE RIGHT TO AMEND THE BY-LAWS MEMBERS DO NOT HAVE THE RIGHT TO RECEIVE A SHARE OF THE ORGANIZATION'S ASSETS UPON THE ORGANIZATION'S DISSOLUTION
FORM 990, PART VI, SECTION A, LINE 7A	HISTORIC HAWAII HAS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS TAKE ACTION ANNUALLY
FORM 990, PART VI, SECTION B, LINE 11	HISTORIC HAWAII FOUNDATION SHALL ANNUALLY PREPARE REQUIRED FILINGS WITH THE INTERNAL REVENUE SERVICE (FORM 990) THE EXECUTIVE DIRECTOR SHALL FORWARD THE PRE-FINAL FORM 990 TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT THE EXECUTIVE DIRECTOR SHALL COMPLETE REVISIONS AS DIRECTED BY THE FINANCE COMMITTEE AND SHALL FORWARD THE FINAL FORM 990 TO THE BOARD OF TRUSTEES FOR REVIEW AND ACCEPTANCE PRIOR TO FILING THE FORM 990 WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY IF IN THE COURSE OF THE ORGANIZATION'S ACTIVITIES, A CONFLICT OF INTEREST ARISES, THE BOARD MEMBER DISCLOSES THE CONFLICT, REFRAINS FROM THE DELIBERATIONS AND ABSTAINS FROM VOTING IF THERE IS UNCERTAINTY ABOUT WHETHER AN ACTUAL CONFLICT EXISTS, THE BOARD MEMBER DISCLOSES THE CIRCUMSTANCES AND THE REMAINDER OF THE BOARD MAKES A DETERMINATION ABOUT WHETHER THE SITUATION PRESENTS AN ACTUAL OR MATERIAL CONFLICT DISCLOSURES, CONFLICTS AND THE BOARD MEMBERS' ABSTENTION FROM THE ACTION ARE REPORTED IN THE MEETING MINUTES
FORM 990, PART VI, SECTION B, LINE 15A	IN ACCORDANCE WITH THE POLICIES OF THE BOARD OF HISTORIC HAWAII FOUNDATION, AN EVALUATION OF CY2013 PERFORMANCE FOR EXECUTIVE DIRECTOR KIERSTEN FAULKNER WAS CONDUCTED FOLLOWING THIS PROCEDURE. THE EVALUATION PROCESS WAS FACILITATED BY THE BOARD EXECUTIVE COMMITTEE, WITH THE OPPORTUNITY FOR PARTICIPATION BY THE ENTIRE BOARD. IN FEBRUARY A REVIEW OF THE CURRENT JOB DESCRIPTION FOR THE EXECUTIVE DIRECTOR WAS CONDUCTED, AND AN EVALUATION CHECKLIST WAS FINALIZED AND CIRCULATED TO ALL BOARD. MEMBERS AND THE EXECUTIVE DIRECTOR. THE EVALUATION CHECKLIST WAS BASED UPON THE JOB DESCRIPTION AND THE ORGANIZATIONAL OBJECTIVES HISTORIC HAWAII FOUNDATION AND ITS STRATEGIC PLAN. THE EVALUATION CHECKLISTS WERE COMPLETED BY BOARD MEMBERS AND A COMPILATION OF THE RESULTS (IN THE FORM OF A COMPOSITE CHECKLIST) WAS PREPARED AND PRESENTED TO THE BOARD IN EXECUTIVE SESSION. THE EXECUTIVE DIRECTOR ALSO PREPARED A SEPARATE SELF EVALUATION, INCLUDING PROPOSED PERFORMANCE OBJECTIVES FOR CY2014. AT ITS MEETING IN EXECUTIVE SESSION THE BOARD REVIEWED THE COMPILATION OF THE EVALUATION CHECKLIST RESULTS AND DISCUSSED AND REACHED CONSENSUS ON EACH ITEM IN THE CHECKLIST AS REFLECTED IN THE COMPILATION. THE BOARD ALSO DISCUSSED THE COMPENSATION OF THE EXECUTIVE DIRECTOR, TAKING INTO ACCOUNT THE CURRENT FINANCIAL CIRCUMSTANCES OF HISTORIC HAWAII FOUNDATION, THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, THE ECONOMY STATUS OF HAWAII, THE UNDERSTANDING OF THE BOARD ON COMPENSATION OF EXECUTIVE DIRECTOR, THE ECONOMY STATUS OF HAWAII, THE UNDERSTANDING OF THE BOARD ON COMPENSATION OF EXECUTIVE DIRECTORS/CEOS OF COMPARABLE ORGANIZATIONS IN HAWAII AND THE REGION, AND ANY OTHER CIRCUMSTANCES. THIS PROCESS IS DOCUMENTED IN THE EMPLOYEES PERSONNEL FILE AND IN THE BOARD PRESIDENT'S CONFIDENTIAL FILE.
FORM 990, PART VI, SECTION C, LINE 19	HISTORIC HAWAII FOUNDATION MAINTAINS COPIES OF ALL ORGANIZATIONAL DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION, BY-LAWS AND DETERMINATION OF 501(C)(3) TAX EXEMPT STATUS IN PERPETUITY HISTORIC HAWAII FOUNDATION MAINTAINS COPIES OF ITS ANNUAL FILING WITH THE INTERNAL REVIEW SERVICE (FORM 990), ANNUAL AUDIT OF FINANCIAL STATEMENTS, AND ANNUAL REPORTS FOR A PERIOD OF SIX YEARS SUCH DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE CORPORATION OFFICE DURING NORMAL OFFICE HOURS
FORM 990, PART IX, LINES 7 AND 10	PAYROLL TAXES ARE INCLUDED ON LINE 7 (OTHER SALARIES AND WAGES) INSTEAD OF LINE 10 (PAYROLL TAXES)