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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.us gov/form990. Open to Public Inspection

	A F	or the	2014 calendar year, or tax year beginning and	ending		_
	B c	heck if pplicable	C Name of organization	•	D Employer identifica	ation number
		Addres	HAWAII ASSOCIATION OF REALTORS			
		Name change	Doing business as	·	23-70	56154
		Initial return	Number and street (or P.0 box if mail is not delivered to street address)	Room/suite		
	L.	Final  return/  termin-		300	(808)	733-7060
	_	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,870,916.
	<u> </u>	⊥return ∏Applica		s .	H(a) Is this a group retifor subordinates?	um Yes X No
	L	⊥tión pendin	SAME AS C ABOVE		H(b) Are all subordinates incl	
<b>6</b>			empt status 501(c)(3) _X 501(c)( 6 ) ◀ (insert no.) 4947(a)(1)	or527	<del>-</del>	st (see instructions)
©[]∩7			e: ► WWW.HAWAIIREALTORS.COM		H(c) Group exemption	number >
			organization: X Corporation Trust Association Other	L Year	of formation: 1972 M	State of legal domicile HI
<b>9</b> ₹	Pa		Summary	DITTODA	TE OF UNIVERSE	
~	ce		Bnefly describe the organization's mission or most significant activities $\stackrel{ extbf{THE}}{ ext{ASSOCIATION}}$ OF REALTORS ("HAR") IS $\stackrel{ extbf{TO}}{ extbf{EN}}$	PURPUS		OF ITS
ر (	Governance	-	Check this box I if the organization discontinued its operations or dispo			
_0	ver		Number of voting members of the governing body (Part VI, line 1a)	isea oi mor	e (nan 25% of its het ass	32
-		Į.	Number of independent voting members of the governing body (Part VI, line 1b)		4	32
57	S		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	11
3	/itie	i i	Total number of volunteers (estimate if necessary)		6	120
ξζ 313	Activities &	l .	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	A		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
00					Prior Year	Current Year
	9	8	Contributions and grants (Part VIII, line 1h)		25,280.	80,141.
	nue	9 1	Program service revenue (Part VIII, line 2g)		1,627,255.	1,786,955.
L	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,321.	2,544.
2015	Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,276.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,654,856.	1,870,916.
<b>⇔</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	3,165.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
DEC	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	873,613.	898,395.
	Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	, L	0.	<u> </u>
$\bigcirc$	Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		4 644 64
\frac{1}{2}	_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		800,388.	1,016,831.
9		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,674,001.	1,918,391.
<b></b>	_ N	19	Revenue less expenses Subtract line 18 from line 12	<del></del>	<19,145.>	<del></del>
SCANNED	ts o		Total assets (Part X line 16)	В.	eginning of Current Year	End of Year
$(\mathcal{G})$	Sse	20	Office assets (Fair X, line 10)		2,106,950.	2,144,795.
	Net Ass Fund Bal	21	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20 2015	-	907,847.	992,416.
	F <sub>a</sub>	rt II	Signature Block		1,199,103.	1,152,379.
			ties of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the hest of my	knowledge and helief it is
	true.	correct	t, and concluse Declaration of groups for things than stilled a page gon all information of wi	hich prepare	r has any knowledne	knowledge and belief, it is
		T	- Halley XVIIII WE OF YOU	···on propero	9.29.2	015
	Sigr	,	Signature of officer		Date	
	Her	1	NANCY DONAHUE-JONES, CHIEF EXECUTIVE	OFFICE	ER	
		l	Type or print name and title	<del></del>		<del></del>
			Print/Type preparer's name Preparer's signature		Date Check	PTIN
	Paid	·	ALAN M.L. YEE ( 30 W 3 U	اعم	825/15 If self-employed	P00130314
	Prep	arer	Firm's name KMH LLP	)	Firm's EIN	42-1539623
	Use	Only	Firm's address 1003 BISHOP STREET, SUITE 2400			
			HONOLULU, HI 96813		Phone no. 808	-526-2255
	May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2014)

# Form 990 (2014) HAWAII ASSOCIATION OF REALTORS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	<del></del>
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_ X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u> </u>
Ð	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<del></del> -
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<del></del> -	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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	441		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_13		<del>                                     </del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Γ
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<b> </b>	X
_b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	l

Form 990 (2014) HAWAII ASSOCIATION OF REALTORS
Part IV Checklist of Required Schedules (continued)

		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<b>!</b>	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ŀ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		٠,,
	Schedule K If "No", go to line 25a	24a	_	X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	-	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		X
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			77
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30_	-	_X
31	If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	i	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 í	2014

