



A Hawaii Limited Liability Partnership

PUBLIC DISCLOSURE COPY

Honolulu Museum of Art
(FKA Honolulu Academy of Arts)

Return of Organization Exempt from Income Tax

June 30, 2021

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:	C Name of organization HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	D Employer identification number 99-0079713
<input type="checkbox"/> Address change	Doing business as	E Telephone number (808) 532-8700
<input checked="" type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 900 SOUTH BERETANIA STREET	G Gross receipts \$ 36,698,773.
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96814	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: HALONA NORTON-WESTBROOK SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	J Website: ▶ HTTPS://HONOLULUMUSEUM.ORG	H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1922 M State of legal domicile: HI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO CREATE RELEVANT AND TRANSFORMATIVE EXPERIENCES THROUGH THE STUDY, PRESERVATION,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	304
	6 Total number of volunteers (estimate if necessary)	6	176
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,712,199.
9 Program service revenue (Part VIII, line 2g)		1,317,134.	196,792.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		671,094.	4,148,784.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		830,351.	2,007,736.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,530,778.	12,640,830.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,490,886.	6,837,600.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,295,291.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,673,230.	5,585,376.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,164,116.	12,422,976.	
19 Revenue less expenses. Subtract line 18 from line 12	-633,338.	217,854.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 124,144,992.	End of Year 136,524,458.
	21 Total liabilities (Part X, line 26)	11,636,774.	9,358,906.
	22 Net assets or fund balances. Subtract line 21 from line 20	112,508,218.	127,165,552.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Halona Norton-Westbrook</i>	Date 5/12/2022
	HALONA NORTON-WESTBROOK, DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DEANNA C. AWA	Preparer's signature <i>[Signature]</i>
	Firm's name ▶ KMH LLP	Date 5/12/2022
	Firm's address ▶ 1003 BISHOP STREET, SUITE 2400 HONOLULU, HI 96813	Check if self-employed <input type="checkbox"/> PTIN P00647777
	Firm's EIN ▶ 42-1539623	Phone no. 808-526-2255

May the IRS discuss this return with the preparer shown above? See instructions Yes No

HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO CREATE RELEVANT AND TRANSFORMATIVE EXPERIENCES THROUGH THE STUDY,
PRESERVATION, PRESENTATION AND CREATION OF ART.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **7,567,759.** including grants of \$) (Revenue \$ **196,792.**)
THE ESSENTIAL CHARACTER OF THE HONOLULU MUSEUM OF ART HAS ALWAYS BEEN GROUNDED IN THREE FOUNDATIONAL ELEMENTS: ART OF THE HIGHEST QUALITY, A FIRM BELIEF IN THE POWER OF ART EDUCATION, AND A COMMITMENT TO ACCESSIBILITY. ART OF THE HIGHEST QUALITY KNOWS NO GEOGRAPHIC BOUNDARIES OR TIME PARAMETERS-IT EMERGES FROM PLACES BOTH FAMILIAR AND UNFAMILIAR, AND IT CAN BE FOUND IN THE PRESENT MOMENT AND THE DISTANT PAST. REGARDLESS OF THEIR ORIGINS, ART WORKS OF THE HIGHEST QUALITY ARE UNITED IN THAT THEY EMBODY INCREDIBLE CRAFTSMANSHIP AND EXPRESS THEMES AND IDEAS THAT ARE BOTH TIMELY TO THE MOMENT IN WHICH THEY ARE CREATED AND CONVEY A UNIVERSAL AND LASTING RELEVANCE. SIMILARLY, ART EDUCATION DOES NOT HAVE ONE MODE OF EXPRESSION BUT IS MULTI-FACETED AND DYNAMIC; IT SPANS A SPECTRUM OF ENGAGEMENT WHICH RANGES FROM THE CEREBRAL TO THE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,567,759.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)**

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	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		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 Schedule L, Part I		X
25b			X
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? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	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		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			94
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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Part 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 304		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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.)	11b	
12a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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HONOLULU MUSEUM OF ART
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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.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 22		
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 O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PENNI HALL - (808) 532-8771**
900 S BERETANIA STREET, HONOLULU, HI 96814

