THE CPA COLLECTIVE, LLC 711 KAPIOLANI BOULEVARD, SUITE 1430 HONOLULU, HAWAII 96813 (808) 833-1183

APRIL 14, 2022

HAWAII THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813

HAWAII THEATRE CENTER:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY APRIL 18, 2022.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

RONELLE K. MATSUNAMI, CPA

Prepared for:

Prepared by:

HAWAII THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813 THE CPA COLLECTIVE, LLC 711 KAPIOLANI BOULEVARD, SUITE 1430 HONOLULU, HI 96813

2020 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY APRIL 18, 2022

| | IPS o file Signature Authorization | 1 | OMB No. 1545-0047 |
|--|---|--|---|
| 8879-EO | IRS e-file Signature Authorization for an Exempt Organization | | OMB NO. 1343-0047 |
| | For calendar year 2020, or fiscal year beginning JUN 1 , 2020, and ending MAY 31 . | 20 21 | 2020 |
| partment of the Treasury | Do not send to the IRS. Keep for your records. | | ZUZU |
| mai Revenue Service | ▶ Go to www.irs.gov/Form8879EO for the latest information. | Îrești a aneza la | te - 1999 a station in the station of the state |
| me of exempt organization | or person subject to tax | Laxpayer IC | entification number |
| AWAII THEATR | e center | 99-02 | 29658 |
| me and title of officer or pe | | - I | · · · · · · · · · · · · · · · · · · · |
| REGORY DUNN | | | |
| RESIDENT & C | EO | | |
| a she ma a waxa | Return and Return Information (Whole Dollars Only) | | |
| neck the box on line 1a, : ank, then leave line 1b, ; | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter | this form w | as |
| | e applicable line below. Do not complete more than one line in Part I. | | |
| Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | | 1,151,424. |
| | ere b Total revenue, if any (Form 990-EZ, line 9) | | |
| Form 1120-POL chec | | | |
| Form 990-PF check h | | | |
| Form 8868 check her | | | |
| Form 990-T check he Form 4720 check her | | | |
| art II Declara | ion and Signature Authorization of Officer or Person Subject to Tax | (- | |
| | I declare that X I am an officer of the above organization or I am a person sut | | with respect to |
| ame of organization) | , (EIN) | | |
| payment, i must contact attiement) date. I also au | the federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1888/353/4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of taxessary to answer inquiries and resolve issues related to the payment. I have selected a tax my signature for the electronic return and, if applicable, the consent to electronic fun | to the paym axes to recei personal | ent Ve |
| X Lauthorize, TH | E CPA COLLECTIVE, LLC | to enter my | PIN 96813 |
| AN FRUITORIZE | ERO firm name | | Enter five numbers, but |
| | | | do not enter all zeros |
| a state agency(i | on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme n's disclosure consent screen. | a copy of the antioned ERC | return is being filed with D to enter my |
| electronically file | person subject to tax with respect to the organization, I will enter my PIN as my signature ad return. If I have indicated within this return that a copy of the return is being filed with a ties as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co | a state agen | cy(ies) n. |
| ignature of officer or person subjective of a statement of a state | et to tex Authentication | Date | ►04/13/202- |
| | pur six-digit electronic filing identification | 7: | |
| umber (EFIN) followed by | your five-digit self-selected PIN. 99223096817 Do not enter all zeros | | |
| certify that the above nu rat I am submitting this r RS <i>e-file</i> Providers for B | neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate etum in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform Sness Returns: | ted above. I ation for Aut | confirm. thorized |
| RO's signature 🕨 🥂 | oulle palsiman Date > 04 | /13/22 | |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do | So | |
| HA For Panerwork Pa | duction Act Notice, see instructions. | | Form 8879-EO (2020) |
| an indiana ang ang ang ang ang ang ang ang ang | | | |
| 9051 11-03-20 | | | |

15120413 797139 HAWA9658

| | | | EXTENDED TO APRIL 18, 2022 | . – | OMB No. 1545-0047 |
|---------------|-------------------------|-------------------|--|--------------------------------|------------------------------|
| _ | 0 | 90 | Return of Organization Exempt From | | 0000 |
| For | m J | J U | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e | | |
| Depa | artment | of the Treasury | Do not enter social security numbers on this form as it ma | | Open to Public Inspection |
| - | | enue Service | ► Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUN 1, 2020 and ending | MAY 31, 2021 | Inspection |
| B | Check if | C Name of | Forganization | D Employer identifica | ition number |
| ä | applicab | | | | |
| | Addre chang Name | ge HAWA | II THEATRE CENTER | | • |
| | chang | ge Doing bu | | 99-022965 | 8 |
| | returr Final | Number | and street (or P.O. box if mail is not delivered to street address) Room/su BETHEL STREET | | -5535 |
| | returr termii | 2 | | G Gross receipts \$ | 1,236,276. |
| | ated Amer | ded UONO | own, state or province, country, and ZIP or foreign postal code LULU, HI 96813 | H(a) Is this a group retu | |
| | returr Appli tion | | nd address of principal officer: GREGORY DUNN | for subordinates? | |
| L | pendi | | AS C ABOVE | H(b) Are all subordinates incl | |
| 1 | Tax-ex | empt status: | | | st. See instructions |
| | | | HAWAIITHEATRE.COM | H(c) Group exemption | |
| | | | X Corporation | ear of formation: 1984 M | State of legal domicile: HI |
| Pa | art I | Summary | | | |
| ð | 1 | | e the organization's mission or most significant activities: TO RESTOR | | |
| anc | | | AII THEATRE AS A LEADING PERFORMANCE C | | |
| Governance | 2 | | x if the organization discontinued its operations or disposed of mo | 1 1 | |
| Š | 3 | | ing members of the governing body (Part VI, line 1a) | | <u> 16</u> 16 |
| ంర | 1 _ | | lependent voting members of the governing body (Part VI, line 1b) | | 43 |
| ties | 5 | | of individuals employed in calendar year 2020 (Part V, line 2a) | | 75 |
| Activities | 6 | | of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12 | | 0. |
| A | 'a | | business taxable income from Form 990-T, Part I, line 11 | | 0. |
| | <u> </u> | Hot an olatoa | | Prior Year | Current Year |
| - | 8 | Contributions | and grants (Part VIII, line 1h) | 501,201. | 911,051. |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | 1,432,230. | 127,570. |
| eve | 10 | Investment inc | come (Part VIII, column (A), lines 3, 4, and 7d) | 10,174. | 37,031. |
| <u>م</u> | 11 | Other revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 153,179. | 75,772. |
| | 12 | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,096,784. | 1,151,424. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | | to or for members (Part IX, column (A), line 4) | 0. | 0. |
| ses | 15 | Salaries, other | compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,031,897. | <u> </u> |
| ens | 16a | Protessional fu | andraising fees (Part IX, column (A), lines 5-10) | 0. | 0. |
| Expenses | | | | 2,838,302. | 1,707,883. |
| | 18 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,870,199. | 2,080,049. |
| | 19 | | expenses. Subtract line 18 from line 12 | -1,773,415. | -928,625. |
| or | | | | Beginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (F | Part X, line 16) | 12,462,984. | 11,724,304. |
| Ase | 21 | | (Part X, line 26) | 1,791,246. | 1,981,191. |
| | | | fund balances. Subtract line 21 from line 20 | 10,671,738. | 9,743,113. |
| | art II | Signature | | | |
| | | | I declare that I have examined this return, including accompanying schedules and state | | nowledge and belief, it is |
| true | , corre | ct, and complete. | Declaration of preparer (other than officer) is based on all information of which prepa | rer has any knowledge. | |
| | | | | | |