## 2014) HAWAII ASSOCIATION OF REALTORS Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Form 990 (2014) Part V Sta

	Check it Schedule O Contains a response of note to any line in this Part V			LX.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<b></b> -
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
<b>4</b> 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		X
D	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		v
5a	5 , , , , , ,	5a .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		<b></b>
Ua	any contributions that were not tax deductible as charitable contributions?	٥.	х	1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		<b></b> -
•	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	- 00		<u> </u>
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8_		Ĺ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		<u></u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			ĺ
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders  11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
12-	amounts due or received from them)  Section 4047(a)(4) and account of bounts his trusted in the account of the Form 200 in the conference of the form and the conference of			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b></b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(a)(20) qualified personality health incurrence incurred.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	40-		<del> </del>
а	Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			[
-	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<del></del>	The state of the s	יארי	ليبيا	

Form 990 (2014) HAWAII ASSOCIATION OF REALTORS

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

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	_		X
Sec	tion A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 32			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ا ۔۔ ا	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ا ۔ ا	<b>.</b>	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108		40-		Х
_	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	166		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah		
	for public inspection. Indicate how you made these available. Check all that apply	-vullat	,,6	
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.	1611	Jiul	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HAWAII ASSOCIATION OF REALTORS - (808) 733-7060			
	1259 A'ALA STREET, SUITE 300, HONOLULU, HI 96817			

Form 990 (2014) Part VIII 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

X

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A)	(B)			_ (0				(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more					Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation	amount of	
	week (list any	ģ						from the	from related organizations	other compensation	
	hours for	drec				pg .		organization	(W-2/1099-MISC)	from the	
	related	Stee 0	ustee			ensat		(W-2/1099-MISC)		organization	
	organizations	al tru	onal ti		loyee	CO Se				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) NAKAMURA, JOYCE R	1.00	=	=	0	×	王喜	ű.		····	<del></del> _	
DIRECTOR AT LARGE	1.00	X		ı				0.	0.	0.	
(2) BENTON, BRIAN C	1.00										
DIRECTOR AT LARGE		Х						0.	0.	0.	
(3) NOGUCHI, NORMAN	1.00										
DIRECTOR AT LARGE		X			_			0.	0.	0.	
(4) TSUKAMOTO, CHERIE L	1.00								_		
DIRECTOR AT LARGE	1 2 2 2	X	<u> </u>				L	0.	0.	0.	
(5) WONG, WENDELL M Y	1.00	,,	Ì		•					_	
DIRECTOR AT LARGE	2 00	X			<u> </u>	_	_	0.	0.	0.	
(6) FARM, JODEE LL	2.00	x		х					^		
TREASURER (7) ANDERSEN, MOANA L	2.00	A		<u>^</u>	_	├		0.	0.	0.	
FIRST VP	2.00	х		X				0.	0.	0.	
(8) BALL, KEONE J E	1.00	<del> </del>		-							
DIRECTOR AT LARGE		Х						0.	0.	0.	
(9) METCALF, NANCY D	1.00					$\Box$					
DIRECTOR AT LARGE		Х					l	0.	0.	0.	
(10) MIYAMA, KEVIN E	1.00										
DIRECTOR AT LARGE	2.00	X					Ĺ	0.	0.	0.	
(11) WARD, SHARLY G	1.00				1			_		_	
DIRECTOR AT LARGE		X				ļ		0.	0.	0.	
(12) NISHIHARA, TRUDY (SEE SCH O)	7.00				ŀ		ŀ	5 100			
PRESIDENT	3 00	Х	<u> </u>	X	<u> </u>	ļ	<u> </u>	5,100.	0.	0.	
(13) CAMBLOR, ARABEL L	3.00			3,7		ĺ					
PRESIDENT ELECT	1 2 00	Х	<u> </u>	X	<u> </u>	<b>├</b> -	_	0.	0.	0.	
(14) BORDNER, DALE K	2.00	v					l		,	,	
IMMED PAST PRESIDENT	1.00	X	$\vdash$		H		$\vdash$	0.	0.	0.	
(15) WILLING, LISA N MEMBER BOARD REPRESENTATIV	1.00	x					}	0.	0.	0.	
(16) HAY, RHONDA LEE	1.00	ᢡ	-	_	_	┢╌	<u> </u>			<u> </u>	
DIRECTOR AT LARGE	1.00	X					}	0.	0.	0.	
(17) LEE LOY, SUSAN E	1.00	<del> </del>	$\vdash$		⊢	+-	-	<del> </del>	<del></del>		
MEMBER BOARD REPRESENTATIV	1.00	x					İ	0.	0.	0.	

