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Form **990** 

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

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

OMB No 1545-0047

Open to Public

Inte		enue Service		The organization may have to use a co	<del></del>			aulrements.	
<u>A</u>	For t	he 2009 ca	alendar	year, or tax year beginning		9, and endi	ng	7	, 20
_		applicable:	Piesse use (RS	C Name of organization Hawali Busin	iess Roundtable			- ' '	yer identification number
		s change	label or	Doing Business As				99	<u>: 0236405</u>
		change	print or type.	Number and street (or P.O. box if mail is not d	elivered to street address)	urte		one number	
	Initial re	eturn	See Specific	1003 Bishop Street	<u> </u>	S	te. 2630	( 808 )	532-2244
	Temina		Instruc-	City or town, state or country, and ZIP	<b>+</b> 4				
	Amend	ed return	tions.	Honolulu, HI 96813-3410				G Gross re	cepts \$
	Applicati	ion pending	l	me and address of principal officer:			H(a) beth	us a group return	n for affiliates? 🖸 Yes 🗹 P
				Kal, 1003 Bishop St., Ste. 2630, H			H(b) Are	all affiliates	ıncluded? 🗆 Yes 🗹 P
<u>_</u>		cempt status		501(c) ( 6 )◀ (insert no.) ☐ 4947(a)(1) c	or 🗌 527		lf *1	No," attach a	list. (see instructions)
	Webs					<del></del>		exemption nui	
<u>K</u>				oration ☐ Trust ☐ Association ☐ Other ▶	L`	Year of forma	tion: 1985	M State of	f legal domicile: HI
P	art I	Summ	ary	<del></del>					
	1	Briefly de	escribe	the organization's mission or mos	st significant activit	ties:		. <b></b>	
	Ĭ	Quarter	y publ	ication of People's Pulse.	·			. <b></b>	
Ě	ł			***************************************					
Ë									
Š	2	Check this	box ►	if the organization discontinued its ope	rations or disposed of r	nore than 25°	% of its net as:	sets.	
45	3	Number of	of votin	ng members of the governing body	y (Part VI, line 1a).			3	
Activities & Governance	4	Number (	of inde	pendent voting members of the go	overning body (Par	rt VI, line 1	b)	. 4	<del>,</del>
	5	Total nun	nber of	f employees (Part V, line 2a)				5	
	6	Total nun	nber of	volunteers (estimate if necessary)	)			. 6	<del></del>
				elated business revenue from Part		ne 12, ,		. 7a	
<u></u>	Ь	Net unrel	ated b	usiness taxable income from Form	ı 990-T, line 34.		<u></u>	. 7b	
Revenue							Prior Y	<del></del>	Current Year
	8	Contribut	tions ar	nd grants (Part VIII, line 1h)				282,000	273,00
	9	Program	service	revenue (Part VIII, line 2g)				<del></del>	<del> </del>
ě	10	Investme	nt incp	me (Part VIII, column (A), lines 3,	4, and 7d)				
-	11	Other rev	renue (l	Part VIII Eourn (A) Hines 5, 6d, 8	ic, 9c, 10c, and 11	e) .		110	5
	12	Total reve	nue - a	dd lines 8 through 11 must equal P	art VIII, column (A),	line 12)		282,110	273,05
	13	Grants ar	nd simi	amounts paid (Part IX, column	(A), lines 1-3)				<u> </u>
40.	14	Benefits	paid∤ <del>f6</del>	or for members (Partiple, collimn	(A), line 4)				
8	15	Salaries, o	other co	phopensation, employee Benefits (Par	rt IX, column (A), line			184,597	175,03
Expenses	16a	Professio	nal fun	draising tees (Part IX, columnia), li	ne 11e)		······································		
ā	b	Total func	iraising	rexpenses (Parl X, collinin (D), line	25) ▶				
	17	Other exp	penses	(Part IX, column (A), lines 11a-11	d, 11f-24f)			90,209	76,20
				Add lines 13-17 (must equal Part		ne 25)		274,806	251,24
- 10	19	Revenue	less ex	penses. Subtract line 18 from line 12	<u> </u>	· • • •		7,304	21,812
Setances	1						Beginning of C		End of Year
	20		•	rt X, line 16)				43,150	64,962
2 5	21			Part X, line 26)	· · . · · ·				
				nd balances. Subtract line 21 from	n line 20	<del> </del>		43,150	64,962
ř	irt II		ature	The state of the s					- the bank of on the sudad
		and belief	na∞oesom f,jtڠstru	perjury, I declare that I have examined this e, correct, and gomplete. Declaration of pre	return, including accom- sparer (other than office	panying sche r) is based of	quies and state I all information	ments, and to	aparer has any knowledg
O:-		1. /	/////	$\mathcal{L} (\mathcal{U} \setminus \mathcal{V}_{\alpha})$			1		
Sig		Signs	ature of c	To C. Coo	<del></del>		Da	<u> </u>	······································
He	Te	V Signa	7		UTIVE DI	RECTO		~ 5/li	0/10
		( ) <del></del>	CT 20-64	<del></del>	01110 BI	<u> </u>			
	•	<del>\                                    </del>	1	name/and title	Date	. 10	heck if	I Demonstrate to	dantifican acceptan
		Preparer's signature			Uate	1 54	aif	(see instruct	dentifying number tions)
Paid			•			e	mployed 🕨 📙		
	parer's	Firm's na	me (or vo	ours k					
Use	Only	rf self-em	ployed),			<u> </u>	EIN	<u> </u>	
Ma	v the	address, a	_	return with the property chaves a	boug2 (pag inst-	diana)	Phone	10. F (	) Von Ma