| Sign | | Signature of o | fficer | | | | | | | | | Date | | | | |
|-----------|-------|-------------------|-----------------|-------------|----------|---------|------------|-------|---------------|-------|-------|--------|---------------------|-----|-------|-----|
| Here | | GREGOR | Y DUNN, | PRES | IDEN | Г& (| CEO | | | | | | | | | |
| | | Type or print r | name and title | | | | | | | | | | | | | |
| | Prin | it/Type preparer' | s name | | | Prepare | er's signa | iture | | | Date | | Check | PTI | N | |
| Paid | RO | NELLE K | . MATSU | NAMI, | CPA | RONE | LLE | ĸ. | MATS | UNAMI | 04/14 | /22 | ii self-employed | P01 | 3095 | 35 |
| Preparer | Firn | n's name 🕒 ' | THE CPA | COLL | ECTI | VE, 🛛 | LLC | | | | | Firm's | s EIN ▶ 83 | -06 | 2272 | 7 |
| Use Only | Firn | n's address 🕨 | 711 KAP | IOLAN | I BOI | ULEV. | ARD, | SU | JITE | 1430 | | | | | | |
| | | | HONOLUL | U, HI | 968 | 13 | | | | | | Phone | e no. (808 |) 8 | 33-1 | 183 |
| May the I | RS di | scuss this retu | urn with the pr | eparer sho | wn abo | ve? See | e instruc | tions | | | | | | X | Yes [| No |
| | | | an annada Da | du ali an A | at Natio | | | | in a fun a fi | | | | | E. | | |

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

| Form | 990 (2020) HAWAII THEATRE CENTER | 99-0229658 | Page 2 |
|--------|---|-----------------------------------|---------------|
| | t III Statement of Program Service Accomplishments | | 9 |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | TO RESTORE, RENOVATE & OPERATE THE HAWAII THEATRE AS 2 | A LEADING | |
| | PERFORMANCE CENTER IN DOWNTOWN HONOLULU. | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | 37 |
| | prior Form 990 or 990-EZ? | Yes | <u>A</u> No |
| | If "Yes," describe these new services on Schedule O. | | 37 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program servi | ces? Yes | <u>A</u> No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to | o others, the total expenses, and | |
| | revenue, if any, for each program service reported. | (Revenue \$ 127,5 | 70 |
| 4a | (Code:) (Expenses \$1,405,243. including grants of \$) THEATRE OPERATIONS AND MAINTENANCE: THE THEATRE IS US | | /0.) |
| | | | |
| | ROUND TO PROVIDE A MODERN PERFORMANCE VENUE FOR INTERNATIONAL, AND LOCAL PERFORMING ARTS PRESENTERS FOR THE | - | |
| | | UE TO COVID 19, | |
| | THE THEATRE WAS UNABLE TO PROVIDE LIVE PERFORMANCES, | | |
| | VIRTUAL PERFORMANCES IN 2021. THE THEATRE ALSO PRESE | | τO |
| | AUGMENT THE SCHEDULE, INCLUDING ITS EDUCATION PROGRAM | | 10 |
| | PUBLIC AND PRIVATE SCHOOL CHILDREN. | SERVICES FOR | |
| | PUBLIC AND PRIVATE SCHOOL CHILDREN. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) | (Revenue \$ |) |
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| 4.0 | | |) |
| 4c | (Code:) (Expenses \$ including grants of \$) | (Revenue \$ |) |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| ти | (Expenses \$ including grants of \$) (Revenue \$ | ١ | |
| 4e | Total program service expenses ► 1,405,243. |) | |
| - 10 | | Form 99 | 0 (2020) |
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| 002002 | 3 | | |

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| - | ~ ~ ~ | 10000 |
|------|-------|--------|
| Form | 990 | (2020) |

| Form 990 (| | | THEATRE | CENTER |
|------------|-----|-----------------------|---------|--------|
| Part IV | Che | cklist of Required Sc | hedules | |

| | | | Yes | No |
|--------|---|------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| • | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | v |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | _X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| 44 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | <u></u> |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| • | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| d | | 11a | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | - 23 | |
| D. | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | _X_ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | |
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4 2020.05093 HAWAII THEATRE CENTER

| Form | 990 | (2020) |
|-------|-----|--------|
| FUIII | 330 | 120201 |

| | checklist of hequiled concludes (continued) | | Ver | NI - |
|--------|--|---------|-----|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or far demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 22 | | x |
| 23 | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | | - 23 |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | v |
| | Schedule L, Part I | 25b | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| ~~ | Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 22 | | x |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | | 34 | | x |
| 35a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | <u> </u> |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| Der | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | • | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| С | (gambling) winnings to prize winners? | 1c | | |
| 032004 | 12-23-20 | | 990 | l (2020) |
| 002004 | 5 | 1 0111 | | (2020) |

2020.05093 HAWAII THEATRE CENTER HAWA9651

| Form | <u>990 (2020)</u> HAWAII THEATRE CENTER 99–0229 | 658 | Р | _{age} 5 |
|--------|--|------------|-----|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 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 43 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <u> </u> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | v |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | x |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | |
| a | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 0 | | |
| - | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 70 | | х |
| a b | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | |
| | It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| C | to file Form 8282? | 7c | | x |
| d | | | | |
| e | It "Yes," indicate the number of Forms 8282 filed during the year | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | _ | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | <u>13a</u> | | |
| | 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 13b | - | | |
| | Enter the amount of reserves on hand | | | X |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4 | | v |
| | excess parachute payment(s) during the year? | 15 | | X |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. | 16 | | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | | 000 | |

Form **990** (2020)

032005 12-23-20

| Form 990 | (2020) |
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HAWAII THEATRE CENTER

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

99-0229658 Page 6

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

| | | | | (| | Yes | No |
|--------|---|------------|---------------|-----------|----------|---------|---------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 16 | | | |
| | 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 on Schedule 0. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with ar | y other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct s | supervision | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | ſ | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | [| 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | |
| | more members of the governing body? | | | | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | |
| - | persons other than the governing body? | | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | 110 | | |
| a | The governing body? | , | 0- | | 8a | х | |
| a h | Each committee with authority to act on behalf of the governing body? | | | | 8b | X | |
| ы 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | ····· | 00 | - 23 | |
| 9 | | | | | 9 | | x |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | - 23 |
| | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue C | <u>ode.)</u> | | | Vac | Ne |
| 0- | Did the exercited in the level charters brenches as efficience? | | | ſ | 10- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | | 10a | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such ch | • | | | 401 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | 10b | v | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y before | filing the fo | orm? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | 37 | |
| l2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | /es," des | scribe | | | | |
| | in Schedule O how this was done | | | | 12c | X | |
| 3 | Did the organization have a written whistleblower policy? | | | | 13 | Х | |
| 4 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by inde | ependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | Х | |
| | Other officers or key employees of the organization | | | | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | [| | | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent witl | na | | | | |
| | taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | - | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |
| ec. | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright HI$ | | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990-T | (Section 5 | 01(c)(3)s | onlv) | availal | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | , | (-)(0)0 | | | - |
| | Own website Another's website X Upon request Other (explain | n on Sch | edule ()) | | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | licy, and | finano | cial | |
| | statements available to the public during the tax year. | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ke and | | • | | | |
| .0 | HAWAII THEATRE CENTER - (808) 791-1314 | no anu | | | | | |
| | 1130 BETHEL STREET, HONOLULU, HI 96813 | | | | | 0000 | |
| | | | | | F | 990 | (202 |