Part VII Section A. Officers, Directors, 1		ploy	ees			ighe	st C		es (continued)			
(A)	(B)	(C) Position						(D)	(E)		(F)	
Name and title	Average hours per	(do not check more than one box unless person is both an			than		Reportable	Reportable		Estimate		
	week					ıs bot or/trus		compensation	compensation		amount	
	(list any	ě					Γ	from the	from related organizations	_,	other	
	hours for	Individual trustee or director				L		organization	(W-2/1099-MISC)	1 "	ompensa from th	
	related	5 8	trustee			age 2	]	(W-2/1099-MISC)	(** 27 1000 (11100)	١,	organizat	
	organizations	trust	al tru		g ,	ad E	l	` ' '		- 1	and relat	
	below	idual	Institution	ا اة	Key employee	estco	ا ا			- 1	rganızatı	
	line)	lp di	hsti	Officer	Keye	Highest compensated employee	Former					
(18) MOREY, F LEE	1.00						Γ			Τ		
MEMBER BOARD REPRESENTATIV		X					<u> </u>	0.	0	•		0.
(19) MOULIN, LINDA	1.00											
DIRECTOR AT LARGE		X						0.	0	•		0.
(20) MURCHIE, MARGARET E	1.00											
DIRECTOR AT LARGE		X				<u> </u>		0.	0	.		0.
(21) BEGIER, MARY	2.00						Г					
EXEC COMM LIAISON	1.00	X						0.	0	.		0.
(22) SAVAGE, SUSAN	2.00									1		
EXEC COMM LIAISON		x	1					0.	0	.		0.
(23) JENKINS RIETTE	1.00		Г	<u> </u>			$\vdash$			†	<del></del>	
MEMBER BOARD REPRESENTATIV		x						0.	0			0.
(24) MEIER JULIE A	1.00		t	<del> </del>	┢╾	$\vdash$	t			╁-		<u> </u>
MEMBER BOARD REPRESENTATIV		x						0.	0			0.
(25) OSTLIE, KAREN	1.00	-	┢	╫		+	-			+-		<u> </u>
MEMBER BOARD REPRESENTATIV		x	]				ł	0.	l o			0.
(26) AUGUSTIN BECK, ROCHELLE H	1.00			$\vdash$		┼-	╀╌	<del>                                     </del>	<u> </u>	╁		
DIRECTOR AT LARGE		x						0.	l 0			0.
1b Sub-total				<u> </u>	L		_	5,100.	<u>ŏ</u>	_	——	<del>-0.</del>
	+ VII Coation A							161,707.	- ŏ		11,3	
c Total from continuation sheets to Pal	it vii, Section A							166,807.	0	_	$\frac{11,3}{11,3}$	
d Total (add lines 1b and 1c)  2 Total number of individuals (including b	ut not limited to th		lict	od o	hou	۰, ۱۰۰	bo r	<del></del>	<del></del>	<u>.                                    </u>	11,5	05.
2 Total number of individuals (including b compensation from the organization)		1036	11311	su a	DUV	C) W	1101	eceived more man proc	5,000 of reportable			1
compensation from the organization								·			Yes	No
3 Did the organization list any former offi	cer director or tri	icto	o ka	w or	nnle		or	highest compensated a	mployee on	Γ_	+ 100	<del> </del>
line 1a? If "Yes," complete Schedule J1			C, N	y ei	npic	усс	, 01	riigirest compensated e	imployee on	1 3	,	Х
4 For any individual listed on line 1a, is th				000	· + · - ·		4 ^*	har aamnansatian fram	the ergonization	۲	<del>'</del>	<del>  ^</del>
and related organizations greater than \$									the organization	Ι.	ı x	
ŭ									udual for convers	14	<del>'   ^</del>	├
5 Did any person listed on line 1a receive	•							•	idual for services	١,	.	х
rendered to the organization? If "Yes," of Section B. Independent Contractors	complete scriedur	<del>e</del> J 1	UI S	ucn	pers	SON			<del></del>	1 5	<del>'</del>	
								No. 24	£100,000 - (			
1 Complete this table for your five highes										nsatio	in from	
the organization Report compensation	for the calendar y	ear	enai	ng v	vitn	or w	/ITTI		year		<del></del>	
(A) Name and busin	ess address	NT/	INC					( <b>B)</b> Description of s	SANJORS	Com	(C) pensatio	
		TA	)IVI	ن				Description of s	SELVICES .	-	Perisalic	<i>n</i> 1
								<del></del>				
									1			
							ĺ					
							j					
2 Total number of independent contracto	rs (including but n	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the org						0						
כבים מסמת עדד כביריתו	TANK A CONTE	n T i	TTT		* ^		~ • • •	0000			000	