HONOLULU MUSEUM OF ART
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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.
- 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 week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HALONA NORTON-WESTBROOK DIRECTOR/CEO	40.00			X			347,911.	0.	28,178.	
(2) ALLISON DANIEL DEPUTY DIRECTOR	40.00				X		171,607.	0.	37,403.	
(3) KEVIN IMANAKA CHIEF COMMUNICATIONS OFFICER	40.00				X		112,524.	0.	28,857.	
(4) TANIA GINOZA CHIEF FINANCIAL OFFICER	40.00			X			110,637.	0.	11,570.	
(5) KATHLEEN SULLIVAN WO TRUSTEE & CHAIRMAN	3.00	X	X				0.	0.	0.	
(6) SHARON TWIGG-SMITH TRUSTEE & VICE CHAIRMAN	2.00	X	X				0.	0.	0.	
(7) HERB CONLEY TRUSTEE & VICE PRESIDENT	2.00	X	X				0.	0.	0.	
(8) RAJIV BATRA TRUSTEE & TREASURER	2.00	X	X				0.	0.	0.	
(9) MICHELLE HO TRUSTEE & SECRETARY	2.00	X	X				0.	0.	0.	
(10) KAILI CHUN TRUSTEE	1.00	X					0.	0.	0.	
(11) JOSH FELDMAN TRUSTEE	1.00	X					0.	0.	0.	
(12) PRISCILLA GROWNEY TRUSTEE	1.00	X					0.	0.	0.	
(13) STEPHANIE HEE TRUSTEE	1.00	X					0.	0.	0.	
(14) LYNNE JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(15) ROBERT S. KATZ TRUSTEE	1.00	X					0.	0.	0.	
(16) JAMES LALLY TRUSTEE	1.00	X					0.	0.	0.	
(17) PATRICIA LEE TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VIOLET S.W. LOO TRUSTEE	1.00	X						0.	0.	0.
(19) MELISSA LUM TRUSTEE	1.00	X						0.	0.	0.
(20) AMBER STRONG MAKAIU TRUSTEE	1.00	X						0.	0.	0.
(21) AVI MANNIS TRUSTEE	1.00	X						0.	0.	0.
(22) NOREEN MULLIKEN TRUSTEE	1.00	X						0.	0.	0.
(23) KELLY SUEDA TRUSTEE	1.00	X						0.	0.	0.
(24) RUEDI THOENI TRUSTEE	1.00	X						0.	0.	0.
(25) SIMON TREACY TRUSTEE	1.00	X						0.	0.	0.
(26) MICHAEL WATANABE TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								742,679.	0.	106,008.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								742,679.	0.	106,008.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BERT B LANDSCAPING AND TREE TRIMMING PO BOX 2631 , HONOLULU, HI 96803	LANDSCAPING SERVICES	104,950.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues	551,065.				
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	568,595.				
	f	All other contributions, gifts, grants, and similar amounts not included above	5,167,858.				
	g	Noncash contributions included in lines 1a-1f	\$ 97,238.				
	h	Total. Add lines 1a-1f		6,287,518.			
Program Service Revenue			Business Code				
	2 a	ADMISSIONS	711190	198,966.	198,966.		
	b	PROGRAM DEVELOPMENT	611710	135.	135.		
	c	TUITION & FEES	611710	-2,309.	-2,309.		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		196,792.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,356,370.		1,356,370.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	108,374.			
			(ii) Personal				
			6a	108,374.			
	b	Less: rental expenses	6b	73,598.			
	c	Rental income or (loss)	6c	34,776.			
	d	Net rental income or (loss)		34,776.		34,776.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	23,897,706.			
			(ii) Other	2,650,000.			
			7a	23,897,706.			
	b	Less: cost or other basis and sales expenses	7b	22,767,122.	988,170.		
	c	Gain or (loss)	7c	1,130,584.	1,661,830.		
	d	Net gain or (loss)		2,792,414.		2,792,414.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b	Less: direct expenses	8b	20,173.		
		c	Net income or (loss) from fundraising events		-20,173.		-20,173.
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a	586,911.				
		b	Less: cost of goods sold	10b	208,880.		
		c	Net income or (loss) from sales of inventory		378,031.		378,031.
Miscellaneous Revenue			Business Code				
	11 a	PAYCHECK PROTECTION PROGRAM	900099	1,516,700.		1,516,700.	
	b	OTHER INCOME	900099	98,402.		98,402.	
	c						
	d	All other revenue	900099				
e	Total. Add lines 11a-11d		1,615,102.				
12	Total revenue. See instructions		12,640,830.	196,792.	0.	6,156,520.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	630,154.	353,116.	214,258.	62,780.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,034,051.	2,885,688.	1,402,996.	745,367.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-320,859.		-320,859.	
9 Other employee benefits	951,416.	533,140.	323,490.	94,786.
10 Payroll taxes	542,838.	304,187.	184,570.	54,081.
11 Fees for services (nonemployees):				
a Management				
b Legal	346,478.		346,478.	
c Accounting	85,324.		85,324.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	407,471.		407,471.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	451,133.	434,490.		16,643.
12 Advertising and promotion	248,605.	13,556.	3,731.	231,318.
13 Office expenses	478,486.	378,597.	83,124.	16,765.
14 Information technology				
15 Royalties				
16 Occupancy	1,776,865.	1,146,128.	604,372.	26,365.
17 Travel	8,463.	7,570.	763.	130.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	252,632.	109,186.	124,795.	18,651.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,029,541.	992,917.	13,018.	23,606.
23 Insurance	258,620.	228,474.	27,738.	2,408.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SECURITY	126,803.	111,099.	13,855.	1,849.
b OTHER EXPENSES	68,548.	42,623.	25,649.	276.
c HOSPITALITY	18,417.	586.	15,478.	2,353.
d EDUCATION & THEATRE	12,581.	12,581.		
e All other expenses	15,409.	13,821.	3,675.	-2,087.
25 Total functional expenses. Add lines 1 through 24e	12,422,976.	7,567,759.	3,559,926.	1,295,291.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	19,220.	1	20,077.
	2	Savings and temporary cash investments	10,229,343.	2	8,778,344.
	3	Pledges and grants receivable, net	1,112,493.	3	369,210.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	319,986.	8	314,520.
	9	Prepaid expenses and deferred charges	1,292,586.	9	1,100,288.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,607,903.		
	10b	Less: accumulated depreciation	10b 23,612,167.		
			24,637,652.	10c	24,995,736.
	11	Investments - publicly traded securities	47,005,595.	11	56,625,806.
	12	Investments - other securities. See Part IV, line 11	13,318,603.	12	15,438,394.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	26,209,514.	15	28,882,083.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	124,144,992.	16	136,524,458.	
Liabilities	17	Accounts payable and accrued expenses	1,109,427.	17	829,504.
	18	Grants payable		18	
	19	Deferred revenue	28,387.	19	30,163.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	7,000,000.	23	7,000,000.
	24	Unsecured notes and loans payable to unrelated third parties	1,516,700.	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,982,260.	25	1,499,239.
	26	Total liabilities. Add lines 17 through 25	11,636,774.	26	9,358,906.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	13,971,390.	27	19,108,572.
	28	Net assets with donor restrictions	98,536,828.	28	108,056,980.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	112,508,218.	32	127,165,552.	
33	Total liabilities and net assets/fund balances	124,144,992.	33	136,524,458.	