| 0414 | 797139 | HAWA9658 | |
|------|--------|----------|--|
| | | | |

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per | box | not c , unle cer ar | Pos heck ss per | more rson i | than o s both | n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
|------------------------------|--|--------------------------------|---------------------------|-----------------------|----------------|---------------------------------|--------|--|--|--|--|
| | week (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations | |
| (1) GREGORY D. DUNN | 50.00 | | | | | | | | | | |
| PRESIDENT & CEO | | | | Х | | | | 142,308. | 0. | 14,222. | |
| (2) ELIZABETH WHITEHEAD | 5.00 | | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. | |
| (3) RICK FRIED | 0.30 | | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. | |
| (4) JERRY MOUNT | 0.30 | | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. | |
| (5) TIMOTHY HOWELL | 0.30 | | | | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. | |
| (6) COBY BARBATA | 0.30 | | | | | | | | | | |
| SECRETARY | | Х | | X | | | | 0. | 0. | 0. | |
| (7) CATHY LEE | 0.30 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (8) PETER APO | 0.30 | | | | | | | | • | • | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (9) BEAU BASSETT | 0.30 | | | | | | | | 0 | 0 | |
| DIRECTOR | 0.20 | Х | | | <u> </u> | | | 0. | 0. | 0. | |
| (10) CAROL DAVIS | 0.30 | | | | | | | | 0 | 0 | |
| DIRECTOR | 0.30 | Х | | | | | | 0. | 0. | 0. | |
| (11) DON MURPHY DIRECTOR | 0.30 | v | | | | | | 0. | 0. | 0 | |
| (12) DEENA NICHOLS | 0.30 | X | | | | | | 0. | 0. | 0. | |
| DIRECTOR | 0.30 | x | | | | | | 0. | 0. | 0. | |
| (13) JEFFREY PORTNOY | 0.30 | ^ | | | | | | 0. | 0. | 0. | |
| DIRECTOR | 0.30 | x | | | | | | 0. | 0. | 0. | |
| (14) MICHELLE RICHARDSON | 0.30 | | | | | | | | 0. | | |
| DIRECTOR | 0.50 | х | | | | | | 0. | 0. | 0. | |
| (15) DR. LIGAYA STICE | 0.30 | - 23 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. | |
| (16) CAROLYN A. BERRY WILSON | 0.30 | 1 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. | |
| | | 1 | | | | | | | | | |
| | | 1 | | | | | | | | | |
| 032007 12-23-20 | | | - | - | | | • | | | Form 990 (2020) | |

8

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

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.

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.

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.

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

HAWAII THEATRE CENTER

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

Form 990 (2020)

| Form 990 (2020) HAWAII THEATRE CENTER 99-0229658 | | | | | | | | | Pa | age 8 | | | | |
|--|--|---|--|------------------------|---------|--------------|---------------------------------|------------|--|--|-----------|------------|---|------------------|
| Par | t VII Section A. Officers, Directors, Trus | | ploy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week (list any | Average hours per week Position (do not check more than one box, unless person is both ar officer and a director/trustee) (list any 5 | | | | than c s both r/trust | an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | an com | (F) timate nount other pensa | of tion |
| | | hours for related organizations below line) | In dividual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MIS | ;C) | org and | om the anizati d relate anizatio | ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotal Total from continuation sheets to Part VI | | | | | | | | 142,308. | | 0. | 1 | 4,22 | <u>22.</u> 0. |
| | Total (add lines 1b and 1c) Total number of individuals (including but no | | | | | | | ► o re | 142,308. eceived more than \$100, | 000 of reportable | 0. | 1 | 4,22 | 22. |
| | compensation from the organization | | | | | | | | | | | | | 1 |
| 3 | Did the organization list any former officer, | - | | | • | - | | Ŭ | • • | | | | Yes | No |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su | m of reportabl | e co | mpe | ensat | tion | and | oth | ner compensation from t | he organization | | 3 | v | X |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> | ccrue compen | sati | on fr | om a | any | unre | elate | ed organization or individ | dual for services | | 4 5 | X | x |
| Sec | tion B. Independent Contractors | | <u>; </u> | <u>JI SL</u> | | Jers | 011 . | | | | ····· I | J | I | |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | • | • | | | | | | | • | bensat | ion fro | om | |
| | (A) Name and business | | | ONE | | | | | (B) Description of s | | С | (C ompe | ;) nsatio | า |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir | • | ot lin | niteo | d to t | thos C | | ted | above) who received mo | ore than | | | | |
| | \$100,000 of compensation from the organiz | | | | | Ľ | , | | | I | _ | Form | 990 (2 | 2020) |

032008 12-23-20

| | | (2020) HAWAII THEATRE CENTE | R | | 99-0229 | 658 Page 9 |
|---|---|--|--|--|--------------------------------------|---|
| Pa | rt VI | | | | | |
| | | Check if Schedule O contains a response or note to any | line in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under |
| Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts | k c c f f 2 a k c c c c c c c c c c c c c c c c c c | Fundraising events 1c Related organizations 1d Government grants (contributions) 1e 260,009 All other contributions, gifts, grants, and similar amounts not included above 1f 615,842 Noncash contributions included in lines 1a-1f 1g \$ Business Cod THEATRE OPERATIONS 711110 EDUCATION PROGRAM FEES 711110 | • • • • 122,640. | 122,640. 4,930. | | sections 512 - 514 |
| | ç | Total. Add lines 2a-2f | 127,570. | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds | 29,274. | | | 29,274. |
| | 5 6 a k | Royalties (i) Real (ii) Personal Gross rents 6a 154,183. Less: rental expenses 6b 84,852. Rental income or (loss) 6c 69,331. | | | | |
| evenue | 7 a | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) | | | | 69,331. |
| Reve | | Net gain or (loss) | 7,757. | | | 7,757. |
| Other Re | | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | c | Net income or (loss) from fundraising events | • | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b | _ | | | |
| | c | Net income or (loss) from gaming activities Gross sales of inventory, less returns | • | | | |
| | | and allowances 10a 6 , 441 b Less: cost of goods sold 10b 0 | • | | | C 441 |
| | C | Net income or (loss) from sales of inventory Business Cod | 6,441. | | | 6,441. |
| sn | 11 a | | | | | |
| neo | t | | | | | |
| Miscellaneous Revenue | Ċ | | | | | |
| lisc Bt | c | All other revenue | | | | |
| 2 | | • Total. Add lines 11a-11d | • | | | |
| | 12 | Total revenue. See instructions | 1,151,424. | 127,570. | 0. | |
| 03200 | 9 12-2 | 3-20 | | | | Form 990 (2020) |