Form 990 (2014)

23-7056154 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 80,141 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 80,141. h Total. Add lines 1a-1f Business Code 531390 555,600.1,555,600 2 a MEMBERSHIP DUES Program Service Revenue b EDUCATION AND FORMS 531390 128,564. 128,564 c SPECIAL PROGRAMS 531390 98,495. 98,495. d MISCELLANEOUS 531390 4,296. 4,296. All other program service revenue 786,955. g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 2,544 2,544. other similar amounts) Income from investment of tax-exempt bond proceeds -1,276. 1,276 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, Ime 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 1,870,916.1,786,955.

Total revenue See instructions.

3,820.

# Form 990 (2014) HAWAII ASSOCI Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,165.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			ļ	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	172 010			
	trustees, and key employees	173,012.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	560,056.			<del>-</del>
7	Other salaries and wages	360,036.			
8	Pension plan accruals and contributions (include	27 266			
_	section 401(k) and 403(b) employer contributions)	27,266. 81,978.	<del></del>		<del> </del>
9	Other employee benefits	56,083.		<del></del>	
10	Payroll taxes	30,003.		<del> </del>	
11	Fees for services (non-employees)				
a	Management	91,080.			
b	Legal Accounting	88,015.		<del> </del>	
d	Lobbying				-
	Professional fundraising services See Part IV, line 17				
f	Investment management fees			<del> </del>	
g	Other (If line 11g amount exceeds 10% of line 25,		···		
9	column (A) amount, list line 11g expenses on Sch O.)	96,639.			
12	Advertising and promotion	96,639. 5,693.			
13	Office expenses	62,646.			
14	Information technology				
15	Royalties				
16	Occupancy	99,178.			
17	Travel	127,075.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,548.		<u> </u>	
20	Interest		· · ·		
21	Payments to affiliates	FF 000		<del>                                     </del>	<del></del>
22	Depreciation, depletion, and amortization	55,892. 8,738.		<del> </del>	
23	Insurance	0,/30.			
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 0.)  PROGRAMS	222,609.			<del></del>
a	ZIP FORM COSTS	135,877.		<del> </del>	<del></del>
Þ	NAR GRANT EXPENSE	10,754.			<del> </del>
c d	BAD DEBT RECOVERY	<14,776.	>	<del> </del>	<del> </del>
-	All other expenses	18,863.		<del> </del>	<del></del>
е 25	Total functional expenses. Add lines 1 through 24e	1,918,391.			<del></del>
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,		<del>                                     </del>	
~~	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	·			

23-7056154 Page 11 Form 990 (2014) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,621,058. 1,724,587. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 21,932. 6,248. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 481,042. 10a basis Complete Part VI of Schedule D 241,544. 284,335. 239,498. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 104.468. 105,326. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 69,136. 2,144,795. 75,157. 15 Other assets See Part IV, line 11 15 2,106,950. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 96,241. 141,646. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 712,770. 758,850. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 98,836 91,920. 25 Schedule D 907,847. 992,416. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,069,110. 1,021,563. 27 27 Unrestricted net assets 129,993. 130,816. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

> 2,144,795. Form 990 (2014)

1,152,379.

1,199,103.

2,106,950.

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2014) HAWAII ASSOCIATION OF REALTORS	23-	70561	54	Pag	<sub>je</sub> 12
Par	t XI Reconciliation of Net Assets			_		
	Check if Schedule O contains a response or note to any line in this Part XI					X
		- 1	_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		870		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	918	, 3	<u>91.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				75.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	199	1,1	03.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor penod adjustments	8			<7.	<del>97.</del> >
9	Other changes in net assets or fund balances (explain in Schedule O)	9			.,5	48.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	T				
	column (B))	10	1,	152	2,3	79.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$\mathbf{x}$
	<u> </u>			$_{-}$ T	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ſ			
	separate basis, consolidated basis, or both		i			
	Separate basis Consolidated basis Both consolidated and separate basis		l.	}	<u> </u>	ı
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	, [			
	consolidated basis, or both		[			
	Separate basis X Consolidated basis Both consolidated and separate basis					ı
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			ı
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C	, [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dit	- 1		ı
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dıt 「	$\neg$		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	]	
				orm !	990 (	(2014)