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Part 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	12,640,830.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,422,976.
3	Revenue less expenses. Subtract line 2 from line 1	3	217,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	112,508,218.
5	Net unrealized gains (losses) on investments	5	10,591,915.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	183.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,847,382.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	127,165,552.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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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.)

Section A. Public Support

Calendar 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.")	7,761,836.	6,685,179.	12,801,842.	11,712,199.	6,287,518.	45,248,574.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	7,761,836.	6,685,179.	12,801,842.	11,712,199.	6,287,518.	45,248,574.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,696,622.
6 Public support. Subtract line 5 from line 4.						34,551,952.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	7,761,836.	6,685,179.	12,801,842.	11,712,199.	6,287,518.	45,248,574.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,101,378.	1,737,820.	1,842,676.	1,774,109.	1,464,744.	8,920,727.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,047,543.	2,208,819.	2,006,338.	1,421,669.	2,202,013.	9,886,382.
11 Total support. Add lines 7 through 10						64,055,683.
12 Gross receipts from related activities, etc. (see instructions)					12	8,008,468.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	53.94 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	56.96 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(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.)

Section A. Public Support

Calendar 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a 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						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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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

	Yes	No
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.)		

HONOLULU MUSEUM OF ART

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in line 11a above?		
c 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.		

Section B. Type I Supporting Organizations

	Yes	No
1 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.		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
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 Type 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?		
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).		
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.		

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 (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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.		

HONOLULU MUSEUM OF ART

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.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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-functionally integrated Type III supporting organization (see instructions).

HONOLULU MUSEUM OF ART

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section 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 (reasonable cause required - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

HONOLULU MUSEUM OF ART

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS

2016 AMOUNT: \$ 156,564.

2017 AMOUNT: \$ 165,620.

2018 AMOUNT: \$ 107,600.

2019 AMOUNT: \$ 100,600.

2020 AMOUNT: \$ 0.

GROSS SALES OF INVENTORY

2016 AMOUNT: \$ 1,562,238.

2017 AMOUNT: \$ 1,716,627.

2018 AMOUNT: \$ 1,678,288.

2019 AMOUNT: \$ 1,199,400.

2020 AMOUNT: \$ 586,911.

OTHER INCOME

2016 AMOUNT: \$ 328,741.

2017 AMOUNT: \$ 80,267.

2018 AMOUNT: \$ 48,730.

2019 AMOUNT: \$ 86,034.

2020 AMOUNT: \$ 98,402.

OTHER EXCLUDED REVENUE

2017 AMOUNT: \$ 246,305.

2018 AMOUNT: \$ 171,720.

2019 AMOUNT: \$ 35,635.

2020 AMOUNT: \$ 1,516,700.

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

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 ▶ \$ _____

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).