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HAWAII THEATRE CENTER Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|------|--|-----------------------|-------------------------------|-------------------------|------------------------|
| | 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| | rants and other assistance to domestic organizations | | | | |
| | nd domestic governments. See Part IV, line 21 | | | | |
| | rants and other assistance to domestic | | | | |
| | dividuals. See Part IV, line 22 | | | | |
| | rants and other assistance to foreign | | | | |
| | rganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 | | | | |
| | enefits paid to or for members | | | | |
| | ompensation of current officers, directors, | | | | |
| | ustees, and key employees | 112,807. | 37,226. | 37,226. | 38,355 |
| | ompensation not included above to disqualified | | ., | ., | , |
| | ersons (as defined under section 4958(f)(1)) and | | | | |
| | ersons described in section 4958(c)(3)(B) | | | | |
| | ther salaries and wages | 162,787. | 91,561. | 35,082. | 36,144 |
| | ension plan accruals and contributions (include | | | | |
| | ection 401(k) and 403(b) employer contributions) | 8,067. | 3,107. | 2,443. | 2,51 |
| | ther employee benefits | 64,372. | 3,107. 30,896. | 2,443. 16,488. | 2,51 16,988 6,35 |
| | ayroll taxes | 24,133. | 11,610. | 6,168. | 6,35 |
| | ees for services (nonemployees): | | | | |
| a M | lanagement | | | | |
| b L | egal | 3,338. | | 3,338. | |
| c A | ccounting | 35,984. | | 35,984. | |
| | obbying | | | | |
| e Pi | rofessional fundraising services. See Part IV, line 17 | | | | |
| f In | vestment management fees | | | | |
| g O | ther. (If line 11g amount exceeds 10% of line 25, | | | | |
| CC | olumn (A) amount, list line 11g expenses on Sch 0.) | 6,674. 53,946. | <u>4,288</u> . 48,634. | <u>1,175.</u> 1,270. | 1,211 4,042 |
| A | dvertising and promotion | 53,946. | 48,634. | 1,270. | 4,042 |
| 0 | ffice expenses | | | | |
| In | formation technology | | | | |
| R | oyalties | 1 - 0 - 0 - 1 | | | |
| 0 | ccupancy | 172,331. | 81,685. | 44,651. | 45,99 |
| Т | ravel | 5,899. | 5,718. | 89. | 92 |
| | ayments of travel or entertainment expenses | | | | |
| | r any federal, state, or local public officials | | | | |
| С | onferences, conventions, and meetings | | | | |
| | terest | | | | |
| | ayments to affiliates | 007 006 | 025 140 | 46 207 | 46 201 |
| | epreciation, depletion, and amortization | 927,936. | 835,142. | 46,397. | <u>46,39</u> 46,50 |
| | | 136,775. | 45,136. | 45,136. | 40,50. |
| | ther expenses. Itemize expenses not covered over (List miscellaneous expenses on line 24e. If | | | | |
| lir | ne 24e amount exceeds 10% of line 25, column (A) | | | | |
| | nount, list line 24e expenses on Schedule 0.) | 94,964. | 94,964. | | |
| _ | EPAIRS AND MAINTENANCE | 91,858. | 48,028. | 21,590. | 22,24 |
| _ | DUCATION | 38,976. | 38,976. | 21,390. | 44,24 |
| | ISCELLANEOUS | 36,197. | 2,434. | 32,256. | 1,50 |
| _ | | 103,005. | 25,838. | 25,211. | 51,950 |
| | Il other expenses | 2,080,049. | 1,405,243. | 354,504. | 320,302 |
| | bit a contraction of the second secon | 4,000,043. | 1, IVJ, 44J. | 554,504. | 520,50 |
| | bint costs . Complete this line only if the organization | | | | |
| | ported in column (B) joint costs from a combined | | | | |
| | ducational campaign and fundraising solicitation. | | | | |

11

2020.05093 HAWAII THEATRE CENTER

07100414 797139 HAWA9658

33

Total liabilities and net assets/fund balances

HAWAII THEATRE CENTER

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

(A) Beginning of year (B) End of year 122,511. 221,534. 1 1 Cash - non-interest-bearing 40,671. 138,208. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 72,954. 48,657. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8,941. 8,941. 8 Inventories for sale or use 8 65,017. 12,989. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 32,707,678. basis. Complete Part VI of Schedule D _____ 10a 21,581,349. 12,063,090. 11,126,329. b Less: accumulated depreciation 10b 10c 114,097. 143,349. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 12,462,984. 11,724,304. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 543,195. 524,471. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 194,930. 259,870. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 730,741. 714,777. Secured mortgages and notes payable to unrelated third parties 23 23 173,800. 304,241. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 148,580. of Schedule D 25 177,832. 1,791,246. 1,981,191. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 10,553,876. Net assets without donor restrictions 27 9,577,745. 27 Net assets with donor restrictions 117,862. 165,368. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 10,671,738. 9,743,113. Total net assets or fund balances 32 32 12,462,984. 11,724,304. 33

Form 990 (2020)

Form 990 (2020) Part X | Balance Sheet

| Form | 990 (2020) HAWAII THEATRE CENTER | 99- | -0229658 | Pag | _{ge} 12 |
|------|---|----------|-----------|---------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,151 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,080 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -928 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 10,671 | L,7: | <u>38.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 9,743 | 3 , 1: | <u>13.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X 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 audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Auc | | | |
| | Act and OMB Circular A-133? | | <u>3a</u> | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | 000 | |

Form **990** (2020)

032012 12-23-20

| SCHE | DUL | .E A |
|------|-----|------|
|------|-----|------|

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

| OMB No. 1545-0047 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Name of the organization Employer identification num | | | | | | | | | | | |
|--|---|-------------------------|---|-------------------|----------------------------------|-----------------|---------------|----------------------------|--|--|--|
| | | II THEATRE | | | | | | 9-0229658 | | | |
| Part I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | | | |
| The orga | nization is not a private found | ation because it is: (I | For lines 1 through 12, c | heck only (| one box.) | | | | | | |
| 1 | A church, convention of ch | urches, or associatio | on of churches described | in sectio | n 170(b)(1 | l)(A)(i). | | | | | |
| 2 | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | | | | |
| 3 | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | | | | |
| 4 | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | | | |
| | city, and state: | | | | | | | | | | |
| 5 | An organization operated for | or the benefit of a co | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | | | |
| | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 7 X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | |
| | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | |
| 8 | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | | |
| 9 | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | | | |
| | or university or a non-land-o | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or | | | |
| | university: | | | | | | | | | | |
| 10 | An organization that norma | • | | | | | - | - | | | |
| | activities related to its exen | | - | | | | | • | | | |
| | income and unrelated busir | | (less section 511 tax) fro | m busines | ses acquii | red by the org | anization a | fter June 30, 1975. | | | |
| | See section 509(a)(2). (Co | . , | | | | | | | | | |
| 11 | An organization organized a | - | • | • | | | | , | | | |
| 12 | An organization organized a | • | | • | | - | • | | | | |
| | more publicly supported or | - | | | | | | THECK THE DOX IN | | | |
| a [| lines 12a through 12d that | • · | | | - | | - | aivina | | | |
| a 🗋 | the supported organization | - | - | • | - | | | | | | |
| | organization. You must o | | | majonty o | | | | ipporting | | | |
| b | Type II. A supporting org | - | | ion with its | s sunnorte | d organizatio | n(s) by bay | vina | | | |
| | control or management o | - | | | | - | | - | | | |
| | organization(s). You mus | | | | | | go the cup | | | | |
| c | Type III functionally inte | - | | in connect | tion with. a | and functional | lv integrate | ed with. | | | |
| | its supported organization | | | | | | , , | | | | |
| d | Type III non-functionally | | - | | | | ted organiz | zation(s) | | | |
| | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distri | ibution rec | uirement and | an attentiv | /eness | | | |
| | requirement (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | | | | |
| e | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | | | | |
| | functionally integrated, or | Type III non-function | nally integrated supporti | ng organiz | ation. | | | | | | |
| f Ent | ter the number of supported of | organizations | | | | | | | | | |
| g Pro | ovide the following information | | | (iv) to the error | nization listed | | | | | | |
| | (i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | anization listed ng document? | (v) Amount of | | (vi) Amount of other | | | |
| | organization | | above (see instructions)) | Yes | No | support (see ir | istructions | support (see instructions) | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Total | | | | | | | | | | | |
| | Departwork Paduction Act N | latica saa tha Instr | uctions for Form 000 o | 000 E7 | 000001 01 | Schol | | m 000 or 000 EZ) 2020 | | | |

LHA For Paperwork Reduction or 14

Schedule A (Form 990 or 990-EZ) 2020 HAWAII THEATRE CENTER

99-0229658 Page 2

Part II 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.)

