Form **991**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30,2013 D Employer identification number C Name of organization B Check if applicable: HONOLULU ACADEMY OF ARTS Doing Business As HONOLULU MUSEUM OF ART 99-0079713 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 900 SOUTH BERETANIA STREET (808) 532 - 8700Initial return City or town, state or country, and ZIP + 4 Amended HONOLULU, HI 96814 G Gross receipts \$ 21.931.531. return Application pending H(a) Is this a group return for F Name and address of principal officer: STEPHAN JOST, Yes Nο X 900 S BERETANIA STREET, HONOLULU, HI 96814 No H(b) Are all affiliates included? Yes X | 501(c)(3) If "No," attach a list. (see instructions) 501(c) (4947(a)(1) or Website: ► WWW.HONOLULUMUSEUM.ORG H(c) Group exemption number Form of organization: X | Corporation L Year of formation: 1922 M State of legal domicile: ΗI Summary Part I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO THE COLLECTION, PRESERVATION, INTERPRETATION, TEACHING OF THE VISUAL ARTS, PRESENTATION OF EXHIBITIONS, FILMS AND VIDEOS, PERFORMING ARTS, AND PUBLIC PROGRAMS. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 42 42. Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 355. Total number of volunteers (estimate if necessary) 500. 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 31,695,441 7,314,546. Program service revenue (Part VIII, line 2g)

PUBLIC INSPECTION **COPY FOR** 9 2,345,514 2,012,958. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 907,833 2,261,460. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,024,446 1,088,937. 35,973,234 12,677,901. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 6,728,363. 6,874,107. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 15,570 15,764 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _____996, 423. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,910,182 5,423,501. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,654,615. 12,313,372. Revenue less expenses. Subtract line 18 from line 12 23,318,619. 364,529. o s **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 117,245,768. 121,141,127. Total liabilities (Part X, line 26) 15,017,413. 14,600,199. 21 22 102,228,355 106,540,928 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Paid RACHEL C. ANTAL employed P01263071 Preparer FIN 13-5565207 KPMG LLP Firm's name Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

808-540-2800

426386

X Yes

Firm's address

P.O. BOX 4150 HONOLULU, HI 96812-4150

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

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

Internal Revenue	e Service The u	acharate a	pphoedion for each retain.		
	filing for an Automatic 3-Month Extension,				> X
•	filing for an Additional (Not Automatic) 3-Mo Diete Part II unless you have already been gra			, , ,	R
•				•	
a corporation 8868 to req Return for	ling (e-file). You can electronically file Form in required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not aut forms liste Il Benefit (tomatic) 3-month extened in Part I or Part II w Contracts, which must	nsion of time. You can electronical ith the exception of Form 8870, t be sent to the IRS in paper f	ly file Form Information ormat (see
	tomatic 3-Month Extension of Time. Or				
A corporation	n required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete	
Part I only .					▶Ц
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	S, and trusts must use I	Form 7004 to request an extension o	of time
to file income	e tax retums.			Enter filer's identifying number, se	
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN)	OF .
Type or print					
•	HONOLULU ACADEMY OF ARTS			99-0079713	
File by the due date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SSN)	
filing your	900 SOUTH BERETANIA STREET				
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
	HONOLULU, HI 96814				
Enter the Re	turn code for the return that this application	is for (file a	separate application fo	or each return)	0 1
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 990-BL		02	Form 1041-A		08
Form 4720-	(individual)	03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
	are in the care of LESLIE MURPHY			э	
	No. ► 808 532-8700		AX No. ►		
If the orga	nization does not have an office or place of t	ousiness in	the United States, chec	ck this box	▶ 🔝
If this is fo	r a Group Return, enter the organization's fo	ur digit Gro	up Exemption Number (GEN) If thi	
	group, check this box			his box ▶ 🔲 and atta	ach
	names and EINs of all members the extensi				
•	st an automatic 3-month (6 months for a cor				
until		exempt org	janization return for the	organization named above. The ex	tension is
	organization's return for:				
	calendar year 20 or	1 0010	and andless	06/20 00 12	
▶ [X] t	tax year beginning07/0	<u>1</u> , 20 <u>12</u>	, and ending	06/30, 20 13.	
	x year entered in line 1 is for less than 12 monange in accounting period	onths, chec	k reason: Initial re	eturn Final return	
		D. T. 4700	0000 4 11		
nonrefu	application is for Form 990-BL, 990-PF, 99 ndable credits. See instructions.		£	3a \$	0
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and	
estimate	ed tax payments made. Include any prior year	r overpaym	ent allowed as a credit.	. ЗЫ\$	0
	due. Subtract line 3b from line 3a. Include				
(Electro	nic Federal Tax Payment System). See instruc	ctions.	4	3c \$	0
Caution. If you	are going to make an electronic fund withdrawal	with this Fo	orm 8868, see Form 8453-	EO and Form 8879-EO for payment ins	structions.
For Privacy Ac	t and Paperwork Pergretion Act Notice, see Instru	uctions.		Form 8868	(Rev. 1-2013)

JSA 2F8054 2.000 P.O. Box 4150 Honolulu, Hawaii 96812-4150 Emp. Ident. No.: 13-5565207

Form 8868 (Re					Page 2
If you are	filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part I	and check this box	N X
Note. Only o	complete Part II if you have already been gra	anted an au	atomatic 3-month extension	on a previously filed Form 886	
If you are	filing for an Automatic 3-Month Extension,	complete (oniv Part I (on page 1).	-	
Part II	Additional (Not Automatic) 3-Month E	xtension (of Time. Only file the orig	inal (no copies needed).	
				nter filer's identifying number, so	e instructions
	Name of exempt organization or other filer, see in	nstructions.		Employer identification number (
Type or	[
print	HONOLULU ACADEMY OF ARTS			99-0079713	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
due date for	900 SOUTH BERETANIA STREET				
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign ac	dress, see instructions.		
instructions.	HONOLULU, HI 96814				
Enter the Re	turn code for the return that this application	is for (file a	a separate application for ea	ich return)	. 0 1
Application		Return	Application		Return
Is For	· .	Code	Is For		Code
Form 990 or	Form 990-EZ	01			
Form 990-BL	. 8 0	02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T ((trust other than above)	06	Form 8870		12
STOP! Do no	t complete Part II if you were not already	granted an	automatic 3-month exten	sion on a previously filed For	m 8868.
 The books 	are in the care of LESLIE MURPHY				
Telephone	No. ► 808 532-8700	. F	AX No. ▶	•	
• If the organ	nization does not have an office or place of t	ousiness in	the United States, check th	is box	
• If this is for	r a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (GEN	1) 15 th	nis is
for the whole	group, check this box ▶	it is for pa	rt of the group, check this b	ox. and att	
list with the na	ames and EINs of all members the extension	n is for.	g p,	and at	acira
4 I reques	t an additional 3-month extension of time un	ntil	0.5	5/15 , 20 14 .	
5 For cale	ndar year, or other tax year beginning	ng	07/01 . 20 12 . and	d ending 06/30	20 13
6 If the tax	year entered in line 5 is for less than 12 me	onths, chec	k reason: Initial ret	urn Final return	20 15
	ange in accounting period	·			
7 State in	detail why you need the extension _INFOR	MATION N	NECESSARY TO PREPAR	E A COMPLETE AND	
	TE RETURN IS NOT YET AVAILABLE				
	_				
8a If this a	pplication is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tenta	tive tax less any	
nonrefun	idable credits. See instructions.			82 6	0
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refund	able credits and	
estimate	d tax payments made. Include any pric	or year ov	verpayment allowed as a	credit and any	
amount (paid previously with Form 8868.	•		8b \$	0
	Due. Subtract line 8b from line 8a. Include y	our payme	ent with this form, if require	d by using FETPS	
(Electror	nic Federal Tax Payment System). See instruc	tions.		8c \$	0
	Signature and Verifica		t be completed for Pa	rt II only	
Under penalties o	f perjury, I declare that I have examined this form, in and complete, and that I am authorized to prepare this form	ncluding acco			ge and belief,
Signature > R	askel C futal		Title ▶ CPA		014
				Form ROCO	/Pay 1,30431

KPMG P.O. Box 4150 Honolulu, Hawaii 96812-4150 Emp. Ident. No.: 13-5565207

HONOLULU ACADEMY OF ARTS 99-0079713 Form 990 (2012) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 9,129,440. including grants of \$ 4a (Code:) (Expenses \$ 2,012,958. ATTACHMENT 2

(Code:) (Expenses \$	including grants of \$) (Revenue \$)
(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 9,129,440.