### 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.

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

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III			
Nan	ne of organization			Empl	oyer identification number
		ASSOCIATION OF F			23-7056154
Pa	rt I-A Complete if the or	ganization is exempt und	der section 501(c	) or is a section 527 o	rganization.
1 2 3	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		
Pa	rt I-B Complete if the or	ganization is exempt und	der section 501(c	)(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	<b>▶</b> \$	· · · · · · · · · · · · · · · · · · ·
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	<b>5</b> 5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	) for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	rt I-C   Complete if the or	ganization is exempt und	der section 501(c	), except section 501(	c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			<b>▶</b> \$	
3	Total exempt function expenditure:	s Add lines 1 and 2 Enter here	and on Form 1120-PO		
	line 17b			▶\$	
	Did the filing organization file Form	-			└── Yes
5	Enter the names, addresses and emade payments For each organization	ation listed, enter the amount pa	id from the filing organ	nization's funds. Also enter th	ne amount of political
	contributions received that were propolitical action committee (PAC) If				ite segregated fund or a
	. , ,	T	<del></del>	<del></del>	T ().
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
				<del></del>	
					<del></del>
			1	1	l .
					<u> </u>
			-	-	

Schedule C (Form 990 or 990-EZ) 2014 HZ Part II-A Complete if the organ	nization is exe	mpt under section	n 501(c)(3) and file	23- ed Form 5768(	7056154 Page 2 election under
section 501(h)).					
			n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of	of excess lobbying	expenditures)			
B Check ► ☐ If the filing organization	n checked box A a	nd "limited control" pro	ovisions apply		
Limits ( (The term "expendite)	on Lobbying Expe ures" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (	grass roots Johnving)			<del> </del>
<b>b</b> Total lobbying expenditures to influer			ŀ		<del></del>
c Total lobbying expenditures (add line	-	ay (direct leady ing)	ŀ		<u> </u>
d Other exempt purpose expenditures	o ra ana ro,		ŀ	<del></del>	
e Total exempt purpose expenditures (	add lines 1c and 1	4/	ŀ		<del></del>
f Lobbying nontaxable amount Enter t		•	th columns		<del>                                     </del>
If the amount on line 1e, column (a) or (I		bying nontaxable am			
Not over \$500,000					
Over \$500,000 but not over \$1,000,0		the amount on line 1e	<del></del>		
Over \$1,000,000 but not over \$1,500					
Over \$1,500,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,300,000 but not over \$17,00	\$1,000,	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (enter	25% of line 1ft			<del></del>	<del></del>
h Subtract line 1g from line 1a If zero o	•		•		<del>                                     </del>
i Subtract line 1f from line 1c If zero or			}	<del></del>	<del></del>
j If there is an amount other than zero		line 1; did the organiz	Lation file Form 4720		
reporting section 4911 tax for this year		inc 11, did the organiz	ation me i omi 4/20		Yes No
		eraging Period Under	section 501(h)	<del></del>	
(Some organizations that	made a section 5		have to complete all o	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

# Schedule C (Form 990 or 990 EZ) 2014 HAWAII ASSOCIATION OF REALTORS 23-705615 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
of th	e lobbying activity	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter		1			
	or referendum, through the use of		ļ			
а	Volunteers?	<u> </u>		]		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?		L			
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?		<u> </u>			
f	Grants to other organizations for lobbying purposes?	ļ	ļ			
g		<u> </u>		<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	ļ	<u> </u>		
i	Other activities?			<b></b>		
j	Total Add lines 1c through 1i		Ļ	<u> </u>		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	<u> </u>	<u> </u>		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ļ		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/	1/51	<u> </u>		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on SUT(C	)(5), or s	ection		
	501(c)(6).			T V		
			<u> </u>	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	<del>├</del> ───	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	<del> </del>	X	
<u>3</u>	Did the organization agree to carry over lobbying and political expenditures from the prior year?  † III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(o	\(\f\) or s			
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is	
1	Dues, assessments and similar amounts from members		1	1 550	5,600.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ioal	<b>-</b>	1,33	,,000.	
~	expenses for which the section 527(f) tax was paid).	icai		ļ		
	Current year		2a	204	1,150.	
	Carryover from last year		2b	<del> </del>	.,150.	
C			2c	204	1,150.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		$\frac{1,150.}{1,150.}$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	COCC	ا ا	<del></del> -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?	political	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<del>                                     </del>		
_	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	n liet) Part	II.A. lines 1	and 2 (acc	<del></del>	
		p list), Part	II-A, IIIIes I	and 2 (see		
mstr	uctions), and Part II-B, line 1 Also, complete this part for any additional information					
		<del></del>				