| See | ction A. Public Support | | | | | | |
|------|--|----------------------|----------------------|-----------------------|----------------------|---------------------|----------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 638,015. | 336,291. | 791,226. | 501,201. | 911,051. | 3177784. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | C20 01E | 226 201 | 701 226 | E01 201 | 011 051 | 2177701 |
| | Total. Add lines 1 through 3 | 638,015. | 336,291. | 791,226. | 501,201. | 911,051. | 3177784. |
| 5 | | | | | | | |
| | 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, | | | | | | E1 10C |
| | column (f) | | | | | | <u>51,186.</u> 3126598. |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | 3120398. |
| | | (-) 0010 | (1-) 0017 | (-) 0010 | (1) 0010 | (-) 0000 | (0) Tatal |
| | ndar year (or fiscal year beginning in) | (a) 2016 638,015. | (b) 2017 336,291. | (c) 2018 791,226. | (d) 2019 501,201. | (e)2020 911,051. | (f) Total 3177784. |
| | Amounts from line 4 | 030,013. | 550,291. | 191,220. | 501,201. | 911,051. | JT1104. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 104,696. | 53,827. | 138,882. | 159,297. | 183,457. | 640,159. |
| • | and income from similar sources | 104,090. | 55,027. | 130,002. | 139,297. | 105,457. | 040,139. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | 24,269. | 3,121. | | | | 27,390. |
| 10 | business is regularly carried on | 24,209. | J,121. | | | | 27,390. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 44 | Total support. Add lines 7 through 10 | | | | | | 3845333. |
| | Gross receipts from related activities, | | | | | 12 6 | ,144,109. |
| | First 5 years. If the Form 990 is for th | ` | , | fourth or fifth tax y | | | ,111,100. |
| 10 | organization, check this box and stor | | | | | | |
| Sec | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2020 (I | | | column (f)) | | 14 | 81.31 % |
| | Public support percentage from 2019 | | | | | 15 | 77.76 % |
| | 33 1/3% support test - 2020. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | N V |
| b | 33 1/3% support test - 2019. If the o | | - | | | | |
| | and stop here. The organization qual | | | | | , | |
| 17a | 10% -facts-and-circumstances test | | ••• | | | | |
| - | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | | |
| b | 0 10% -facts-and-circumstances test | - | | | - | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | | • | | | | |
| | | | · | | | edule A (Form 990 | |

Schedule A (Form 990 or 990 EZ) 2020 HAWAII THEATRE CENTER

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

99-0229658 Page 3

(Complete only if you checked the box on line 10 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.)

| Sec | ction A. Public Support | | | | | | |
|-------|--|-----------------------------|----------------------|----------------------|---------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| F | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| ~ | the organization without charge | | | | + | | |
| | 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 | L | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| | 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 carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizati | on, |
| | check this box and stop here | <u></u> | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2020 (I | ine 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2019 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | T T | |
| 17 | Investment income percentage for 20 |)20 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2020. If the | | | | | | 7 is not |
| | more than 33 1/3%, check this box ar | - | - | | | | |
| b | 33 1/3% support tests - 2019. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | | | |
| 03202 | 3 01-25-21 | | 16 | 5 | Sch | edule A (Form 99 | 0 or 990-EZ) 2020 |

^{2020.05093} HAWAII THEATRE CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

Yes No

Yes No

1

| | | Yes | No |
|--|-----|-----|----|
| Has the organization accepted a gift or contribution from any of the following persons? | | | |
| A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| 11c below, the governing body of a supported organization? | 11a | | |
| A family member of a person described in line 11a above? | 11b | | |
| A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| detail in Part VI. | 11c | | |
| tion B. Type I Supporting Organizations | | | |
| | | Yes | No |
| Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | , | | |
| Dort VI have a state of the sta | | | |
| Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| Section D | . All Typ | e III Supporting | Organizations |
|-----------|-----------|------------------|---------------|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s | C | on used to satisfy the Integral Part Test during the year (see instruction | ns). |
|--|---|--|------|
|--|---|--|------|

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a governmental entity | Describe in Part VI how you supported a governmental entity (see instructions). | |
|---|--|--|---|--|
|---|--|--|---|--|

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Schedule A (Form 990 or 990-EZ) 2020 HAWAII THEATRE CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|---|----|----------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | | d Type III supporting orga | - inization (see |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 HAWAII THEATRE CENTER

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued | <u>d)</u> | |
|-------|---|-------------------------------|--|-----------|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 6 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | Γ | 1 | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | _ | |
| | able cause required - explain in Part VI). See instructions. | | | _ | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| C | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | _ | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | _ | |
| a | Applied to underdistributions of prior years | | | - | |
| b | Applied to 2020 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

| Schedule A | (Form 990 or 990-EZ) 2020 HAWAII 1 | HEATRE | CENTER | 99-0229658 Page 8 |
|----------------|---|---|--|---|
| Part VI | Supplemental Information. Provid Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c line 1; Part IV, Section D, lines 2 and 3; Par Section D, lines 5, 6, and 8; and Part V, Se (See instructions.) | e the explana , 5a, 6, 9a, 9b t IV, Section I | tions required by Part II, line 10; Part , 9c, 11a, 11b, and 11c; Part IV, Sect E, lines 1c, 2a, 2b, 3a, and 3b; Part V, | II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, |
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| 032028 01-25-2 | 1 | | | Schedule A (Form 990 or 990-EZ) 2020 |
| JULULO UI-20-2 | 1 | | | Schedule A (1 0111 330 01 330-EZ) 2020 |

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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| | HAWAII | THEATRE | CENTER |
|-------------------------|---------|---------|--------|
| Organization type (chec | k one): | | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

HAWAII THEATRE CENTER

Name of organization

Employer identification number

99-0229658

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|--------------------------|--|---------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ATHERTON FAMILY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813 | \$ <u>25,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | CITY & COUNTY OF HONOLULU 550 S. KING STREET, 2ND FLOOR HONOLULU, HI 96813 | \$ <u>59,235.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | MCINERNY FOUNDATION P.O. BOX 3170 HONOLULU, HI 96802 | \$ <u>50,000.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | STEVEN & MARILYN KATZMAN 5406 HUCKLEBERRY LANE HOUSTON, TX 77056 | \$ <u>20,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | CAROLYN BERRY 980 IKENA CIRCLE HONOLULU, HI 96821 | \$ <u>27,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>6</u> 023452 11-25 | HISTORIC HAWAII FOUNDATION P.O. BOX 1658 HONOLULU, HI 96806 | \$ <u>25,000.</u> Schedule B (Form | Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020) |