JSA
2E1020 2.000

Form **990** (2012) 81238P 1034 426386 PAGE 3

) (Revenue \$

Form 990 (2012)
Page 3

the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. It is the organization required to complete Schedule B, Schedule O Contributors (see instructions)? 2	Par	Checklist of Required Schedules			
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Nes." complete Schedule P. Part I. 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Nes." complete Schedule P. Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes." complete Schedule P. Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes." complete Schedule C. Part II. 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 II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes." complete Schedule D. Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes." complete Schedule D. Part II. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes." complete Schedule D. Part II. 10 Did the organization services? If "Yes." complete Schedule D. Part IV. 11 If the organization services? If "Yes." complete Schedule D. Part IV. 12 Did the organization, directly or through a related organization, hold assess in temporarily restricted endowments, pertmanent endowments, or quasi-endowments? If "Yes." complete Schedule D. Part IV. 12 Did the organization services IV "Yes." complete Schedule D. Part IV. 13 Did the organization services IV "Yes." complete Schedule D. Part IV. 14 Did the organization services IV and the IV. 15 Did the o				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes" complete Schedule C, Part II. 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 "Pes" complete Schedule C, Part II. 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" ("Pes", complete Schedule C, Part III. 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 II. 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 III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization sensors II "Yes," complete Schedule D, Part III. 10 Did the organization or poort an amount for investment or grain and sease in temporarily restricted endowments, permanent endowments, or quasi-endowments, if "Yes," complete Schedule D, Part VI. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for mestments-organization 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	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C, Part I. 3 Section 501(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 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 88-19? If "Yes," complete Schedule C, Part II. 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. 7 Yes, "complete Schedule D, Part I. 8 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. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, redit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 11 If the organization report an amount for lother lassitisments of the tax year lother part VIII. 12 Did the organization report an amount for lother assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Y		·			
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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 "ves," complete Schedule (2, Part III	3				v
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501 (c)(4), 5 of 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. Did the organization maintain any donor advised funds or any similar tunds 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 II. 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. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization 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 V. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part X. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part X. Did the organization report an amount for investments-organize reports and the part X, line 10? If "Yes			3		
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 "Vas," complete Schedule C, Part III and the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 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 III. 8 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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 Did the organization in export an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 9 Did the organization report an amount for lowest ments of the part X, line 10 part X,	4				v
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5	_		4		Λ_
Part III 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. Did the organization report and amount in Part X, inc. 12, for escrow or custodial account liability, serve as a custodian for amounts in listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc. 12, 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 V. Did the organization relectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization in credit in Part X, inc. 16 in Ind. buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII, VIII, X, or X as applicable. Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII, C Did the organization report an amount for investments-program related in Part X, line 16? If "Yes," complete Schedule D, Part VIII, C Did the organization report an amount for other assets 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, C Did the organization separate or consolidated financial statements for the tax year If "Yes," and if the organization separate or consolidated financial statements for the tax year If "Yes," and if the organization have aggregate revonues or expenses of more than \$10,000 from grammaking, tundraising, business, investment, a	Э				
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foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV					
organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			14b		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15				
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			15		X
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)	16		4.		7.7
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4 7	·	16		Λ
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	ı <i>(</i>		17	y	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		'	Λ	
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	10		12	x x	
If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 a X	10	·	10	21	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		Х
	20 a				

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Part IV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 Χ in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States Χ 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24 a 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 24a Χ 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 vear 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a 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? 25b If "Yes," complete Schedule L, Part I Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 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, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V............... 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 150 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Х 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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JSA 2E1040 1.000 Form 990 (2012) HONOLULU ACADEMY OF ARTS 99-0079713 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 42 1a 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. 42 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?............... Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Χ 13 Х 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a The organization's CEO, Executive Director, or top management official X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_HI___. 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Other (explain in Schedule O) Another's website

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: ► Weijiun Robertson 900 S Beretania Street, Honoldiu, Hi 96814 808-532-8700

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

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

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

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

Check this box if neither the organization not (A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) LINDA AHLERS	2.00									
TRUSTEE		X						0	0	
(2) LE BURTA ATHERTON	1.00							_		
TRUSTEE		X						0	0	
(3) DAWN AULL	1.00									
TRUSTEE	1 00	X						0	0	
(4) ROBERT R. BEAN TRUSTEE	1.00	Х						0	0	
(5) FRANK BOAS	1.00									
TRUSTEE		X						0	0	
(6) SAMUEL A. COOKE	1.00									
CHAIRMAN EMERITUS		Х		X				0	0	
(7) JUDITH DAWSON	2.00									
TRUSTEE		X						0	0	
(8) CECILIA DOO TRUSTEE	1.00	x						0	0	(
(9) BARNEY A. EBSWORTH	1.00									
TRUSTEE		Х						0	0	(
(10) PEGGY EU	1.00									
TRUSTEE		Х						0	0	(
(11) JOSH FELDMAN TRUSTEE	2.00	v						0	0	
(12)HELEN GARY	1.00	X						0	0	
TRUSTEE		Х						0	0	
(13) ALLISON GENDREAU TRUSTEE	1.00	Х						0	0	
(14) ELIZABETH GROSSMAN TRUSTEE	2.00	Х						0	0	