Name of organization HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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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		\$ <u>785,262.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>158,873.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>1,108,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>584,603.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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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
7		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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. Attach to Form 990.

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 HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS) Employer identification number 99-0079713

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2b regarding collections of art and historical treasures.

**HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 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? 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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 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 | 1c |
| d Additions during the year | 1d |
| 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
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	77,253,426.	77,967,871.	77,516,143.	75,840,171.	72,819,058.
b Contributions	8,594,657.	106,724.	93,510.	165,475.	224,625.
c Net investment earnings, gains, and losses	7,278,577.	-821,169.	358,218.	1,510,497.	2,796,488.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	93,126,660.	77,253,426.	77,967,871.	77,516,143.	75,840,171.

- 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 100.0000 %
 - 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:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,211,552.		4,211,552.
b Buildings		35,905,018.	17,460,677.	18,444,341.
c Leasehold improvements		1,056,155.	315,522.	740,633.
d Equipment		6,659,124.	5,835,968.	823,156.
e Other		776,054.		776,054.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,995,736.

**HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)**

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) MARKETABLE ALTERNATIVE		
(B) ASSETS	3,043,636.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	7,296,492.	END-OF-YEAR MARKET VALUE
(D) ETF & CLOSED END FUNDS	5,098,266.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,438,394.	

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) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	21,266,054.
(2) LONG TERM CONTRIBUTION RECEIVABLE	1,265,543.
(3) INVESTMENT IN REAL ESTATE	6,350,486.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	28,882,083.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) LIABILITY UNDER SPLIT INTEREST	1,475,854.
(3) OTHER LIABILITY	23,385.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,499,239.

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

HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	26,897,667.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,591,915.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,847,382.	
e	Add lines 2a through 2d	2e		14,439,297.
3	Subtract line 2e from line 1	3		12,458,370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	407,471.	
b	Other (Describe in Part XIII.)	4b	-225,011.	
c	Add lines 4a and 4b	4c		182,460.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		12,640,830.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	12,240,333.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	224,829.	
e	Add lines 2a through 2d	2e		224,829.
3	Subtract line 2e from line 1	3		12,015,504.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	407,471.	
b	Other (Describe in Part XIII.)	4b	1.	
c	Add lines 4a and 4b	4c		407,472.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,422,976.

Part 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.

PART III, LINE 1A:

ART COLLECTION

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

Part XIII Supplemental Information (continued)

ITEMS ARE ACQUIRED.

PART V, LINE 4:

ENDOWMENT FUNDS

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

GENERAL OPERATIONS AND GALLERY MAINTENANCE	\$ 63,447,894	(68%)
ART ACQUISITIONS	\$ 8,354,321	(9%)
CURATORIAL AND CONSERVATION	\$ 6,898,429	(7%)
EDUCATION	\$ 12,638,889	(14%)
EXHIBITIONS	\$ 1,787,127	(2%)
	\$93,126,660	(100%)

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

PART X, LINE 2:

FIN 48 FOOTNOTE

THE MUSEUM IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND THE HAWAII REVISED STATUTES. THE MUSEUM IS ALSO EXEMPT FROM HAWAII GENERAL EXCISE TAX ON GROSS RECEIPTS DIRECTLY RELATED

HONOLULU MUSEUM OF ART
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Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

TO ITS MISSION. HOWEVER, THE MUSEUM IS SUBJECT TO INCOME AND HAWAII
GENERAL EXCISE TAXES ON ANY NET INCOME OR GROSS RECEIPTS THAT ARE DERIVED
FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF
THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION
HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR
BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL
STATEMENTS TAKEN AS A WHOLE.

THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF IT IS
MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON
EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE
POSITION. THE TAX EFFECTS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH
A POSITION ARE MEASURED BASED ON THE LARGEST AMOUNT THAT HAS A GREATER
THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.
CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH
THE CHANGE IN JUDGMENT OCCURS. ANY INTEREST OR PENALTIES RELATED TO ANY
UNRECOGNIZED TAX BENEFIT/LIABILITY ARE CLASSIFIED AS MANAGEMENT AND
GENERAL EXPENSES.