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HAWA9651

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

99-0229658

HAWAII THEATRE CENTER

| | | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|--|--|--|--|--|--|--|--|
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| ROBERT AND FRANCIS BEAN 178 POIPU DRIVE HONOLULU, HI 96825 | \$20,000. | Person X Payroll | | | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| COVENANT PHYSICIAN PARTNERS, INC. 401 COMMERCE STREET, SUITE 600 NASHVILLE, TN 37219 | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| DAWSON 900 FORT STREET MALL, SUITE 1850 HONOLULU, HI 96813 | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| J3 CONSTRUCTION INC. 938 KAPAHULU AVENUE HONOLULU, HI 96816 | \$20,000. | Person X Payroll | | | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| THOMAS AND MI KOSASA <u>1319 PUNAHOU STREET #1040</u> <u>HONOLULU, HI 96826</u> | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET, SW WASHINGTON, DC 20416 | \$ <u>174,774.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| | Name, address, and ZIP + 4 ROBERT AND FRANCIS BEAN 178 POIPU DRIVE HONOLULU, HI 96825 (b) Name, address, and ZIP + 4 COVENANT PHYSICIAN PARTNERS, INC. 401 COMMERCE STREET, SUITE 600 NAME, address, and ZIP + 4 (b) Name, address, and ZIP + 4 DAWSON 900 FORT STREET MALL, SUITE 1850 HONOLULU, HI 96813 (b) Name, address, and ZIP + 4 J3 CONSTRUCTION INC. 938 KAPAHULU AVENUE HONOLULU, HI 96816 (b) Name, address, and ZIP + 4 THOMAS AND MI KOSASA 1319 PUNAHOU STREET #1040 HONOLULU, HI 96826 (b) Name, address, and ZIP + 4 THOMAS AND MI KOSASA 1319 PUNAHOU STREET #1040 HONOLULU, HI 96826 (b) Name, address, and ZIP + 4 U.S. SMALL BUSINESS ADMINISTRATION (b) Name, add | Total contributionsROBERT AND FRANCIS BEAN\$20,000.178 POIPU DRIVE\$20,000.HONOLULU, HI 96825(c)(c)(b)(c)Total contributionsCOVENANT PHYSICIAN PARTNERS, INC.401 COMMERCE STREET, SUITE 600\$NAME, address, and ZIP + 4(c)(c)Name, address, and ZIP + 4Total contributionsDAWSON(c)(c)900 FORT STREET MALL, SUITE 1850\$20,000.HONOLULU, HI 96813(c)(c)(b)(c)Total contributionsJ3 CONSTRUCTION INC.\$20,000.938 KAPAHULU AVENUE\$20,000.HONOLULU, HI 96816(c)Total contributionsTHOMAS AND MI KOSASA\$20,000.1319 PUNAHOU STREET #1040\$20,000.HONOLULU, HI 96826(c)(c)Name, address, and ZIP + 4Total contributionsJ319 PUNAHOU STREET #1040\$20,000.HONOLULU, HI 96826(c)(c)Name, address, and ZIP + 4Total contributionsU.S. SMALL BUSINESS ADMINISTRATION\$174,774.409 3RD STREET, SW\$174,774.WASHINGTON, DC 20416\$174,774. | | | | | |

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HAWA9651

Name of organization

Employer identification number

99-0229658

HAWAII THEATRE CENTER

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 |
|------------------------------|--|---|----------------------|
| _ | | \$ | |
| (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**

| Name of orga | anization | | Employer identification number |
|---------------------------|-------------------------------|--|---|
| нашатт | THEATRE CENTER | | 99-0229658 |
| Part III | |) through (e) and the following line en charitable, etc., contributions of \$1,000 or | ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | (e) Transfer of gif | |
| - | Transferee's name, address, a | nd 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 gif | t |
| - | Transferee's name, address, a | nd 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 gif | t |
| - | Transferee's name, address, a | nd 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 gif | |
| - | Transferee's name, address, a | | Relationship of transferor to transferee |
| |) | | Schedule B (Form 990, 990-EZ, or 990-PF) (2020 |

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2020.05093 HAWAII THEATRE CENTER HAWA9651

| SCHEDULE D | Supplemental Financial Statements |
|--|--|
| (Form 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. |
| Department of the Treasury Internal Revenue Service | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. |

inancial Statements



Name of the organization

| Employer identification numb | er |
|------------------------------|----|
|------------------------------|----|

| | HAWAII THEATRE CENT | FER | 99-0229658 |
|------|--|---|---------------------------------|
| Par | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds or A | ccounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advised fu | nds |
| Ū | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| Ŭ | for charitable purposes and not for the benefit of the donor of | | • |
| | | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | v, mo 7. |
| • | Preservation of land for public use (for example, recreat | | torically important land area |
| | Protection of natural habitat | | rtified historic structure |
| | Preservation of open space | | |
| 0 | | ind concernation contribution in the form of a c | operation accoment on the last |
| 2 | Complete lines 2a through 2d if the organization held a qualified of the tax user | red conservation contribution in the form of a c | Held at the End of the Tax Year |
| | day of the tax year. | | |
| a | - · · · · · · · · · · · | | 2a |
| D | | and any temption of the Cal | |
| с | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired a | | |
| - | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the organ | nization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the peri | | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | handling of violations, and enforcing conservat | ion easements during the year |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation e | asements during the year |
| | ► \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4)(E | |
| | | | |
| 9 | In Part XIII, describe how the organization reports conservation | - | |
| | balance sheet, and include, if applicable, the text of the footn | iote to the organization's financial statements t | hat describes the |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art Historical Treasures or Other | Similar Assots |
| I ai | | | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 18 | If the organization elected, as permitted under FASB ASC 956 | | |
| | of art, historical treasures, or other similar assets held for pub | . , | ance of public |
| | service, provide in Part XIII the text of the footnote to its finan | | |
| b | If the organization elected, as permitted under FASB ASC 956 | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furtherand | ce of public service, |
| | provide the following amounts relating to these items: | | N . |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | N A |
| | | | |
| 2 | If the organization received or held works of art, historical trea | | , provide |
| | the following amounts required to be reported under FASB A | - | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| | | | 🕨 \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | s for Form 990. | Schedule D (Form 990) 2020 |