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (a	ontinue	ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average				ition			Reportable	Reportable		stimated	
	hours per	,				e than o		compensation	compensation from		nount of	
	week (list any hours for	1				is both or/trust		from	related		other pensation	on
	related	or In						the organization	organizations (W-2/1099-MISC)		om the	
	organizations	divic	stitu	Officer	y er	ghe	Forme	(W-2/1099-MISC)	(** 271033 1/1100)		anizatio	
	below dotted	ual	g		Key employee	st cc	~				d related anizatior	
	line)	Individual trustee or director	Institutional trustee		yee) mg				orga	arnzanoi	13
		tee	ste			ens						
			Ď			Highest compensated employee						
15) STEPHANIE HEE	1.00											
TRUSTEE		X						0	0			0
16) MICHAEL HORIKAWA	1.00											
TRUSTEE		X						0	0			0
17) CLAIRE JOHNSON	1.00											
TRUSTEE		Х						0	0			0
18) AKEMI KUROKAWA	1.00											
TRUSTEE		Х						0	0			0
19) WARREN K. K. LUKE	1.00											
TRUSTEE		Х						0	0			0
20) WATTERS O. MARTIN, JR.	1.00											
TRUSTEE		Х						0	o			0
21) MARGARET Y. ODA	1.00											
TRUSTEE		Х						0	o			0
22) MICHAEL O'NEILL	1.00											
TRUSTEE		Х						0	o			0
23) WESLEY T. PARK	1.00											
TRUSTEE		Х						0	o			0
24) CHERYE PIERCE	1.00											
TRUSTEE		Х						0	0			0
25) JAMES F. PIERCE	2.00											
TRUSTEE		Х						0	0			0
1b Sub-total	•							0	0			0
c Total from continuation sheets to Part VII, S	ection A						•	364,049.	0		6,5	60.
d Total (add lines 1b and 1c)							\blacktriangleright	364,049.	0		6,5	60.
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organization	n >	1	L									
											Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	loyee, or highest	compensated			
employee on line 1a? If "Yes," complete Schede	ule J for su	ch ind	livid	ual						3		X
4 For any individual listed on line 1a, is the	sum of rer	ortab	ole d	com	ner	satio	n ai	nd other compens	sation from the			
organization and related organizations gre	eater than	\$15	50.0	00?	lf	"Yes	s."	complete Schedu	le J for such			
	individual											
5 Did any person listed on line 1a receive or	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual											
for services rendered to the organization? If "Ye										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest com												
compensation from the organization. Report of	ompensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the organization	n's tax		
year.												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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Part VII Section A. Officers, Director		y En	plo			and H	ııgl			<u>continue</u>		
(A)	(B)			(C	-			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	s per	more rson irect	e than or	an ee)	Reportable compensation from the	Reportable compensation from related organizations	com	stimated nount of other pensatio	f ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org:	om the anizatio d related anization	on d
26) DUANE PREBLE	1.00											
TRUSTEE		Х						0	0			(
27) JUDITH PYLE	1.00											
TRUSTEE		Х						0	0			(
28) JEAN E. ROLLES	1.00											
TRUSTEE		Х						0	0	,		(
29) JAY H. SHIDLER	2.00											
TRUSTEE		X						O	0			
30) CHARLES STED	2.00											
TRUSTEE		X						O	0			
31) DONNA TANOUE	1.00											
TRUSTEE		Х						0	0			
32) ALAN TOMONARI	1.00											
TRUSTEE		Х						0	0	,		(
33) SHARON TWIGG-SMITH	2.00											
TRUSTEE		Х						0	0	,		
34) THURSTON TWIGG-SMITH	1.00											
TRUSTEE		Х						0	0	,		
35) INDRU WATUMULL	1.00											
TRUSTEE		Х						0	0	,		(
36) KATHLEEN SULLIVAN WO	1.00											
TRUSTEE		Х						0	0			(
1b Sub-total		•					>					
c Total from continuation sheets to Part	VII, Section A						•					
d Total (add lines 1b and 1c)	-						>					
2 Total number of individuals (including b reportable compensation from the organ	ut not limited to t	hose					re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any forme employee on line 1a? If "Yes," complete										3		Х
4 For any individual listed on line 1a, is organization and related organizatio individual	ns greater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu		4	X	
5 Did any person listed on line 1a rece	ive or accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual			
for services rendered to the organization										5		Х
Section B. Independent Contractors												
Complete this table for your five higher compensation from the organization. Re												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (d	continued)	
(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	s pe	ition more	e than or	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimate amount other	of
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	trus Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensa from th organiza and rela organizat	ne tion ted
37) LYNNE JOHNSON	3.00										
CHAIRMAN		X		Х				0	0		0
38) VIOLET S. W. LOO	3.00										
VICE CHAIRMAN		X		X				0	0		C
39) BETTY WO	2.00	1						_			
VICE PRESIDENT		X		X				0	0		0
40) CHARLES R. WICHMAN	2.00										0
VICE PRESIDENT	3.00	X		X				0	0		0
41) ROBERT S. KATZ SECRETARY		X		Х				0	0		0
42) MARK BURAK	3.00					\vdash			0		
TREASURER		X		Х				0	0		0
43) STEPHAN JOST	40.00										
DIRECTOR		1		Х				283,592.	0	6,	,560.
44) WEIJIUN ROBERTSON DIRECTOR OF FINANCE	40.00			Х				80,457.	0		0
1b Sub-total c Total from continuation sheets to Part VII,	Section A						>				
d Total (add lines 1b and 1c)							>		<u> </u>		
2 Total number of individuals (including but no reportable compensation from the organizat			liste L	d at	OOV	e) who	re	ceived more than	\$100,000 of		
										Yes	s No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3	Х
4 For any individual listed on line 1a, is the organization and related organizations	e sum of rep greater than	oortab	ole c 50,00	om 00?	per	sation "Yes,	aı "	nd other compens	sation from the le J for such	4 X	
individual										4 X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If										5	Х
Section B. Independent Contractors	. Jo, Joinpie	.5 501	.ouu	.0 0	,01	Juon	<i>J</i> 01				1
Complete this table for your five highest co- compensation from the organization. Repor- year.											

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 838,111 С Fundraising events 926,995 1d 1e 13,527 Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f 5,535,913 Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 7,314,546 Program Service Revenue **Business Code** 1,247,236 TUITION & FEES 611710 1,247,236 2a 711190 92,500 92,500 EXHIBITION FEES b PROGRAM DEVELOPMENT 611710 266,741 266,741 d ADMISSIONS 711190 406,481 406,481 f All other program service revenue Total. Add lines 2a-2f 2,012,958 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 3 1,695,588. Income from investment of tax-exempt bond proceeds . . . > 4 5 (i) Real (ii) Personal 150,446 6a Gross rents **b** Less: rental expenses 59,653 90,793. Rental income or (loss) Net rental income or (loss) 90,793 90,793 (ii) Other (i) Securities Gross amount from sales of 8,238,579. assets other than inventory **b** Less: cost or other basis and sales expenses 7,672,707. 565,872. c Gain or (loss) 565,872 565,872. Other Revenue Gross income from fundraising events (not including \$ ____ 926,995. of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses c Net income or (loss) from fundraising events 25,331. 25,331 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 3,987 3,987. 10a Gross sales of inventory, less returns and allowances 1,504,007 **b** Less: cost of goods sold . ATCH .4 . 645,580 Net income or (loss) from sales of inventory 858,427 858,427 Miscellaneous Revenue **Business Code** OTHER INCOME 900099 110,399 110,399. 11a b All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 12,677,901 2,012,958 3,350,397.

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99-0079713

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a res		(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.	Total oxpollogo	expenses	general expenses	expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	458,423.	321,904.	73,348.	63,171.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,122,963.	3,686,190.	938,510.	498,263.
8 Pension plan accruals and contributions (include section	, ,		,	•
401(k) and 403(b) employer contributions).	75,027.	41,299.	26,175.	7,553.
9 Other employee benefits	790,718.	532,771.	199,326.	58,621.
10 Payroll taxes	426,976.	299,823.	68,316.	58,837.
11 Fees for services (non-employees):				
a Management	0			
b Legal	11,671.	5,197.	6,337.	137.
c Accounting	76,082.		76,082.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	15,764.			15,764.
f Investment management fees	351,146.	351,146.		
g Other. (If line 11g amount exceeds 10% of line 25, column	055 244	DE 4 112	146 050	E4 0E2
(A) amount, list line 11g expenses on Schedule O.)	955,344.	754,113.	146,258.	54,973.
12 Advertising and promotion	57,940. 645,494.	4,776. 494,150.	9,646.	43,518. 120,760.
13 Office expenses	20,229.	10,837.	5,017.	4,375.
14 Information technology	20,225.	10,037.	3,017.	4,373.
	1,442,556.	1,255,489.	181,103.	5,964.
	40,531.	32,176.	5,721.	2,634.
17 Travel	10,331.	32,170.	3,721.	2,031.
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	138,094.		138,094.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	992,634.	760,415.	213,156.	19,063.
23 Insurance	99,256.	96,450.	2,806.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a HOSPITALITY	146,620.	84,989.	30,919.	30,712.
b EDUCATION AND THEATRE	103,680.	91,252.	9,511.	2,917.
c EXHIBITS	48,000.	48,000.		
d ART ACQUISITIONS	177,997.	177,997.	06 600	0 161
e All other expenses	116,227.	80,466.	26,600.	9,161.
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	12,313,372.	9,129,440.	2,187,509.	996,423.
fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	0			5 000 (0040)

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Form **990** (2012)

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Form 990 (2012) Page **11**

Part X Balance Sheet

		Charle if Cahadula O agataina a rasmanas	4	, avvention in this Dout			
		Check if Schedule O contains a response	to any	question in this Pan			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,331.	1	6,031.
	2	Savings and temporary cash investments			2,060,868.	2	1,113,927.
	3	Pledges and grants receivable, net			227,500.	3	120,860.
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Cohedule I	-		0	5	0
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0	6	0
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			335,644.	8	207,824.
•	9	Prepaid expenses and deferred charges			835,727.	9	709,476.
	10 a	Land, buildings, and equipment: cost or					
			10a	48,753,877.			
	b	Less: accumulated depreciation	10b	15,649,501.	33,472,449.	10c	33,104,376.
	11	Investments - publicly traded securities	28,231,117.	11	28,231,117.		
	12	Investments - other securities. See Part IV, line 11	29,517,227.	12	34,026,188.		
	13	Investments - program-related. See Part IV, line 11	0	13	0		
	14	Intangible assets		0	17	0	
	15	Other assets. See Part IV, line 11			22,558,905.	15	23,621,328.
	16	Total assets. Add lines 1 through 15 (must equal			117,245,768.	16	121,141,127.
	17	Accounts payable and accrued expenses			891,119.	17	956,490.
	18	Grants payable			0		0
	19	Deferred revenue	661,133.	19	523,286.		
	20	Tax-exempt bond liabilities	0		0		
es	21	Escrow or custodial account liability. Complete Pa			0	21	0
Liabilities	22	Loans and other payables to current and for					
jab		trustees, key employees, highest compen					
_		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			4,621,993.	23	7,008,074.
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		,	0 042 160		6 110 240
		of Schedule D			8,843,168.		6,112,349.
_	26	Total liabilities. Add lines 17 through 25			15,017,413.	26	14,600,199.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here 🕨 🔼 and			
anc	27	Unrestricted net assets			22,327,767.	27	21,767,610.
3al	28	Temporarily restricted net assets			10,899,803.	28	13,260,516.
Þ	29	Permanently restricted net assets			69,000,785.	29	71,512,802.
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), check	chere and			
ts (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	uipmen	t fund		31	
Ä	32	Retained earnings, endowment, accumulated incomment	ome, c	or other funds		32	
Net	33	Total net assets or fund balances			102,228,355.	33	106,540,928.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	117,245,768.	34	121,141,127.
					•		