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HAWAII ASSOCIATION OF REALTORS

**Employer identification number** 23-7056154

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	<u> </u>	•
	impermissible private benefit?	or correct devices, or for any earlier purposes of	Yes No
Pa		ganization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or	`' ' ' ''	rically important land area
	Protection of natural habitat	Preservation of a certif	• •
	Preservation of open space	Treservation of a certif	ied Historic Structure
2	Complete lines 2a through 2d if the organization held a qual	ified consequences contribution in the form of	f a consequence consequent and the land
-	day of the tax year	med conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		2b
	,	nucture included in (a)	2c 2c
C	Number of conservation easements on a certified historic st	• •	<del></del>
ū	Number of conservation easements included in (c) acquired	after 6/17/06, and not on a historic structul	
•	listed in the National Register	blooged outpoughed or township the	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to consequation of	occoment in located	
4	Number of states where property subject to conservation ea	· <del></del>	
5	Does the organization have a written policy regarding the per	<u> </u>	Yes No
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	we satisfy the requirements of section 170(r	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservationally and applicable, the text of the feetness to the organization	•	·
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	ne organization's accounting for
Par	conservation easements  t III   Organizations Maintaining Collections of	of Art Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" to Form		ner Olimai Assets.
40	If the organization elected, as permitted under SFAS 116 (A	<del></del>	ent and balance about weeks of a t
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that described		ice of public service, provide, in Part XIII,
D	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in turtherance of pub	lic service, provide the following amounts
	relating to these items		<b>►</b> •
	(i) Revenue included in Form 990, Part VIII, line 1		> \$ > \$
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		<b>S</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

	rt III Organizations Maintaining C	Collections of A				r Othor			56154	
3	Using the organization's acquisition, access									
3	(check all that apply)	on, and other record	15, CHEC	K arry Or tire	tollowing that	are a sigi	milicant	use or its	collection	πems
_	Public exhibition	_		l aan ar aya	haana aua aua					
a	<del></del>	C .	$\overline{}$		hange prograi	ms				
ь	Scholarly research	e	• 🗀	Other						
C	Preservation for future generations							_		
4	Provide a description of the organization's c							ose in Par	t XIII	
5	During the year, did the organization solicit of					r sımılar a	issets		٦	
Da	to be sold to raise funds rather than to be m					<del> </del>			<u> Yes</u>	<u> </u>
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "`	Yes" to Fo	orm 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table <sup>.</sup>						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	21 for	escrow or c	istodial accor	int liability			Yes	No
	if "Yes," explain the arrangement in Part XIII					-	,		_ 100	<b>—</b> "
	rt V Endowment Funds. Complete									<u> </u>
		(a) Current year	1	nor year	(c) Two years		n Three v	ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) canoni year	(2).	nor your	(c) me years	3 5 5 5 7 10	<u>, , , , , , , , , , , , , , , , , , , </u>	ouro ouon	(e) rour y	CUI 3 DUCK
b	Contributions								<del></del>	
			<b></b>		<del> </del>				<u> </u>	
٥	Net investment earnings, gains, and losses Grants or scholarships	<del></del>	<b> </b>	<del></del>		-			<u> </u>	
ď	•					<del></del>				
е	Other expenditures for facilities		ĺ							
	and programs									
1	Administrative expenses	·	<del>                                     </del>		<del> </del>				<del></del>	
g	End of year balance		1		<u> </u>	L			L	
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a	a)) held as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administer	ed for the	organi	zation	_	
	by								\	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(ii), are the related organizations	•							3b	
4	Describe in Part XIII the intended uses of the		owment	funds		<del></del>		<u> </u>		
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere					Part X, Iir	ne 10			
	Description of property	(a) Cost or o			or other		umulate		(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings							$\underline{\hspace{1cm}}$		
c	Leasehold improvements				7,082.		65,8		181	,194.
d	Equipment			23	3,960.	1	75,6	56.		,304.
	Other									
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B). line 1	(Oc.)		_		239	.498.