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| Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued) 3 Using the organization accossion, and other records, check any of the following that make significant use of its contaction terms (check all that apply): d Loan or exchange program a Potice exhibition d Loan or exchange program e b Diffee exhibition d Loan or exchange program e b Diffee exhibition d Loan or exchange program e No c Provide accossing the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Strong the search of the organization's collection? Yes No Partial Escrow and Custodial Arrangements. Complete if the organization's collection? Yes No is the organization and apply. If yes is the organization and explain how they further the seasets not included on form 900, Part X, line 21. is the organization include an amount on form 990, Part X, line 21, for escrow or custodial account lability? Yes No b Provide account the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Provide account tability? Yes No c Beginning driver balance (a) Current year (b) Prior year Lic) I way vars tack. (c) Furry v | Sche | | THEATRE CEN | | | | | | 99-02 | | | age 2 |
|--|---------|--|------------------------|---------------|---------------------|----------------------|------------|----------------------|--------------|-----------|---------|--------------|
| collection terms (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other Collection 1 Yes No c Provide accipation of hubre generations's collections and explain how they further the organization's exempt purpose in Part XIII. Scholarly research Yes No Particle chains that an one maintain data part of the organization collection? Yes No Particle chains that apply: If the organization collection? Yes No Particle chains that apply: If the organization answered "Yes" on Form 990, Part X, line 2, interpret contributions or other assets not included on Form 800, Part X, line 21, for secrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on 900, Part X, line 2.1, for secrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization include an amount on Form 990, Part X, line 2.1, for secrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization include an amount on Form 990, Part X, line 10. Part I Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 10.< | Par | t III Organizations Maintaining C | ollections of Art | t, Histor | ical Tre | asures, o | r Othe | r Simila | r Assets | (contir | ued) | |
| a Public exhibition d □ can or exchange program b Scholary research e □ Other | 3 | | | | | | | | | | , | |
| b Scholary research e Other | | collection items (check all that apply): | | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 PeritIM Exercise and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Dotine organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Dotine organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 3 Date organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 6 Control organization include an amount on Form 990, Part X, line 21, for | а | Public exhibition | d | I 🗌 Lo | an or excl | nange progra | am | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Is a list many particular and the organization and the organization answered "Yes" on Form 900, Part X line 21, for escrow or custodial account liability? Is a list many particular by a part XIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part X, line 10. Is deginning of year balance Is down or the organization answered "Yes" on Form 900, Part X, line 10. Is a list investment earnings, gains, and beset Is a list organization include an amount on Form 900, Part X, line 10. Is a down on the possession of the organization fund the set as a doard designated or quale-indowment two set of tability. Is a down on the possession of the organization fund the set as a doard designated or quale-indowment two set of tability. Is a costhense endowment two set of tability as a down on the possession o | b | Scholarly research | е | Ot Ot | her | | | | | | | |
| S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement in Part XIII. There exists and included on Form 990, Part X respin-ling balance Is the organization angement in Part XIII and complete the following table: Additions during the year Is a failed and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Distributions during the year Is a random of the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Tending balance Indowment FundS. Complete The organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Tendity balance Indowment FundS. Complete The organization answered "Yes" on Form 990, Part X, line 10. If a Beginning of year balance Id Current year (b) Prior year (c) Two years back Id Ture years back Id Grants or scholarships Contributions Inter and part of the organization answered "Yes" on Form 990, Part X, line 21. Provide the estimated percentage of the current year end balance (line 19, column (a)) held as: a Beard designated or quasiandowment {% Permanent endowment {% Perman | с | Preservation for future generations | | | | | | | | | | |
| tops rold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id c Beginning balance Id Id Id d Additions during the year Id Id Id d Distributions during the year Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Im Ves No b If "esc." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im Im </th <th>4</th> <th>Provide a description of the organization's co</th> <th>ollections and explair</th> <th>n how they</th> <th>further th</th> <th>e organizatio</th> <th>on's exer</th> <th>npt purpo</th> <th>se in Part</th> <th>XIII.</th> <th></th> <th></th> | 4 | Provide a description of the organization's co | ollections and explair | n how they | further th | e organizatio | on's exer | npt purpo | se in Part | XIII. | | |
| Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X (ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (ine 21. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intervention of the complete intervention | 5 | During the year, did the organization solicit of | or receive donations o | of art, histo | orical treas | ures, or othe | er similar | assets | | | | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Detributions during the year 1d e Did tho organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 930, Part IV, line 10. Image: Status and the status and the status and the status and the status and programs and programs Image: Status and the status and programs and programs Image: Status and programs | | | | <u>u</u> | | lection? | | | | _ | | No |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the comparison or submed of the following table: Image: Complete the comparison answered 'Yes' on Form 900, Part IX, line 10. Image: Complete the comparison answered 'Yes' on Form 900, Part IX, line 10. Image: Complete the comparison answered 'Yes' on Form 900, Part IX, line 10. Image: Complete the comparison answered 'Yes' on Form 900, Part IX, line 10. Image: Complete the comparison answered 'Yes' on Form 900, Part X, line 10. Image: Complete the comparison answered 'Yes' on Form 900, Part X, line 10. Image: Complete the comparison answered 'Yes' on Form 900, Part X, line 10. Image: Complete the comanization is the paresense in line 3a, and 2c | Par | | | ete if the o | rganizatior | n answered | "Yes" on | Form 990 | , Part IV, I | ine 9, or | | |
| on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Detributions during the year 1d d Additions during the year 1d d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Interventions Interventions a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back if (e) Fou | | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | 1a | Is the organization an agent, trustee, custodi | ian or other intermed | iary for cor | ntributions | or other as | sets not | included | | _ | | - |
| c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the organization naswerd "Ves" on Form 990, Part XIII. Image: State S | | on Form 990, Part X? | | | | | | | L | Yes | | No |
| c Beginning balance 1c d Additions during the year 1c Distributions during the year 1c 2a Distributions during the year 1c 1d 1d 1d 2a Distributions during the year 1c 1f 1d 1d 2a Distributions during the year 1f 2a Distributions during the year 1f b 0''Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII No b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Grants or scholarships 0 0 0 0 c Other expenditures for facilities 0 0 0 0 and programs | b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing tab | le: | | | | | | | |
| d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dif 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (a) Current year end balance (line 1g, column (a) held as: (a) Current year end balance (line 1g, column (a) held as: (a) Current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment ▶ % % % Yes No 9 Ford of year balance % % % % 1 Administrative expensions (a) Cost or other % % % 2 Provide the estimated progenizations % % % <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Amount</th> <th></th> <th></th> | | | | | | | | | | Amount | | |
| e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 10. (c) Two years back (d) Three years back (e) Four years back 7a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Current year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (d) Current year (e) Two years back (e) Two years back (e) Four years g End of year balance (m) Prior year (f) Hor years (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Perior year (f) Perior year (f) Perior | | | | | | | | | | | | |
| f Ending balance | | | | | | | | | | | | |
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| b If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenses (a) (a) the set instance (a) (a) the set instance (a) | | | | | | | | | | 7 | | 1 |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back e Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Contributions (a) Contributions (a) Contributions (a) Control year (b) Prior year (c) Two years back (d) Prior year (d) Prior year (f) Prior year (f) Prior year (f) Prior year (f) Prio | | - | | | | | | ity? | L | Yes | |] No |
| (a) Current year (b) Prior year (c) Two years back (c) Two years b | | | | | | | | 10 | | | | <u>]</u> |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs | I ai | | | | | | | | | (-) [| | haali |
| b Contributions | 4 | | (a) Current year | (D) Pric | or year | (c) 1w0 yea | IS DACK | (a) Three y | Pears Dack | (e) Four | years | DACK |
| c Net investment earnings, gains, and losses | 1a ⊾ | | | | | | | | | | | |
| d Grants or scholarships | u o | | | | | | | | | | | |
| e Other expenditures for facilities and programs | C d | | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) Unrelated organizations (iii) Related organizations (iii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings 1a Land 4. 4577, 928. 4. 4,457,928. 4. 4,457,928. 4. 4,457,928. 4. 4,457,928. 4. 4,457,928. 4. description of property (a) Cost or other b Buildings c Leasehold improvements d g action 391,397. 352,852. 38,545. e Other | | | | | | | | | | | | |
| f Administrative expenses | e | | | | | | | | | | | |
| g End of year balance | f | | | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations | | | | | | | | | | | | |
| a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(i)3a(i)3a(i)3a(i)3b3b3b3b3b3b3b | | | rent vear end balance | e (line 1 a | column (a) | held as: | | | | | | |
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| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Equipment (d) Equipment (d) Equipment (d) Equipment (f) So (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) | | | | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) | - | | uld equal 100%. | | | | | | | | | |
| by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment e Other (b) Cost or 0, 22, 685, 383, 16, 934, 968, 5, 750, 415, 22, 685, 383, 16, 934, 968, 5, 750, 415, 23, 172, 970, 4, 293, 529, 879, 441, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1 | 3a | | | tion that a | re held an | d administer | red for th | ne organiza | ation | | | |
| (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,457,928. 4,457,928. b Buildings 22,685,383. 16,934,968. 5,750,415. c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | | | 5 | | | | | U | | ſ | Yes | No |
| (ii) Related organizations 3a(ii) 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4 4,457,928 b Buildings 22,685,383 16,934,968 5,750,415 c Leasehold improvements d Equipment 391,397 352,852 38,545 e Other 5,172,970 4,293,529 879,441 | | - | | | | | | | | 3a(i) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,457,928. 4,457,928. b Buildings 22,685,383. 16,934,968. 5,750,415. c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | | | | | | | | | | 3a(ii) | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,457,928. 4,457,928. b Buildings 22,685,383. 16,934,968. 5,750,415. c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | b | | | | | | | | | 3b | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation1a Land4,457,928.4,457,928.b Buildings22,685,383.16,934,968.5,750,415.c Leasehold improvements391,397.352,852.38,545.e Other5,172,970.4,293,529.879,441. | 4 | | | wment fun | ds. | | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,457,928. 4,457,928. 4,457,928. b Buildings 22,685,383. 16,934,968. 5,750,415. c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | Par | t VI Land, Buildings, and Equipm | ient. | | | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land 4,457,928. 4,457,928. b Buildings 22,685,383. 16,934,968. 5,750,415. c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, li | ine 11a. S | ee Form 990 | , Part X, | line 10. | | | | |
| 1a Land 4,457,928. 4,457,928. b Buildings 22,685,383. 16,934,968. 5,750,415. c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | | Description of property | (a) Cost or o | ther | • • | | (c) A | ccumulate | ed | (d) Bool | k value | э |
| b Buildings 22,685,383. 16,934,968. 5,750,415. c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | | | basis (investn | nent) | | | de | preciation | | | | |
| c Leasehold improvements 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | 1a | Land | | | | | | | | | | |
| d Equipment 391,397. 352,852. 38,545. e Other 5,172,970. 4,293,529. 879,441. | | | | | 22,68 | 5,383. | 16, | 934,9 | 68. | 5,750 |),41 | 15. |
| e Other 5,172,970. 4,293,529. 879,441. | с | Leasehold improvements | | | | | | | | | | |
| | d | Equipment | | | | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | - | - | | | | | | |
| | Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part . | X, column | <u>(B). line 10</u> |)c.) | <u></u> | | ▶ 1 | 1,120 | 5,32 | 29. |