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,6	77,9	901.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,313,372.			
3	Revenue less expenses. Subtract line 2 from line 1	3		3 L02,2	64,5		
4							
5	Net unrealized gains (losses) on investments	5				0	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,9	48,0)44.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	1	106,5	40,9	28.	
Part							
	Check if Schedule O contains a response to any question in this Part XII						
					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," ex	крlair	n in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight					
	of the audit, review, or compilation of its financial statements and selection of an independent accour	tant?	•	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	n in				
	the Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b			

Form **990** (2012)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2012
Open to Public

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

Employer identification number

HONOL	ULU ACADEMY OF	ARTS							99-	-0079713	
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions		
The org	anization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)			
1	A church, conventi	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)			
2	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)							
3	A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)	(iii).			
4	A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b	o)(1)(A)(iii). ˈ	Enter the
	hospital's name, cit	y, and state:									
5	An organization or	erated for the bea	nefit of a college or univ	ersity	owned	or ope	erated b	y a go	vernme	ntal unit des	scribed in
	section 170(b)(1)(/	A)(iv). (Complete F	Part II.)								
6	A federal, state, or	local government	or governmental unit des	cribed	in sect	ion 170	(b)(1)(۹)(v).			
7 X	An organization the	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the gene	ral public
	described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)			_				_	•
8	1		on 170(b)(1)(A)(vi). (Com	plete F	art II.)						
9	-		es: (1) more than 331/3%	•			contrib	utions,	membe	ership fees, a	and gross
	-	-	exempt functions - subj							-	_
	•		ome and unrelated busi			-					
			ne 30, 1975. See section				-			,	
10	1		ted exclusively to test for			-		-).		
11		-	rated exclusively for the		-				-	, or to carry	out the
	-	-	ipported organizations de			-				-	
			es the type of supporting					-			
	a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type II	l-Non-fu	unctionally int	egrated
е	By checking this	box, I certify that	the organization is not	contr	olled o	directly	or ind	irectly	by one	or more dis	squalified
	persons other than	foundation mana	gers and other than one	or mo	re pub	licly su	pportec	d organ	izations	described i	n section
	509(a)(1) or sectio	n 509(a)(2).									
f	If the organization	received a writte	n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Type	e III support	ing
	organization, check	this box									
g	Since August 17, 2	006, has the orga	nization accepted any gift	or cor	ntributi	on from	any of	the			
	following persons?								•	•	
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii)	Yes No
	and (iii) below,	the governing boo	dy of the supported organ	ization	?					11g(i)	
	(ii) A family memb	oer of a person des	scribed in (i) above?							11g(ii)	
	(iii) A 35% control	led entity of a pers	son described in (i) or (ii) a	bove?						11g(iii)	
h	Provide the following	ng information abo	ut the supported organiza	ation(s)							
(i)	Name of supported	(ii) EIN	(iii) Type of organization		ls the		ou notify		s the	(vii) Amount o	•
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in listed in	_	anization . (i) of		zation in rganized	suppo	ırt
			(see instructions))		overning ment?		ipport?		Ü.S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
(^)											
(B)]	
(5)											
(C)											
(0)											
(D)											
\ - /											
(E)											
. ,											
T-4:'											
Total										i	

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,346,909.	4,958,992.	5,368,259.	31,695,441.	7,193,109.	56,562,710.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3	7,346,909.	4,958,992.	5,368,259.	31,695,441.	7,193,109.	56,562,710.	
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)						2,672,736.	
6	Public support. Subtract line 5 from line 4.						53,889,974.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7 8	Amounts from line 4	7,346,909.	4,958,992.	5,368,259.	31,695,441.	7,193,109.	56,562,710.	
	payments received on securities loans, rents, royalties and income from similar sources	985,851.	918,205.	1,769,824.	1,129,843.	1,846,034.	6,649,757.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	1,871,356.	1,771,831.	1,559,338.	1,976,964.	2,640,851.	9,820,340.	
11	Total support. Add lines 7 through 10						73,032,807.	
12	Gross receipts from related activities, etc. (s	see instructions) -				12	10,103,651.	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yes	ar as a section	501(c)(3)	
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2012 (li	•		11. column (f))		14	73.79%	
15	Public support percentage from 2011					15	75.09%	
16a	331/3% support test - 2012. If the o						e, check	
	this box and stop here . The organization	_						
b	331/3% support test - 2011. If the c							
	check this box and stop here. The orga							
17a	10%-facts-and-circumstances test - 2	2012. If the org	ganization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is	
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in	
	Part IV how the organization meets t	he "facts-and-c	circumstances" te	est. The organia	zation qualifies	as a publicly su	upported	
	organization							
b	10%-facts-and-circumstances test - 2						and line	
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances	" test, check tl	his box and st o	op here.	
	Explain in Part IV how the organization	on meets the "	facts-and-circum	stances" test.	The organization	n qualifies as a	publicly	
	supported organization						▶ 🔲	
18	Private foundation. If the organization							
	instructions						<u></u> ▶∟	

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012

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.)

_	<u> </u>	<u> </u>			<u>'</u>		
	tion A. Public Support		42000	() 0040	(N 0044	() 0040	(O.T.)
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						-
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						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						<u>I</u>
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	,					
-	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth. or	fifth tax vear	as a section 501	
	organization, check this box and stop here .	ŭ	·		•		` ` ` `
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,			mn (f))		15	%
16	Public support percentage from 2011 Sche					16	%
	tion D. Computation of Investmen					- 1	
17	Investment income percentage for 2012 (lir			3, column (f))		17	%
18	Investment income percentage from 2011					18	%
	331/3% support tests - 2012. If the org						
. J a	17 is not more than 331/3%, check thi						. \square
h	331/3% support tests - 2011. If the orga	_		•			
J	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•	. ,		
				,	,		

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012

Part IV Supplemental Information. Complete this part to 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).

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	E				
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
000000	100 600	70.000	60.000	200 515	200 100	1 020 400
SPECIAL EVENTS	198,692.	78,099.	62,982.	322,515.	376,120.	1,038,408.
GROSS SALES OF INVENTORY	1,455,703.	1,569,193.	1,351,120.	1,531,438.	1,504,007.	7,411,461.
OTHER INCOME	216,961.	124,539.	145,236.	123,011.	760,724.	1,370,471.
TOTALS	1,871,356.	1,771,831.	1,559,338.	1,976,964.	2,640,851.	9,820,340.

Schedule A (Form 990 or 990-EZ) 2012

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number Name of the organization HONOLULU ACADEMY OF ARTS 99-0079713 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HONOLULU ACADEMY OF ARTS

Employer identification number
99-0079713

			99-0019113
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$157,637.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 2 _	Name, audress, and zir + 4	\$332,644.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$210,293.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$193,717.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$395,384.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$442,500.	Person X Payroll Noncash (Complete Part II if there is

a noncash contribution.)