THE MUSEUM HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT THERE WERE
NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2021 AND 2020. ACCORDINGLY, THERE
ARE NO INTEREST OR PENALTIES RECOGNIZED DURING THE YEARS ENDED JUNE 30,
2021 AND 2020. TAX YEARS FROM 2018 ARE OPEN FOR FEDERAL INCOME TAX
EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUES OF SPLIT-INTEREST AGREEMENTS 3,847,382.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PURCHASES FOR RESALE	-224,829.
OTHER	-183.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-225,011.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PURCHASES FOR RESALE	224,829.
----------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING	1.
----------	----

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

DEFINITION OF COLLECTIONS

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

SCHEDULE D, PART III, LINE 4

ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURE OR OTHER

Part XIII Supplemental Information (continued)

THE MUSEUM HAS AN INTERNATIONALLY-RENOWNED, ENCYCLOPEDIA COLLECTION OF OVER 50,000 WORKS OF ART THAT BEGAN WITH MRS. COOKE'S GIFT OF 4,000 ARTWORKS IN 1927. THIS COLLECTION LIES AT THE CORE OF OUR EDUCATIONAL MISSION AND IS A REMARKABLE MIRROR OF HAWAII'S ETHNIC DIVERSITY. THE COLLECTION IS THE FOUNDATION FOR THE MUSEUM'S PROGRAMS AND A VEHICLE THROUGH WHICH THE MUSEUM CARRIES OUT ITS MISSION TO SERVE HAWAII. THE PRIMARY RATIONALE FOR COLLECTING IS TO DEVELOP A BODY OF VISUAL AND INTELLECTUAL MATERIAL THAT DOCUMENTS AND INTERPRETS WORLD CULTURE IN AN ENCYCLOPEDIA FORMAT. THE MUSEUM IS KNOWN FOR ITS ASIAN COLLECTION, INCLUDING COMPREHENSIVE HOLDINGS IN CHINESE, INDIAN, JAPANESE, KOREAN, AND SOUTHEAST ASIAN ART. THE CROWN JEWEL OF THE MUSEUM'S ASIAN ART COLLECTION IS THE JAMES A. MICHENER COLLECTION OF OVER 10,000 JAPANESE UKIYO-E WOODBLOCK PRINTS, THE THIRD LARGEST COLLECTION OF ITS KIND IN THE UNITED STATES.

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

THE MUSEUM'S COLLECTION OF CONTEMPORARY ART INCLUDES WORKS GIFTED BY THE

HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)

Part XIII Supplemental Information (continued)

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

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

HONOLULU MUSEUM OF ART

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		KAMA ' AINA XMAS (event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	19,579.		19,579.
	8	Entertainment	300.		300.
	9	Other direct expenses	294.		294.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			20,173.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-20,173.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

HONOLULU MUSEUM OF ART

Schedule G (Form 990 or 990-EZ) 2020 (FKA HONOLULU ACADEMY OF ARTS)

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- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)**

Employer identification number

99-0079713

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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 related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

HONOLULU MUSEUM OF ART

(FKA HONOLULU ACADEMY OF ARTS)

99 - 0079713

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(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) HALONA NORTON-WESTBROOK DIRECTOR/CEO	(i) 347,911. (ii) 0.	0.	0.	0.	28,178.	376,089.	0.
(2) ALLISON DANIEL DEPUTY DIRECTOR	(i) 171,607. (ii) 0.	0.	0.	7,200.	30,203.	209,010.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)** Employer identification number **99-0079713**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X			SEE DISCLOSURE BELOW
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	97,238.	AVG MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

HONOLULU MUSEUM OF ART

Schedule M (Form 990) 2020 (FKA HONOLULU ACADEMY OF ARTS)

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

SCHEDULE M, PART I, COLUMN (B):

NON-CASH CONTRIBUTIONS FOR WHICH NO REVENUES WERE REPORTED

SCHEDULE M, PART I, LINE 33

WORKS OF ART AND BOOKS IN THE MUSEUM'S COLLECTION ARE NOT RECOGNIZED AS ASSETS IN THE FINANCIAL STATEMENTS. THE MUSEUM DOES NOT ESTIMATE THE VALUE OF ART OBJECTS ACQUIRED BY GIFT.

NONCASH CONTRIBUTIONS DISCLOSURE

SCHEDULE M, COLUMN B

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

METHOD OF DETERMINING REVENUES

SCHEDULE M, PART I, COLUMN D

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

THIRD PARTIES USED TO SELL NON-CASH DONATIONS

SCHEDULE M, PART I, LINE 32B

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HONOLULU MUSEUM OF ART
(FKA HONOLULU ACADEMY OF ARTS)

Employer identification number
99-0079713

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRESENTATION AND CREATION OF ART.