Schedule D (Form 990) 2020

032052 12-01-20

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | > |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part | |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) SECURITY DEPOSIT | 34,483. |
| (3) DEFERRED COMPENSATION LIABILITY | 143,349. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | ▶ 177,832. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

| Sche | hedule D (Form 990) 2020 HAWAII THEATRE CENTER | | 99-0229658 Page 4 |
|------|---|-------------------|-------------------|
| | t XI Reconciliation of Revenue per Audited Financial Stat | ements With Reven | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ie 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | | |
| d | | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |) | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | | nses per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ie 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| С | Other losses | 2c | |
| d | , | | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | <u>3.)</u> | |
| Pa | rt XIII Supplemental Information. | | |

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

032054 12-01-20

| sc | HEDULE J | Compensation Information | I | OMB No. 1 | 545-004 | 47 |
|--|---|---|------------|----------------|---------|----------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | ົງດ | <u> </u> |
| | | Compensated Employees | | 20 | ZU |) |
| Dono | tmont of the Treesury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to Public | | |
| | tment of the Treasury al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ction | |
| Nan | e of the organization | 1 | Employer i | | | nber |
| _ | | HAWAII THEATRE CENTER | 99-0 | 22965 | 8 | |
| Pa | rt I Question | s Regarding Compensation | | | | |
| | | | | _ | Yes | No |
| 1a | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | | nal use | | | |
| | Travel for com | | | | | |
| | Tax indemnific | ation and gross-up payments Health or social club dues or initiation fee | S | | | |
| | Discretionary | spending account Personal services (such as maid, chauffer | ır, chef) | | | |
| | | | | | | |
| b | | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| _ | | provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | <u> </u> |
| 2 | - | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| ~ | | | | | | |
| 3 | | ny, of the following the organization used to establish the compensation of the organization's | | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/Fuendation but available in Part III. | on to | | | |
| | · | ation of the CEO/Executive Director, but explain in Part III. | | | | |
| | Compensation | | | | | |
| | · | compensation consultant | ommittee | | | |
| | | ther organizations X Approval by the board or compensation c | ommittee | | | |
| 4 | During the year did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| - | organization or a re | | | | | |
| а | | a second s | | 4a | | х |
| h | | e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan? | | | | X |
| c | - | eive payment from an equity-based compensation arrangement? | | 4c | | X |
| Ũ | - | hes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| וו ופז נט מוזי טו ווופז אמיט, ווזג גוופ דפוזטווז מווע דוטיוטב גווב מדיווטעווג וטו פמטו ונפוו ווו דמוג ווו. | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the r | | | | | |
| а | - | | | | | Х |
| | | ation? | | | | X |
| | | or 5b, describe in Part III. | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the r | | | | | |
| а | The organization? | | | 6a | | X |
| b | | ation? | | | | X |
| | | or 6b, describe in Part III. | | | | |
| 7 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | i | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X |
| 9 | If "Yes" on line 8, d | id the organization also follow the rebuttable presumption procedure described in | | | | |
| | | 1 53.4958-6(c)? | | 9 | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Sched | lule J (Forn | n 990) | 2020 |

032111 12-07-20

99-0229658

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 on 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 aren't 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-MI | SC compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|------|--------------------------|---|---|--|----------------------------|------------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) GREGORY D. DUNN | (i) | 142,308. | 0. | 0. | 0. | 14,222. | 156,530. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2020

Part III Supplemental Information

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.

PART I, LINE 3:

COMPENSATION FOR THE CEO/PRESIDENT IS REVIEWED AND APPROVED BY THE

EXECUTIVE COMMITTEE BASED ON MARKET WAGES FOR SIMILAR POSITIONS.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 99-0229658

HAWAII THEATRE CENTER

FORM 990, PART VI, SECTION B, LINE 11B:

THE COPY OF THE FORM 990 IS REVIEWED INITIALLY BY THE FINANCE COMMITTEE AND

SUBSEQUENTLY PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS, DIRECTORS AND

SUCH PERSONS ARE REQUIRED TO INFORM THE CHAIRMAN OR THE BOARD EMPLOYEES.

OF DIRECTORS OF POTENTIAL CONFLICTS OF INTEREST ONCE INDENTIFIED AND RECUSE

HIMSELF OR HERSELF FROM TAKING ANY FURTHER ACTION UNLESS THE BOARD OF

DIRECTORS, AFTER FULL DISCLOSURE, FINDS THAT NO MATERIAL CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION FOR THE PRESIDENT IS REVIEWED AND APPROVED BY THE

EXECUTIVE COMMITTEE BASED ON MARKET WAGES FOR SIMILAR POSITIONS. ALL OTHER

OFFICERS AND DIRECTORS ARE NOT COMPENSATED BY THE ORGANIZATION. THE

ORGANIZATION DOES NOT HAVE KEY EMPLOYEES.

SECTION C, LINE 19: FORM 990, PART VI,

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. POLICY.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS FOR ITS

REVIEW OR SELECTION PROCESS FOR AN INDEPENDENT AUDITOR DURING THE YEAR.

34

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see instru | Тахрауе | Taxpayer identification number (TIN) | | | | | | | |
|--|--|---|--|--------------------------|---|----------------|--|--|--|--|
| print | HAWAII THEATRE CENTER | | 99-0229658 | | | | | | | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. 30 0229030 1130 BETHEL STREET | | | | | | | | | |
| instructions. | | | | | | | | | | |
| Enter the | Return Code for the return that this application is for (file | e a separat | te application for each return) | | | 01 | | | | |
| Application | | | Application | | | Return | | | | |
| Is For | | | ls For | | | Code | | | | |
| Form 990 or Form 990-EZ | | | Form 990-T (corporation) | | | 07 | | | | |
| Form 990-BL | | | Form 1041-A | | | 08 | | | | |
| Form 4720 (individual) | | | Form 4720 (other than individual) | | | 09 | | | | |
| Form 990 | -PF | 04 | Form 5227 | 10 | | | | | | |
| | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | | | | | |
| Form 990 | -T (trust other than above) HAWAII THEATRE | 06 | Form 8870 | 12 | | | | | | |
| If the c If this i box ▶ [1 rec the ▶ [2 If th | e tax year entered in line 1 is for less than 12 months, ch Change in accounting period | Aroup Exer and atta APR] unization's , and neck reaso | mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>EL 18, 2022</u> , to file return for: d ending <u>MAY 31, 2021</u> n: Initial return I | f this is fo all memb | r the whole gr ers the extens npt organizatio | ion is for. | | | | |
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ | | | | | | | | | | |
| | and the rest of the second and the s | | | | | | | | | |
| esti | estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b | | | | | | | | | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by | | | | | | | | | | |
| | g EFTPS (Electronic Federal Tax Payment System). See | | | <u>3c</u> | \$ | 0. | | | | |
| Instruction | | | | 53-EO an | d Form 8879-I | EO for payment | | | | |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020) | | | | | | | | | | |

HAWA9651