Name of organization HONOLULU ACADEMY OF ARTS Employer identification number 99-0079713

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$677,751.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$2,035,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization HONOLULU ACADEMY OF ARTS

Employer identification number

99-0079713

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8_	MARKETABLE SECURITIES		
		\$2,035,000.	_06/04/2013_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

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Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization HONOLULU ACADEMY OF ARTS **Employer identification number** 99-0079713 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I

(b) Purpose of gift
(c) Use of gift
(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from

Part I

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

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.

▶ Attach to Form 990. ▶ See separate instructions.

wam	e of the organization	Employer identification number
HOI	NOLULU ACADEMY OF ARTS	99-0079713
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
	(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 advisors in writing that the assets held in o	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	ndling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
-	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	> \$
h	Assets included in Form 990 Part X	\$ \$ 850

Schedule D (Form 990) 2012 Page **2**

Par	t III Organizations Maintainin	g Collections o	f Art, His	torical	Treasu	res,	or Ot	her Simila	r Asse	ets (con	tinue	ed)
3	Using the organization's acquisition collection items (check all that apply)		other recor	ds, checl	c any o	f the	follow	ing that are	a sign	nificant u	se of	f its
а	X Public exhibition		d X	Loan	or excha	ange	progran	ns				
b	X Scholarly research		e	Other		_						
С	X Preservation for future genera	tions		_								
4	Provide a description of the organiz	zation's collections	and expla	ain how t	hey fur	ther	the org	ganization's	exemp	t purpose	e in l	Part
	XIII.				•		•					
5	During the year, did the organization	solicit or receive of	donations o	f art, histo	orical tr	easu	res, or o	other similar				
	assets to be sold to raise funds rathe								_	X Yes		No
Par	t IV Escrow and Custodial Ar									n 990, I	Part	IV,
	line 9, or reported an amo	unt on Form 990	, Part X, I	ine 21. `						•		,
1a	Is the organization an agent, trustee,	custodian or othe	r intermedi	ary for co	ntributi	ons o	or other	assets not				
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in F	Part XIII and compl	ete the foll	owing tab	le:							
								Am	ount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amo	unt on Form 990, I	Part X, line	21?					[Yes	X	No
b	If "Yes," explain the arrangement in F	Part XIII. Check her	re if the exp	olanation	has be	en pr	ovided	in Part XIII				
Par	t V Endowment Funds. Comp	olete if the organ	nization an	swered	"Yes" to	o Fo	rm 990), Part IV, li	ne 10.			
		(a) Current year	(b) Prio	r year	(c) Tw	o year	rs back	(d) Three yea	rs back	(e) Four	years b	oack
1a	Beginning of year balance	69,000,785.	62,89	8,898.	57,3	366	,721.	55,850,	670.	64,2	84,	028.
b	Contributions	326,323.	8,16	9,255.		177	,713.	124,	536.	7	96,	066
С	Net investment earnings, gains,											
	and losses	2,185,694.	-2,06	7,368.	5,3	354	,464.	1,391,	515.	-9,2	29,	424.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	71,512,802.	69,00	0,785.	62,8	898	,898.	57,366,	721.	55,8	50,	670 .
2	Provide the estimated percentage of	the current year e	nd balance	(line 1g,	column	(a))	held as					
а	Board designated or quasi-endowme	ent >	%									
b	Permanent endowment ► 100.00		_									
С	Temporarily restricted endowment ▶	> %										
	The percentages in lines 2a, 2b, and	2c should equal 1	00%.									
3a	Are there endowment funds not in the	ne possession of th	ne organiza	tion that	are hel	d and	d admir	istered for th	e	_		
	organization by:									Y	es	No
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		X
b	If "Yes" to 3a(ii), are the related orga	nizations listed as	required on	Schedule	R?					3b		
4	Describe in Part XIII the intended use											
Par	t VI Land, Buildings, and Equi	pment. See Forr	n 990, Pa	rt X, line	10.							
	Description of property	(a) Cost or (invest		(b) Cost (or other ba ther)	sis		eumulated eciation	(d	i) Book valu	ie	
1a	Land			6,5	30,27	76.				6,53	0,2	76.
b	Buildings			36,7	720,76	57.	11,1	69,075.		25,55		
	Leasehold improvements				267,98	_		38,096.			9,8	
d	Equipment			4,9	14,67	78.	4,2	42,330.			2,3	
е	Other				320,17	_	<u> </u>				0,1	
	II. Add lines 1a through 1e. (Column (n 990, Part		-		(c).).	▶		33,10		

Schedule D (Form 990) 2012

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Part VII Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) MARKETABLE ALTERNATIVE ASSETS	14,786,706.	FMV	
(B) HEDGE FUNDS	17,403,364.	FMV	
(C) OPEN ENDED INTERVAL FUND	1,836,118.	FMV	
(D)			
\-´			
(F)			
` / (G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	34,026,188.		
Part VIII Investments - Program Related. See F		12	
(a) Description of investment type			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li	ine 15		
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN	Всосприон		16,121,328.
(2) PERPETUAL TRUSTS			10,121,320.
(3) INVESTMENT IN REAL ESTATE			7,500,000.
(4)			7,300,000.
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B)			23,621,328.
Part X Other Liabilities. See Form 990, Part X	·		
1. (a) Description of liability	(b) Book value	<u>; </u>	
(1) Federal income taxes			
(2) LIABILITIES UNDER SPLIT INTEREST			
(3) AGREEMENTS	2,468,2		
(4) PENSION OBLIGATIONS	3,576,1	77.	
(5) OTHER	67,9	19.	
_ (6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 6,112,3	49.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			onts the organization's
=1 1 iii 10 (100 140) i comoto. Ill i ait Alli, provide the text	or the recurrence to the Or	garnzanono imanoiai statemento that rep	one me organiza <u>ndii</u> 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. JSA 2E1270 1.000 81238P 1034

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return										
1	Total revenue, gains, and other support per audited financial statements	1	17,898,931.							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains on investments 2a 3,224,370.									
b	Donated services and use of facilities 2b									
С	Recoveries of prior year grants 2c									
d	Other (Describe in Part XIII.) 2d 2,362,061.									
е	Add lines 2a through 2d	2e	5,586,431.							
3	Subtract line 2e from line 1	3	12,312,500.							
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 351,146.									
b	Other (Describe in Part XIII.) 4b 14,255.									
С	Add lines 4a and 4b	4c	365,401.							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,677,901.							
Part	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return									
1	Total expenses and losses per audited financial statements	1	13,586,357.							
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities 2a									
b	Prior year adjustments 2b									
С	Other losses 2c									
d	Other (Describe in Part XIII.) 2d 1,638,386.									
е	Add lines 2a through 2d	2e	1,638,386.							
3	Subtract line 2e from line 1	3	11,947,971.							
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 351,146.									
b	Other (Describe in Part XIII.) 4b 14,255.									
С	Add lines 4e and 4b	4c	365,401.							
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,313,372.							
Part	XIII Supplemental Information									
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, line	s 1b and 2b;							
Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.										
iniorniation.										
SE	E PAGE 5									

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ART COLLECTION

SCHEDULE D, PART III, LINE 1A

THE MUSEUM'S ART COLLECTION COMPRISES WORKS OF ART, WHICH ARE HELD FOR EXHIBITION, RESEARCH, AND EDUCATIONAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION. WORKS OF ART IN THE MUSEUM'S COLLECTION ARE NOT RECOGNIZED AS ASSETS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION. PURCHASES OF ART ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACOUIRED.

DEFINITION OF COLLECTIONS

SCHEDULE D, PART III, LINES 2A & 2B

THE MUSEUM'S TWO PRINCIPAL ACCESSIONED COLLECTIONS ARE DESIGNATED AS THE PRIMARY (OR MAIN) AND SECONDARY (OR STUDY) COLLECTIONS. THE MAJORITY OF THE MUSEUM'S HOLDINGS ARE IN THE PRIMARY COLLECTION. THE SECONDARY COLLECTION IS COMPRISED OF WORKS OF ALL MEDIA THAT MAY BE OF LESSER QUALITY BUT ARE NEEDED TO REPRESENT A PARTICULAR PERIOD, STYLE OR TECHNIQUE, OF OBJECTS WHOSE ATTRIBUTION REQUIRE FURTHER RESEARCH, AND FOR RESEARCH PURPOSES. THE THIRD CATEGORY EXISTS OF WORKS SET ASIDE FOR USE AS EQUIPMENT IN OFFICES OR THAT WERE GIVEN TO THE MUSEUM FOR PURPOSES OF SALE. THESE OBJECTS ARE NOT FORMALLY ACCESSIONED INTO THE COLLECTION. THE VALUE OF THESE OBJECTS IS REPORTED IN PART III, ITEMS 2A AND 2B.