FORM 990 ITEM B AND C

HONOLULU MUSEUM OF ART HAS ADOPTED A NAME CHANGE FROM HONOLULU ACADEMY
OF ARTS TO HONOLULU MUSEUM OF ART AS EFFECTIVE FOR THE TAXABLE YEAR
ENDED JUNE 30, 2021. A COPY OF THE PROOF OF FILING WITH THE STATE OF
HAWAII IS ATTACHED TO THE FILING COPY OF THIS RETURN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HANDS-ON. HOMA'S LONG STANDING CHAMPIONSHIP OF ART EDUCATION HAS ALWAYS
SOUGHT TO ACKNOWLEDGE AND FACILITATE THE BROAD RANGE OF WAYS THAT
PEOPLE ARE DRAWN INTO A LIFE THAT IS ENRICHED BY THE ARTS AND
CREATIVITY, WHETHER THAT BE THROUGH INTELLECTUAL ENGAGEMENT OR HANDS-ON
ART MAKING. A COMMITMENT TO ACCESSIBILITY IS ALSO A CORE CHARACTERISTIC
THAT DEFINES HOMA, AND CARRIES WITH IT AN INHERENT EMBRACE OF COMMUNITY
AND A CELEBRATION OF DIVERSITY AND INCLUSION. THIS COMMITMENT TO
ACCESSIBILITY HAS BEEN WITH THE MUSEUM IN ONE FORM OR ANOTHER SINCE ITS
FOUNDING. DURING THE FISCAL YEAR ENDED 2021, AROUND 37,000 PEOPLE
VISITED HOMA TO; VIEW ART IN THE GALLERIES, PARTICIPATE IN STUDIO
CLASSES, ATTEND A TOUR, WATCH A FILM, WATCH A PERFORMANCE, OR ENGAGE IN
A VARIETY OF PROGRAMMING ACTIVITIES, WHICH INCLUDED WORKSHOPS AND PANEL
DISCUSSIONS. THE NUMBER OF ON-SITE VISITORS WAS SIGNIFICANTLY LOWER DUE
TO THE IMPACT OF THE PANDEMIC AND RELATED GOVERNMENT RESTRICTIONS.

HOWEVER, DURING THE COVID PANDEMIC, HOMA EXPANDED ITS DIGITAL

Name of the organization	HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number	99-0079713
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INFORMATION OPTIONS IN THE GALLERY AND EXPANDED ITS EXHIBITIONS INTO ITS OUTDOOR SPACES.

THE HONOLULU MUSEUM OF ART POSSESSES AN ENCYCLOPEDIA COLLECTION OF WORKS RANGING FROM EASTERN AND WESTERN ANTIQUITIES UP THROUGH CONTEMPORARY 21ST CENTURY ARTWORK, WITH A SPECIAL EMPHASIS ON WORKS OF ART THAT REFLECT THE DIVERSE COMMUNITIES THAT CALL HAWAII HOME. THE CONSIDERABLE COLLECTION INCLUDES THE THIRD LARGEST COLLECTION OF JAPANESE WOODBLOCK PRINTS IN THE UNITED STATES, A TEXTILE COLLECTION RANGING FROM ETHNOGRAPHIC OBJECTS THROUGH CONTEMPORARY CLOTHING AND COSTUMES, AND WESTERN ART BY SOME OF THE MOST INFLUENTIAL MODERN MASTERS AND ARTISTIC MOVEMENTS: PICASSO, MATISSE, GAUGUIN, VAN GOGH, MONET, SEURAT, WHISTLER, AND CASSATT, TO NAME A FEW.

HOMA HAS AN ACTIVE EXHIBITION PROGRAM THAT IS CULTURALLY DIVERSE AND RELEVANT TO LOCAL, NATIONAL, AND INTERNATIONAL AUDIENCES. WITH EXHIBITIONS SPANNING TIME AND PLACE, THE MUSEUM HAS STRIVED TO ENGAGE CURRENT CONVERSATIONS AND NARRATIVES THROUGH VISUAL LANGUAGE. THE MUSEUM HAS WORKED WITH INSTITUTIONS, ARTISTS, AND LENDERS BOTH DOMESTICALLY AND ABROAD TO PRESENT EXHIBITIONS THAT ARE COMPREHENSIVE AND PROMOTE THOUGHT AND DIALOGUE. IN 2021, 2020 AND 2019, HOMA PRESENTED THE FOLLOWING EXHIBITIONS.