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2009)

Form	990 (2009)			Page 2
Pa	t III Statement of Program Service Ac	ccomplishments		
1	Briefly describe the organization's mission:			
	· · · · ·			
	***************************************			
2	Did the organization undertake any significant	nt program services during the ye	ear which were not listed on	
	the prior Form 990 or 990-EZ?			☐ Yes ☐ No
	If "Yes," describe these new services on Sci			
3	Did the organization cease conducting, or m	nake significant changes in how it	conducts, any program	
	services?			☐ Yes ☐ No
	If "Yes," describe these changes on Schedu			
4	Describe the exempt purpose achievements Section 501(c)(3) and 501(c)(4) organizations			
	allocations to others, the total expenses, and			it of grants and
		a rotoliuo, ii uliy, ior odoli progla	an convict reported.	
4a	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Dec.)	• •		
				····
	(Code: ) (Expenses \$	111	) (Dayler - A	
40				
	•			
	***************************************			
		***************************************		
			····	<del></del>
4C	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	***************************************			
		***************************************		
	***************************************			
4d	Other program services. (Describe in Schedu	ile O.)		
	(Expenses \$ including grant	s of \$ ) (Revenue	e \$ )	
40	Total program service expenses ▶			

Pa	T IV Checklist of Required Schedules						
	1.		Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	L			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		~			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV						
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable						
	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part VI.						
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>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? If "Yes," complete Schedule D, Part X.</li> </ul>						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<u> </u>			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a					
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		~			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		~			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		V			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u>,                                     </u>			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.	19		V			
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>			

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		v
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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	23		~
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 25.	24a		٧
ь	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		v
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		~
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete . Schedule L, Part IV	28a 28b		V
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v .
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>v</b> .
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		V
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal Income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		, ,
	, , , , , , , , , , , , , , , , , , ,			

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of [	197		
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	= -		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	38		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		v
þ	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$oxed{oxed}$	~
C	If "Yes" to line 5a or 5b, dld the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.	5c	1	
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?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>-</del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		~
d	required to file Form 8282?			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		
	benefit contract?	71		7
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any tayable distributions under position 40002	9a		~
	Did the organization make any taxable distributions under section 4966?	9b		<del>-</del>
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	MI,		
2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		<b>✓</b>
	120			27.2712