Schedule D (Form 990) 2012

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ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURE OR OTHER

UNITED STATES.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4 THE MUSEUM HAS AN INTERNATIONALLY-RENOWNED, ENCYCLOPEDIC COLLECTION OF OVER 60,000 WORKS OF ART THAT BEGAN WITH MRS. COOKE'S GIFT OF 4,000 ARTWORKS IN 1927. THIS COLLECTION LIES AT THE CORE OF OUR EDUCATIONAL MISSION AND IS A REMARKABLE MIRROR OF HAWAI'I'S ETHNIC DIVERSITY. THE COLLECTION IS THE FOUNDATION FOR THE MUSEUM'S PROGRAMS AND A VEHICLE THROUGH WHICH THE MUSEUM CARRIES OUT ITS MISSION TO SERVE HAWAII. THE PRIMARY RATIONALE FOR COLLECTING IS TO DEVELOP A BODY OF VISUAL AND INTELLECTUAL MATERIAL THAT DOCUMENTS AND INTERPRETS WORLD CULTURE IN AN ENCYCLOPEDIC FORMAT. THE MUSEUM IS KNOWN FOR ITS ASIAN COLLECTION, INCLUDING COMPREHENSIVE HOLDINGS IN CHINESE, INDIAN, JAPANESE, KOREAN, AND SOUTHEAST ASIAN ART. THE CROWN JEWEL OF THE MUSEUM'S ASIAN ART COLLECTION IS THE JAMES A. MICHENER COLLECTION OF OVER 10,000 JAPANESE UKIYO-E WOODBLOCK PRINTS, THE THIRD LARGEST COLLECTION OF ITS KIND IN THE

THE MUSEUM'S PERMANENT COLLECTION ALSO EXCELS IN EUROPEAN AND AMERICAN PAINTING, GRAPHIC ART, AND DECORATIVE ARTS. NINETEENTH AND TWENTIETH CENTURY PAINTINGS ARE REPRESENTED BY SUCH MASTERS AS MONET, RENOIR, CEZANNE, GAUGUIN, VAN GOGH, MODIGLIANI, LEGER, PICASSO, BRAQUE, AND MATISSE. MAJOR AMERICAN AND MODERN AND CONTEMPORARY HOLDINGS ARE REPRESENTED BY SUCH MASTERS AS JAMES MCNEILL WHISTLER, JOHN SINGER SARGENT, GASTON LACHAISE, ALEXANDER CALDER, ISAMU NOGUCHI, LOUISE NEVELSON, AND LEE BONTECOU. THE LARGEST SINGLE PART OF THE PERMANENT COLLECTION COMPRISES OVER 15,000 EXAMPLES OF EUROPEAN AND AMERICAN WORK

Schedule D (Form 990) 2012

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Part XIII Supplemental Information (continued)

ON PAPER, RANGING IN DATE FROM THE RENAISSANCE TO THE CONTEMPORARY ERA.

THE MUSEUM'S COLLECTION OF CONTEMPORARY ART INCLUDES WORKS GIFTED BY THE CONTEMPORARY MUSEUM, HONOLULU IN JULY, 2011. THE INTEGRATED CONTEMPORARY COLLECTION NOW INCLUDES WORKS FROM 1970 TO THE PRESENT. THIS INCLUDES ARTISTS SUCH AS DONALD JUDD, SOL LEWITT, FRANK STELLA, TOM WESSELMANN, JIM DINE, ANDY WARHOL, ROBERT MOTHERWELL, SAM FRANCIS, ROBERT ARNESON, JOSEPH CORNELL, H. C. WESTERMANN, JENNIFER BARTLETT, KARA WALKER, KIKI SMITH, WILLIAM KENTRIDGE, VIK MUNIZ, BRUCE CONNER, TERRY ALLEN, WILLIAM WILEY, DAVID HOCKNEY, ROBERT GRAHAM, ED AND NANCY REDDIN KIENHOLZ, THOMAS RUFF, AND THOMAS STRUTH. PARTICULAR STRENGTHS ARE IN CERAMICS AND CERAMIC SCULPTURE, WOOD, GLASS, METAL, AND FIBER.

THE MUSEUM'S TEXTILE COLLECTION IS ESPECIALLY STRONG IN WORKS FROM ASIA, AND ALSO INCLUDES IMPORTANT TEXTILES FROM THE NEAR EAST, AFRICA, EUROPE, AND THE AMERICAS. THE ARTS OF HAWAII COMPRISE BOTH EXAMPLES OF INDIGENOUS HAWAIIAN ART, AND POST-EUROPEAN CONTACT PAINTINGS, AND WORKS ON PAPER. THROUGH THE DEVELOPMENT OF STRONG CURATORIAL AND PROFESSIONAL STAFF, THE MUSEUM PROMOTES ITS COLLECTIONS BY FOCUSING ON EXHIBITIONS THAT ENGAGE RESIDENTS AND VISITORS TO HAWAII. THE MUSEUM MAKES ITS PERMANENT COLLECTIONS AVAILABLE IN ITS RENOVATED GALLERIES AND ON ITS WEBSITE, A MAJOR COMPONENT OF IMPROVED VISIBILITY THAT HAS POSITIVE CONSEQUENCES FOR ATTENDANCE AND COLLECTION GROWTH.

Schedule D (Form 990) 2012

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ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE MUSEUM USES ITS PERMANENTLY RESTRICTED PORTION OF THE ENDOWMENT CONSISTENT WITH THE DONOR'S RESTRICTIONS. THE UNRESTRICTED PORTION OF THE ENDOWMENT IS USED TO PROVIDE A PREDICTABLE AND CONSTANT STREAM OF CURRENT INCOME FOR OPERATING NEEDS. EARNINGS FROM THE ENDOWMENT FUNDS ARE TO BE USED FOR THE FOLLOWING INTENDED PURPOSES:

GENERAL OPERATIONS AND GALLERY MAINTENANCE	\$55,226,484 (77%)
ART ACQUISITIONS	\$ 7,859.043 (11%)
CURATORIAL AND CONSERVATION	\$ 3,517,574 (5%)
EDUCATION	\$ 3,381,270 (5%)
EXHIBITIONS	\$ 1,528,431 (2%)
	\$71,512,802 (100%)

THE ALLOCATION OF ENDOWMENT FUND AMOUNTS BETWEEN THE INTENDED PURPOSES IS THE BEST ESTIMATE OF THE ORGANIZATION AS OF THE DUE DATE OF THE RETURN.

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ACADEMY ADOPTED FASB INTEREPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, INCLUDED IN ASC SUBTOPIC 740-10, INCOME TAXES - OVERALL (INTERPRETATION 48), AS OF JUNE 1, 2012. THE ACADEMY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF SUCH POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. PRIOR TO ADOPTION OF

Schedule D (Form 990) 2012

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Part XIII Supplemental Information (continued)

INTERPRETATION 48, THE ACADEMY RECOGNIZED THE EFFECT OF INCOME TAX POSITIONS ONLY IF SUCH POSITIONS WERE PROBABLE OF BEING SUSTAINED.

REVENUE ON BOOKS BUT NOT ON RETURN

SCHEDULD D, PART XI, LINE 2D

PURCHASES FOR RESALE 645,580

FUNDRAISING EXPENSES 875,690

CHANGE IN VALUES OF SPLIT-INTEREST AGREEMENTS \$ 840,791

\$ 2,362,061

EXPENSE ON BOOKS BUT NOT ON RETURN

SCHEDULE D, PART XII, LINE 2D

PURCHASES FOR RESALE \$ 645,580

CONTRIBUTED RENT \$ 117,116

FUNDRAISING EXPENSES \$ 875,690

\$ 1,638,386

REVENUE AND EXPENSE ON RETURN, NOT ON BOOKS

SCHEDULE D, PART XI & XII, LINE 4B

LOSS ON DISPOSAL OF FIXED ASSETS 14,255

426386

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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open to Public

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. ▶ See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number HONOLULU ACADEMY OF ARTS 99-0079713 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 |X | Solicitation of non-government grants Mail solicitations е а X Χ Internet and email solicitations f Solicitation of government grants X Special fundraising events Phone solicitations C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 CONSULTING PG CALC INC SERVICE 15,764 Χ 2 3 6 8 9 10 15,764 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. HI.