JOYFUL RETURN

CONTEMPORARY LANDSCAPES: LI HUAYI

30 AMERICANS

ABSTRACTION: THE SCULPTURE OF ERICK SWENSON

HO'OULU HAWAI'I: THE KING KALAKAUA ERA EXHIBITION

LISA REIHANA: EMISSARIES

Name of the organization	HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number	99-0079713
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21ST CENTURY WOMEN

A COMMITMENT TO ACCESSIBILITY HAS BEEN PART OF THE HONOLULU MUSEUM OF ART SINCE ITS FOUNDING. THE MUSEUM'S CHARTER DESCRIBED AN INSTITUTION WHERE ALL PEOPLE, REGARDLESS OF BACKGROUND, CAN FEEL CELEBRATED AND IMMERSED IN CREATIVITY, AND WHERE, MOREOVER, THEY ARE INVITED TO PARTAKE IN THE CELEBRATION AND CREATIVITY OF OTHERS AS WELL. IF ACCESSIBILITY IS THE AIM, ART EDUCATION IS THE KEY THAT UNLOCKS THAT DOOR, AND IT BEGINS WITH CHILDREN. THE VISUAL ARTS INTEGRATION PROGRAM HARNESSSES THE POWER OF ART TO ENHANCE THE LEARNING EXPERIENCE IN TITLE I SCHOOLS. EACH STUDENT IN THE PROGRAM PARTICIPATES IN ART IMMERSION CLASSES IN SCHOOL AND ATTENDS ACADEMICALLY ALIGNED FIELD TRIPS AT THE HONOLULU MUSEUM OF ART. THEIR TEACHERS ATTEND MUSEUM-DIRECTED WORKSHOPS ON HOW TO USE ART FOR EFFECTIVE TEACHING. ALL ACTIVITIES ARE DESIGNED TO SUPPORT LEARNING GOALS AS DEFINED BY THE STATE OF HAWAI'I DEPARTMENT OF EDUCATION. DURING THE COVID PANDEMIC, CERTAIN IN PERSON ACTIVITIES WERE POSTPONED SO HOMA EXPANDED ITS VIRTUAL ART MAKING OFFERINGS AND IMPLEMENTED AND AT HOME ART KITS PROGRAM FOR YOUTH.

HOMA IS A MUSEUM THAT HAS GROWN STRONGER THROUGH THE GENERATIONS AND CARRIES A STORIED HISTORY. WHILE IT IS ROOTED IN ITS FOUNDATIONAL LEGACY, THE MUSEUM CONTINUES TO LOOK TOWARDS THE FUTURE WITH FRESH IDEAS AND NEW ENERGY TO CONTINUE TO FULFILL ITS MISSION OF CREATING RELEVANT AND TRANSFORMATIVE EXPERIENCES THROUGH THE STUDY, PRESERVATION, PRESENTATION, AND CREATION OF ART.

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

FORM 990 REVIEW PROCESS

Name of the organization	HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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THE FORM 990 IS REVIEWED BY THE DIRECTOR AND THE CHIEF FINANCIAL OFFICER.
IN ADDITION, THE FORM 990 IS ALSO DISTRIBUTED TO THE BOARD PRIOR TO THE
FILING DATE.

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

CONFLICT OF INTEREST POLICY

THE DIRECTOR AND THE EXECUTIVE ASSISTANT ARE CHARGED WITH MONITORING
PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING
ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO THE CONFLICTS OF INTEREST
POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING
ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER
TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES. COVERED PERSONS ARE
REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH
CONFLICTS ARISE. IF A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE
INTERESTED PERSON(S) DOES NOT VOTE ON ANY RELATED BOARD MOTION.

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

#15A, PROCESS FOR DETERMINING THE DIRECTOR'S COMPENSATION:

THE BOARD OF TRUSTEES CREATES A SEARCH COMMITTEE WHEN HIRING A NEW
EXECUTIVE DIRECTOR. THAT COMMITTEE UTILIZES AN OUTSIDE RECRUITMENT
CONSULTANT, MARKET DATA AND PEER DATA TO DETERMINE THE SALARY RANGE.
THEREAFTER, THE BOARD OF TRUSTEES EVALUATES THE DIRECTOR'S PERFORMANCE AND
DETERMINES ANY SALARY INCREASES OR BONUS PAYMENTS. MARKET OR PEER DATA IS
REVIEWED PERIODICALLY.

Name of the organization	HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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#15B, PROCESS FOR DETERMINING THE KEY EMPLOYEES' COMPENSATION:

COMPENSATION FOR KEY EMPLOYEES, EXCLUDING THE EXECUTIVE DIRECTOR, IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE DIRECTOR OF HUMAN RESOURCES AND THE CHIEF FINANCIAL OFFICER AT LEAST ONCE PER ANNUM AS PART OF THE REVIEW OF THE TOTAL COMPENSATION STRUCTURE FOR ALL EMPLOYEES OF THE MUSEUM. ANY SALARY INCREASES ARE ULTIMATELY APPROVED BY THE EXECUTIVE DIRECTOR. MARKET OR PEER DATA IS REVIEWED PERIODICALLY.