Scriedule D	FUIII 330) 2014	
	Investments	Other S

Part VII	Investments - Other Securities.				
( ) Decemb	Complete if the organization answered "Yes"				<del> </del>
	otion of security or category (including name of security)	(b) Book value	(c) Method of V	aluation Cost or end	l-of-year market value
	al derivatives		<del>  </del>		
	-held equity interests		-		<del></del>
(3) Other			<del>-  </del>		
(A) (B)			<del>-                                    </del>		<del></del>
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total (Col. (	b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV			
	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
(1)					
(2)				<del></del> ,	
(3)				<del></del>	
(4)				<del></del>	
(5)			<del></del>	<del></del>	
(6)			<del></del>	<del></del>	
(7)				<del></del>	<del></del>
(8)		<del></del> .	_· <del>-</del>		
	b) must equal Form 990, Part X, col (B) line 13 )			<del></del>	<del></del>
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d See Form 990,	Part X, line 15	
_		Description	······································		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		<del></del>			
(7)		·			
(8)					
(9)	(1) (5) (6) (7) (7)	- 45 \			
Part X	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	e 15)	<del></del>		
Partx	Complete if the organization answered "Yes"	to Form 000 Bort IV	line 11e or 11f Coe Form	000 Bort V line 25	
	(a) Description of liability	to Form 990, Part IV	(b) Book value	1 990, Part X, line 25	<del></del>
(1) Fed	deral income taxes		(D) DOOK VALUE		
	FERRED LEASE CREDITS AN	D			
	BLIGATIONS		91,920.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col (B) line	e 25)	91,920.		

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

HAWAII ASSOCIATION OF REALTORS

Schedule D (Fo	rm 990) 2014	<u> </u>	AWAII A	SSOCIAT	ION OF	REALTORS	23-70	056154 Page 5
Schedule D (Fo	upplemen	tal Informa	tion (continu	ed)				
ASSOCIAT	ION OF	REALTO	RS (EIN	: 23-70	56154)	AND HAWAII	ASSOCIATION	OF
REALTORS	POLIT	ICAL AC	TION CO	MMITTEE	(EIN:	90-0041818	).	
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### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **Compensation Information** 

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

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

HAWAII ASSOCIATION OF REALTORS

► Attach to Form 990.

► Attach to Form 990.

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

Inspection

Employer identification number

OMB No 1545-0047

23-7056154

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	-		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		]	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	ļ	<u> </u>
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		х
b		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<del>                                     </del>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ļ		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	ŀ		
а	The organization?	5a		
b	Any related organization?	5b	<u> </u>	
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ł		
	contingent on the net earnings of			
	The organization?	6a		<u> </u>
b	Any related organization?	6b	<u> </u>	<b>└</b> ─
_	If "Yes" to line 6a or 6b, describe in Part III	1		1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1		İ
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<b></b>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<b> </b> -	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9	I	1

Schedule J (Form 990) 2014 HAWAII ASSOCIATION OF REALTORS 23 - / UDO 134

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(D)·()(B)	ın column (B) reported as deferred ın prior Form 990
			2000	Compensation				
(1) DONAHUE-JONES, NANCY	Ξ	161,70	0.	0	8,250.	3,055.	173,012.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0	0	0.	0	0.	0	0
	Θ							
	Ξ							
	Θ							
	(ii)							
	Ξ							
	(II)							
	Ξ							
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Schedule J (Form 990) 2014

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

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number

HAWAII ASSOCIATION OF REALTORS 23-7056154 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MEMBERS TO SUCCESSFULLY PRACTICE THEIR PROFESSION ETHICALLY AND COMPETENTLY, TO SERVE THE COMMUNITY, AND TO PROTECT PRIVATE PROPERTY RIGHTS. HAR WORKS IN PARTNERSHIP WITH LOCAL AND NATIONAL REALTOR ORGANIZATIONS TO PROVIDE PRODUCTS AND SERVICES TO ITS MEMBERS, TO SUPPORT THE INDUSTRY THROUGH LEGISLATIVE ADVOCACY, AND TO ENHANCE AND PROMOTE THE REALTOR IMAGE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NATIONAL REALTOR ORGANIZATIONS TO PROVIDE PRODUCTS AND SERVICES TO ITS MEMBERS, TO SUPPORT THE INDUSTRY THROUGH LEGISLATIVE ADVOCACY, AND TO ENHANCE AND PROMOTE THE REALTOR IMAGE. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: 2014 STATE CONVENTION HELD ON SEPT. 4-5, 2014 ON OAHU. BE CONDO SMART WORKSHOP WITH REAL ESTATE COMMISSION HELD ON NOVEMBER 19, 2014 ON OAHU. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COUNTY LEVELS THROUGH THE LOCAL BOARDS. FORM 990, PART V, LINE 1C THIS QUESTION IS NOT APPLICABLE TO THE EXEMPT ORGANIZATION. AS SUCH, HAS BEEN MARKED NO.