Schedule G (Form 990 or 990-EZ) 2012 Page **2**

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,0	00.					
			(a) Event #1 KAMA'AINA XMAS	(b) Event #2 CONTEMPO	(c) Other events	(d) Total events (add col. (a) through		
Revenue			(event type)	(event type)	(total number)	col. (c))		
	1	Gross receipts	707,157.	995,213.	125,647.	1,828,017		
	2	Less: Contributions	587,077.	231,457.	108,462.	926,996		
		Gross income (line 1 minus		,				
		line 2)	120,080.	763,756.	17,185.	901,021		
Direct Expenses	4	Cash prizes						
	5	Noncash prizes						
	6	Rent/facility costs	26,208.	36,595.	20,796.	83,599		
	7	Food and beverages	91,825.	65,549.	5,700.	163,074		
	8	Entertainment	4,722.	11,316.	10,700.	26,738		
	9	Other direct expenses	62,463.	301,277.	238,539.	602,279		
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)	1	•	(875,690.)		
		Net income summary. Combine line 3				25,331		
Pa		Gaming. Complete if the organic	anization answered "Y			rted more		
		than \$15,000 on Form 990-E	Z, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
_	5	Other direct expenses	Yes %		N 0/			
	6	Volunteer labor	Yes% No	Yes% No	Yes% No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7				
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:								
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:								

HONOLULU ACADEMY OF ARTS

Sched	ule G (Form 990 or 990-EZ) 2012						
11	Does the organization operate gaming activities with nonmembers? Yes No						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gaming?						
13	Indicate the percentage of gaming activity operated in:						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ▶						
	Address ▶						
15 a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?						
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
	amount of gaming revenue retained by the third party ▶ \$						
С	If "Yes," enter name and address of the third party:						
	Name ▶						
	Address ►						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶\$						
	Description of services provided ▶						
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations						
	or spent in the organization's own exempt activities during the tax year 🕨 \$						
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).						

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public

Open to Public Inspection

Name of the organization
HONOLULU ACADEMY OF ARTS
Part I Questions Regarding Compensation

Employer identification number
99-0079713

			Yes	No
1a	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 X 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 X 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	Х	
2	explain			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
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 Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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 4b		X
b	 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 			
С				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion FOA(s)(2) and FOA(s)(4) argonizations must complete lines F.O.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of: The organization?	50		X
a		5a 5b		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	JU		21
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

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HONOLULU ACADEMY OF ARTS 99-0079713

Schedule J (Form 990) 2012

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
STEPHAN JOST	(i)	220,000.	(63,592.	(6,560.	290,152.	0
1 DIRECTOR	(ii)		(0	(0	C	0
	(i)							
_2	(ii)							
	(i)							
_ 3	(ii)							
	(i)			ļ				
_4	(ii)							
	(i)			ļ +		ļ 		
_ 5	(ii)							
	(i)			ļ 				
_ 6	(ii)							
	(i)							
7	(ii)							
	(i)			ļ				
8	(ii)							
	(i)	<u> </u>	<u> </u>	 		 		
9	(ii)							
	(i)			 		 		
10	(ii)							
	(i)			 				
11	(ii)							
	(i)			 				
12	(ii)							
	(i) (ii)		 	 		 		
13								
4.4	(i) (ii)		 	 		 		
14	(i)							
15	(ii)		 	 		 		
10	(i)							
16	(ii)		 	 			L	
10	(II)		l .	1	L	l .	L	<u> </u>

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HONOLULU ACADEMY OF ARTS 99-0079713

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

INFORMATION REGARDING COMPENSATION

SCHEDULE J, PART I, LINE 1A

STEPHAN JOST (DIRECTOR) AND HIS FAMILY WAS PROVIDED THE USE OF A MUSEUM OWNED RESIDENCE FOR BUSINESS (I.E. DONOR CULTIVATION EVENTS) AND PERSONAL USE. HOUSECLEANING AND LANDSCAPING SERVICES TO MAINTAIN THE RESIDENCE ARE ALSO PROVIDED. THE PERSONAL USE OF THE COMPANY RESIDENCE IS INCLUDED IN THE OTHER REPORTABLE COMPENSATION AMOUNT (HOUSING ALLOWANCE).

Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

2012 ^Ⅲ Open To Public

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

Name of the organization

HONOLULU ACADEMY OF ARTS

Employer identification number

99-0079713

Par	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determin noncash contribution a	
1	Art - Works of art	Х		0	SEE DISCLOSURE	BELOW
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	Х			SEE DISCLOSURE	BELOW
5	Clothing and household					
	goods	X		4,500.	REPLACEMENT COS	ЗT
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded		41.	2,346,522.	AVERAGE MARKET	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
	contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory		1.	226.	REPLACEMENT COS	JT
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(_ATCH_1)		5.	9,800.		
26	Other ►()					
27	Other ►()					
28	Other ►()					
29		by the orga	anization during the tax ye	ar for contributions for		
	which the organization completed I		9		29	
	j ,	,	,	,	Ye	s No
30 a	During the year, did the organization	tion receive	by contribution any prope	erty reported in Part I, line	es 1-28 that	
	it must hold for at least three yea					
	used for exempt purposes for the e	ntire holding	g period?		30a	X
b	If "Yes," describe the arrangement	in Part II.				
31	Does the organization have a	gift accep	tance policy that require	es the review of any r	non-standard	
	contributions?					X
32 a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	sell noncash	
	contributions?				32a	Х
b	If "Yes," describe in Part II.					
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a) is checked,	
	describe in Part II.					

99-0079713

Schedule M (Form 990) (2012) Page **2**

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

NON-CASH CONTRIBUTIONS FOR WHICH NO REVENUES WERE REPORTED

SCHEDULE M, PART I, LINE 33

WORKS OF ART AND BOOKS IN THE MUSEUM'S COLLECTION ARE NOT RECOGNIZED AS

ASSETS IN THE FINANCIAL STATEMENTS. THE MUSEUM DOES NOT ESTIMATE THE

VALUE OF ART OBJECTS ACQUIRED BY GIFT.

NONCASH CONTRIBUTIONS DISCLOSURE

SCHEDULE M, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B OF SCHEDULE M. FOR GIFTS OF SECURITIES, EACH SEPARATE GIFT IS TREATED AS A SINGLE CONTRIBUTION FOR PURPOSES OF COLUMN B.

METHOD OF DETERMINING REVENUES

SCHEDULE M, PART I, COLUMN D

CONTRIBUTED PROPERTY (EXCEPT FOR STOCK) IS RECORDED AS ZERO VALUE ON THE DATE OF DONATION. THE FAIR VALUE OF PUBLICLY TRADED SECURITIES IS BASED ON AVERAGE MARKET PRICES ON THE DATE OF DONATION.

THIRD PARTIES USED TO SELL NON-CASH DONATIONS

SCHEDULE M, PART I, LINE 32B

THE ORGANIZATION USES VARIOUS THIRD PARTY OR AUCTION HOUSES TO SELL DONATED ARTWORK. THE MUSEUM USES THE AUCTION HOUSES TO SELL OLDER PIECES OF ART THAT WERE NEVER ACCESSIONED INTO THE MUSEUM'S COLLECTION. THE AUCTION HOUSES REMIT THE AMOUNT RECEIVED TO THE MUSEUM, AFTER DEDUCTING APPLICABLE FEES RELATED TO THE SALE OF THE ARTWORK.

JSA Schedule M (Form 990) (2012)

2E1508 2.000

Schedule M (Form 990) (2012) Page **2**

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CERTIFICATES	X	5.	9,800.	REPLACEMENT COST
TOTALS	_ =	5.	9,800.	

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public Inspection

99-0079713

Department of the Treasury Internal Revenue Service Name of the organization

HONOLULU ACADEMY OF ARTS

► Attach to Form 990 or 990-EZ.