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

INFORMATION AVAILABLE TO THE PUBLIC

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

FORM 990, PART VIII, LINE 11A

IN MAY 2020, THE MUSEUM RECEIVED FUNDS FROM A LOAN AGREEMENT OF \$1,516,700 PURSUANT TO THE PPP UNDER THE CARES ACT. THE LOAN AND ACCRUED INTEREST MAY BE FORGIVEN IF THE MUSEUM USES THE FUNDS FOR ELIGIBLE PURPOSES, INCLUDING PAYROLL COSTS, INTEREST ON A COVERED MORTGAGE OBLIGATION, RENT OBLIGATIONS OR COVERED UTILITY PAYMENTS, DURING THE 24 WEEK PERIOD BEGINNING ON THE DATE OF THE DISBURSEMENT OF THE LOAN.

THE MUSEUM HAS ELECTED TO ACCOUNT FOR THE PPP FUNDS AS A CONDITIONAL

Name of the organization HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Employer identification number 99-0079713
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CONTRIBUTION IN ACCORDANCE WITH ASC 958-605. IN ACCORDANCE WITH ASC 958-605, THE PPP FUNDS RECEIVED ARE INITIALLY RECORDED AS A REFUNDABLE ADVANCE LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION, AND ARE RECOGNIZED AS CONTRIBUTION INCOME WHEN THE CONDITIONS HAVE BEEN SUBSTANTIALLY MET AND QUALIFYING EXPENSES ARE INCURRED. THE MUSEUM DETERMINED IT HAS SUBSTANTIALLY MET THE REQUIRED CONDITIONS OF THE PPP LOAN, SUCH AS MAINTAINING HEADCOUNT, LIMITATIONS ON COMPENSATION REDUCTION AND SPENDING FUNDS ON QUALIFIED EXPENSES, AND HAS RECOGNIZED THE ENTIRE AMOUNT AS PPP GRANT REVENUE FOR THE YEAR ENDED JUNE 30, 2021. IN SEPTEMBER 2021, THE MUSEUM APPLIED FOR AND WAS GRANTED FORGIVENESS OF THE ENTIRE BALANCE OF THE PPP LOAN.

FORM 990, PART X, LINE 11

INVESTMENTS - PUBLICLY TRADED SECURITIES

THE AMOUNTS SHOWN AS THE INVESTMENTS IN PUBLICLY TRADED SECURITIES AS OF 06/30/2021 ARE THE BEST ESTIMATE OF THE ORGANIZATION AS OF THE DUE DATE OF THE RETURN. IF REVISIONS ARE MADE AFTER THE DUE DATE OF THE RETURN, AN AMENDED RETURN WILL BE FILED TO PROPERLY REFLECT THE CHANGES TO THESE AMOUNTS, IF ANY.

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

CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	3,847,382.
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FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Electronic Filing PDF Attachment

FILED 12/01/2020 11:35 AM
 Business Registration Division
 DEPT. OF COMMERCE AND
 CONSUMER AFFAIRS
 State of Hawaii

FORM DNP-2
 7/2008

STATE OF HAWAII
 DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 Business Registration Division
 335 Merchant Street
 Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
 Phone No. (808) 586-2727



ARTICLES OF AMENDMENT TO CHANGE CORPORATE NAME
(Section 414D-183, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting these Articles of Amendment, certify as follows:

1. The present name of the corporation is:
Honolulu Academy of Arts 1518 D2

2. The name of the corporation is changed to:
Honolulu Museum of Art

3. The amendment to change the corporation name was adopted on: May 19, 2020
(Month Day Year)

(Check one)

at a meeting of the *members*:

Designation (class) Of membership	Total Number of Memberships (votes) outstanding.	Total Number of Votes Entitled to be Cast By each Class	Number of Votes Cast by each class For Amendment	Number of Votes Cast by each class Against Amendment

OR

by written consent of the *members* holding at least eighty per cent of the voting power.

OR

by a sufficient vote of the *Board of Directors* or *incorporators* because member approval was not required.

4. Check one:

The written approval of a specified person or persons named in the articles of incorporation was obtained.

The written approval of a specified person or persons is not required.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements, I/we are authorized to make this change, and that the statements are true and correct.

Signed this 28th day of October, 2020

Kathleen Sullivan Wo, Chairperson

Michelle Ho, Secretary

(Type/Print Name & Title)

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE. The articles must be signed by at least one officer of the corporation.

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

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 print	Name of exempt organization or other filer, see instructions. HONOLULU MUSEUM OF ART (FKA HONOLULU ACADEMY OF ARTS)	Taxpayer identification number (TIN) 99-0079713
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 900 SOUTH BERETANIA STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HI 96814	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PENNI HALL

- The books are in the care of ▶ **900 S BERETANIA STREET - HONOLULU, HI 96814**
Telephone No. ▶ **(808) 532-8771** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.