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

Sec	ction A. Governing Body and Management	,		,
	· 1 1	·	Yes	No
1a	Enter the number of voting members of the governing body	Α'n,		3.
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2_		~
3	Did the organization delegate control over management duties customarily performed by or under the direct		1	
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ	~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	ļ	~
8	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		l	l
	of the governing body?	7a		1
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			4
а	The governing body?	8a	1	
Ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		~
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	emal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		~
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
••	form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		5.5	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓ ×
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
-	rise to conflicts?	12b		
		120		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13		13		~
	Does the organization have a written whistleblower policy?	14		<u> </u>
14	Does the organization have a written document retention and destruction policy?			<b>***</b>
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?	450	~	
	The organization's CEO, Executive Director, or top management official	15a	-	<u> </u>
D	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	. : 1		
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10.		
	with a taxable entity during the year?	16a		
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard.	401		
<del>·</del>	the organization's exempt status with respect to such arrangements?	16b		~
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s (	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website  Another's website  Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► Gary Kai, 1003 Bishop St., #2630, Honolulu, HI 96813 (808) 532-2244			

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

#### 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co		any o	curr			cer, d	lirec				
(A)	(B)	1			C)			(D)	(E)	(F)	
Name and Title	Average				-	that ap		Reportable Reportable compensation		Estimated amount of	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
								o	0	0	
Al Landon Chair	.5										
Gary Kal Executive Director	40				,	v		50,417	0	0	
Kathryn Matayoshi Executive Director	40			_	~	v	v	62,425	0	0	
										<del></del>	

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A)	(B) (C)							(D)	(E)	(F)
	Name and title	house new company company						Reportable compensation	Estimated amount of		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	other compensation
					_	L					
				_	_			Ц			
				_			ļ				
						L	<u> </u>				
				<u> </u>							
				<u>.</u>	_	<u> </u>	r				
				<u> </u>	_						
				_							
				_							
			<u>.</u>								
1b	Total				•			<b>&gt;</b>	112,842		
2	Total number of individuals (including but i	not limited	to the	ose	list	ed a	above	) wt	to received mo	ore than \$100	,000 in
	reportable compensation from the organiza	nion >							<del></del>		Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	ompensated	3 4
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If	or accrue Yes," comp	compolete	en: Sch	sati edu	on i	from for s	any any	unrelated org	anization for	5 V
Se	ction B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization.	ompensate	d ind	ере	ende	ent o	contra	ctor	rs that receive	d more than s	\$100,000 of
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
									<del> </del>		
_					-	`					
2	Total number of independent contractors (i					l to	those	liste	ed above) who	received	
	more than \$100,000 in compensation from	the organ	ıızatic	<b>?</b> ∩ ▶	<u> </u>						فالمستر المستنب أوالمستور أوأواه

Par	l VII	Statement of Re	venue			1		
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			3 n = ' 6 e 2 . *		7012110701110	exempt function	business	excluded from tax under sections
			All Made 1			Levenue	revenue	512, 513, or 514
	1a	Federated campaigns	<u>1a</u>	270.000				
a a	Ь		1 <u>b</u>	273,000				
Contributions, gifts, grants and other similar emounts		Fundraising events .	1c	<del>}</del>				
2 E	a	Related organizations		<del> </del>				
		Government grants (conti	100101101.	-				
五章	Ι'	All other contributions, gifts, and similar amounts not inclu						
É	a	Noncash contributions include		· · · · · · · · · · · · · · · · · · ·	ar e			
<u>ರ ೯</u>	h	Total. Add lines 1a-1f		<b>.</b> .	273,000			
2				Business Code				<u>.</u>
5	2a							
2	b	•••••	• • • • • • • • • • • • • • • • • • • •					
중	C				ļ <u> </u>			
8	ď	******						
٤	e	A11 -Ab						
Program Service Revenue		All other program servi  Total. Add lines 2a-2f	ce revenue .			e de la la Participa de Participa de la Partic	<b>网络爱斯特拉克</b>	e Turke best
_ <del></del>	9	<del></del>					275 10 25 13 13 15 1	
	3	Investment income (inc	=	_	54			
	4	other similar amounts) Income from investment of	of tax-avament ban					
	5	Royalties	n tax-exempt bon		<del></del>			
		,	(i) Real	(ii) Personal				
	6a	Gross Rents						
	ь	Less: rental expenses						3 5 g (4)
	_	Rental income or (loss)	L	<u>L.</u>				
	d	Net rental income or (le					, <del></del>	`
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	Ь	Less: cost or other basis						
	_	and sales expenses . Gain or (loss)		<del> ;</del>				2. 6
	ď			>			`	,
<u>o</u>	Ba	Gross income from	fundraising					
e e	~	events (not including \$						. <del>استا</del> ر د افران
ě		of contributions reporte						> 24
her Revenue		See Part IV, line 18	a					0.5
		Less: direct expenses	. , . , , b	L.,				
0	C	Net income or (loss) fro	om fundraising e	events				7 5 7 5 140
	9a	Gross income from gam	ning activities.					
		See Part IV, line 19 Less: direct expenses.	<b>a</b>					
		Net income or (loss) from		rities ►				·
		Gross sales of inve						19
		returns and allowances						14.
		Less: cost of goods so	ld b					
	С	Net income or (loss) from			,		-	
	ļ	Miscellaneous Rev	enue	Business Code			医乳气 机工	in the state of th
	11a							
	b	•••••						<del></del>
	C	All -AL	•••••		-	···		
	ď	All other revenue	• • • • •	<u> </u>		in purson of a		11.00
	12	Total. Add lines 11a-1 Total revenue. See ins			273,054	ne zamini žiužžiuž		المام الانبياء الماليات والموي