Employer identification number

RELATIONSHIP WITH OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES PART VI, SECTION A, LINE 2 WARREN K. K. LUKE (TRUSTEE) AND CECILIA DOO (TRUSTEE): FAMILY RELATIONSHIP LYNNE JOHNSON (TRUSTEE) AND SAMUEL COOKE (TRUSTEE): FAMILY RELATIONSHIP JUDITH DAWSON (TRUSTEE) AND LE BURTA ATHERTON (TRUSTEE): FAMILY RELATIONSHIP SHARON TWIGG-SMITH (TRUSTEE) AND THURSTON TWIGG-SMITH (TRUSTEE): FAMILY RELATIONSHIP JUDITH DAWSON (TRUSTEE) AND SAMUEL COOKE (TRUSTEE): FAMILY RELATIONSHIP CHERYE PIERCE (TRUSTEE) AND JAMES F. PIERCE (TRUSTEE): FAMILY RELATIONSHIP CHARLES R. WICHMAN (TRUSTEE) AND SAMUEL COOKE (TRUSTEE): FAMILY RELATIONSHIP KATHLEEN SULLIVAN WO (TRUSTEE) AND BETTY WO (TRUSTEE): FAMILY RELATIONSHIP

Name of the organization

HONOLULU ACADEMY OF ARTS

Employer identification number

99-0079713

CHARLES R. WICHMAN (TRUSTEE) AND THURSTON TWIGG-SMITH (TRUSTEE): FAMILY RELATIONSHIP

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11

A FINAL DRAFT COPY OF THE PUBLIC DISCLOSURE COPY OF FORM 990 AND APPLICABLE SCHEDULES ARE DISTRIBUTED TO ALL BOARD MEMBERS AND THE DIRECTOR FOR THEIR REVIEW AND COMMENTS PRIOR TO THE FILING OF THE TAX RETURN.

INFORMATION AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE IN HARD COPY OR ELECTRONICALLY UPON REQUEST. THE PAST THREE YEARS OF AUDITED FINANCIAL STATEMENTS AND TAX RETURNS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 5

UNREALIZED GAIN/LOSS \$ 3,224,370

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$ 840,791

CONTRIBUTED RENT \$ (117,116)

\$ 3,107,253

ORGANIZATION OBTAINING SEPARATE, INDEPENDENT, AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12A

AS OF THE DUE DATE OF THE TAX RETURN, THE ACADEMY HAD NOT RECEIVED FINAL AUDITED FINANCIAL STATEMENTS. THE ACADEMY HAS PREPARED THEIR TAX RETURN BASED ON THE LATEST AVAILABLE DRAFT OF THE FINANCIAL STATEMENTS. SHOULD CHANGES OCCUR TO THE FINANCIAL STATEMENTS AFTER THE FILING OF THE TAX RETURN, THE ACADEMY WILL AMEND THEIR TAX RETURN TO APPROPRIATELY REFLECT THE CHANGES, IF ANY.

INVESTMENTS - PUBLICLY TRADED SECURITIES

FORM 990, PART X, LINE 11

THE AMOUNTS SHOWN AS THE INVESTMENTS IN PUBLICLY TRADED SECURITIES AS OF 06/30/2013 ARE THE BEST ESTIMATE OF THE ORGANIZATION AS OF THE DUE DATE OF THE RETURN. IF REVISIONS ARE MADE AFTER THE DUE DATE OF THE RETURN, AN AMENDED RETURN WILL BE FILED TO PROPERLY REFLECT THE CHANGES TO THESE AMOUNTS, IF ANY.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CONCEIVED AS AN INSTITUTION THAT WOULD MAKE HAWAII AN EVEN BETTER

PLACE TO LIVE, THE HONOLULU MUSEUM OF ART IS COMMITTED TO SHOWCASING

THE HIGHEST QUALITY ART FROM AROUND THE WORLD FOR THE BENEFIT OF

RESIDENTS AND VISITORS. THE MUSEUM IS DEDICATED TO THE COLLECTION,

PRESERVATION, INTERPRETATION, AND TEACHING OF THE VISUAL ARTS, AS

WELL AS THE PRESENTATION OF EXHIBITIONS, FILM AND VIDEO, PERFORMANCE,

AND PUBLIC PROGRAMS SPECIFICALLY RELEVANT TO HAWAII'S ETHNICALLY

DIVERSE COMMUNITY.

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Employer identification number 99-0079713

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EDUCATION IS CENTRAL TO THE MUSEUM'S MISSION WITH 260,470 PEOPLE VISITING EACH YEAR AND 38,819 STUDENTS PARTICIPATING IN SCHOOL PROGRAMS BOTH AT THE MUSEUM AND THROUGHOUT THE COMMUNITY.

SINCE ITS FOUNDING AS THE HONOLULU ACADEMY OF ARTS, THE MUSEUM HAS ALWAYS HAD TRADITIONAL GALLERIES AND A COMMITMENT TO ART EDUCATION. TODAY THE MUSEUM COMPRISES TWO BUILDINGS TO EXHIBIT ART, AN ART SCHOOL, A DOWNTOWN GALLERY, AND A THEATER. OVER THE YEARS, THE COLLECTION HAS GROWN INTO ONE OF THE MOST EXTENSIVE IN THE UNITED STATES, WITH A SPECIAL EMPHASIS ON WORKS OF ART THAT REFLECT THE DIVERSE COMMUNITIES THAT CALL HAWAI'I HOME. THE COLLECTION FEATURES WORK BY HOKUSAI, VAN GOGH, GAUGUIN, MONET, PICASSO AND WARHOL, AS WELL AS TRADITIONAL ASIAN AND HAWAIIAN ART.

THE MUSEUM'S TEMPORARY EXHIBITION PROGRAM STRIVES TO ENGAGE LOCAL,
NATIONAL AND INTERNATIONAL AUDIENCES. PAST SHOWS INCLUDE

MASTERPIECES OF LANDSCAPE PAINTING FROM THE FORBIDDEN CITY; ULANA

ME KA LOKOMAIKAI: TO WEAVE FROM THE GOODNESS WITHIN SHOWCASING

WORK BY NATIONAL ENDOWMENT FOR THE ARTS' NATIONAL HERITAGE FELLOW

GLADYS KUKANA GRACE; REGAL AND ROYAL HAWAIIAN QUILTS; ANXIETY'S

EDGE, WORKS BY LEADING CONTEMPORARY ARTISTS IN THE MUSEUM'S

COLLECTION; AND ARTISTS OF HAWAII 2012, THE STATE'S

LONGEST-RUNNING JURIED ALL-MEDIA EXHIBITION.

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Name of the organization			Employer identification	n number
HONOLULU ACADEMY OF ARTS			99-007971	3
			ATTACHMENT 3	
FORM 990, PART VIII - INVESTMENT INCOME	_			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
DIVIDEND INCOME	1,250,49	6.		1,250,496.
INTEREST INCOME	445,09	2.		445,092.
TOTALS =	1,695,58	8.	=	1,695,588.

	ATTACHMENT 4
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	1,504,007.
INVENTORY AT BEGINNING OF YEAR	335,644.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	517,760.
SUBTOTAL	853,404.
MINUS ENDING INVENTORY	207,824.
COST OF GOODS SOLD	645,580.

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
CASH EQUIVALENTS	211,006.	211,006.	FMV
MONEY MARKET FUNDS	1,232,570.	1,232,570.	FMV
U.S. TREASURY OBLIGATIONS	2,402,900.	2,402,900.	FMV

Name of the organization Employer identification number
HONOLULU ACADEMY OF ARTS 99-0079713
ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
U.S. GOVERNMENT AGENCY BONDS	511,874.	511,874.	FMV
CORPORATE STOCKS	3,310,685.	3,310,685.	FMV
DOMESTIC EQUITIES	219,481.	219,481.	FMV
CORPORATE BONDS	3,177,002.	3,177,002.	FMV
MUTUAL FUNDS	16,552,600.	16,552,600.	FMV
MUNICIPAL OBLIGATIONS	252,530.	252,530.	FMV
PREFERRED STOCK	360,469.	360,469.	FMV
TOTALS	28,231,117.	28,231,117.	