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

HAR-POLITICAL ACTION COMMITTEE ACCOUNTS PAYABLE & OTHER

CURRENT LIABILITIES \_\_\_\_ 1,548.

FORM 990, PART XI, LINE 2C:

HAWAII ASSOCIATION OF REALTORS HAS AN AUDIT COMMITTEE THAT ASSUMES

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization HAWAII ASSOCIATION OF REALTORS	Employer identification number 23-7056154
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIA	L STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS	HAS NOT
CHANGED FROM THE PRIOR YEAR.	
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service

2014 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-7056154

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.us.gov/form990. HAWAII ASSOCIATION OF REALTORS Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part

(f) Direct controlling entity			related tax-exempt
(e) End-of-year assets			e it had one or more
(d) Total income			rt IV, line 34 becaus
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990, Pa
<b>(b)</b> Primary activity			tions Complete if the organization an
(a) Name, address, and EIN (if applicable) of disregarded entity			Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year
			Part II

	2(b)(13) lled	ŝ		×					
	Section 5 (2(b)(13) controlled entity?	Yes							
	(f) Direct controlling entity								
	(e) Public charity status (if section	501(c)(3))							
	(d) Exempt Code section		-	527					
	(c) Legal domicile (state or foreign country)			HAWAII					
	<b>(b)</b> Primary activity			SEE PART VII					
organizations during the tax year	(a) Name, address, and EIN of related organization	HAMATT ACCOUTANTON OF BEATMODE BOLTMICAL	ACTION COMMITTEE - 90-0041818, 1259 A'ALA	STREET, SUITE 300, HONOLULU, HI 96817					

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	1	(f) Share of total income	(g) Share of end-of-year assets	Dispropo allocat	rionate Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065)	V-UBI Ge In box ma ihedule pr	General or Pe managing or partner?	General or Percentage managing ownership parine?
												:
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a	ss a Corpo	<b>ration or Trust</b> Cor ear	mplete if the	organization ar	swered "Yes	on Form 99(	), Part IV, line	34 because	it had one	or more	related
(a) Name, address, and EIN of related organization	Ζc	Prime	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp. S corp. or trust)		(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage r ownership		Section 512(b)(13) controlled entity?
							_					
											-	
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Note. Complete line 1 if any entity is listed in Parts II, iII, or IV of this schedule  1. Dumn the tay year did the consultation engage in any of the following transactions with one or more related organizations listed in Parts II.IV?	a with one or more	elated organizations listed	in Parts II-1V7	Yes No
_	<b>x</b>			╁╌┼
<b>b</b> Gift, grant, or capital contribution to related organization(s)				×
c Gift, grant, or capital contribution from related organization(s)				1
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
. Dividends from related organization(s)				×
h Purchase of assets from related organization(s)				¥ ;
i Exchange of assets with related organization(s)				i=
j Lease of facilities, equipment, or other assets to related organization(s)				<u>t</u>
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			Tn X
o Sharing of paid employees with related organization(s)				10 ×
				<b>&gt;</b>
				1
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				1 <sub>q</sub>
r Other transfer of cash or property to related organization(s)				1 <del>,</del>
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	nis line, including covered	information on who must complete this line, including covered relationships and transaction thresholds	
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
HAWAII ASSOCIATION OF REALTORS POLITICAL (1) ACTION COMMITTEE	Д	508.	508.CASH	
(2)				
(3)				
(4)				
(5)				
(9)				
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

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(K) rcenta vnersh									30) 20
o Pe					<u> </u>				1 8 E
(j) General or managing partner? Yes NO					<u> </u>		ł. <u> </u>		F.
(c) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)									Schedule R (Form 990) 2014
(h) Disproportionale allocations?									]
Disp Ploca					<u> </u>				-
(g) Share of end-of year assets									
(f) Share of total									
(e) Are all Are all 501(c)(3) der Yes No									
B partr									
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)									
(c) Legal domicile (state or foreign country)									
(b) Primary activity									
(a) Name, address, and EIN of entity									

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Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
PART II COLUMN (B) PRIMARY ACTIVITY:	
POLITICAL CONTRIBUTIONS AND CAMPAIGN ACTIVITIES IN SUPPORT	OF POLITICAL
CANDIDATES WHOSE INTERESTS ARE IN HARMONY WITH THOSE OF TH	IE REAL ESTATE
PROFESSION AND PRIVATE PROPERTY RIGHTS.	