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) but are not required to complete columns (B), (C), and (D).								
Do 7b	not include amounts reported on lines 6b, , 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 governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			ر انهاد د جسم الألف ساليم					
3 4 5	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members	,							
	trustees, and key employees	112,842							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	40,213							
7 8	Other salaries and wages								
9 10	Other employee benefits	10,274 11,709		-					
	Fees for services (non-employees):  Management								
	Accounting	676							
e f	Professional fundraising services. See Part IV, line 17 Investment management fees								
g 12	Other	2,055							
13 14	Office expenses	8,363			,				
15 16 17	Royalties	21,598							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings . Interest	11,064							
21 22 23	Payments to affiliates	2,149							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
a	Funded Projects	28,272 287							
G G	Executive Search	1,740							
e	All other expenses								
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	251,242			-				

Part X	Balance Sheet			
-		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	43,150	2	64,96
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	STATE OF STATE AND DESCRIPTION OF THE	4	SATES PER STATE OF THE STATE OF
. 5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	And the property of the second	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
29   7	Notes and loans receivable, net		7	,
7 8	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
. 12	Investments—other securities. See Part IV, line 11	·	12	
13	Investments-program-related. See Part IV, line 11		13	<del> </del>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	64,96
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	<del></del>
19	Deferred revenue ,		19	·
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
"	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
27	- '	· · · · · · · · · · · · · · · · · · ·	27	•
27	Unrestricted net assets		28	
0 28 2 29	Temporarily restricted net assets		29	· · · · · · · · · · · · · · · ·
28 29 30 31 32 33	Permanently restricted net assets			
3 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
33	Total net assets or fund balances	43,150	33	64,96

Dana	12	١
raue.	12	

E0	200	POOD

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			3
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		~
С	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
3а	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  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?	38		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3tb		

Form **990** (2009)

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

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

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

OMB No. 1545-0047 Open to Public Inspection

		t of the Treasury venue Service	▶A	ttach to Form 990 or Fe	orm 990-E	Z. ▶ See	separate	Instruction	ons.		Open to Pu Inspectio	
	_	the organization	<u> </u>						Employ	er identifica	ition number	
Hav	vail	Business Ro							99		0236405	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions	
The	org	anization is n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(	A)(i).		
2		A school de	scribed in <mark>secti</mark> o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3				hospital service organ								
4			esearch organiza ame, city, and st	ation operated in conjuste:	junction v	with a ho	spital de	scribed i	n <b>sectio</b> i	170(b)(1	<b>1)(A)(iii).</b> Ent	er the
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity o	wned or o	operated	by a gov	ernmenta	al unit descri	bed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v	<b>)</b> .		
7		-	•	y receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental un	it or from	the general	public
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9		receipts from	n activities relate n gross investm	receives: (1) more the ed to its exempt function ent income and unre a after June 30, 1975.	tions—su lated bu	ibject to d siness ta	certain ex xable inc	ceptions	and (2) s section	no more	than 331/3 %	of its
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for pub	lic safety.	. See sec	tion 509	(a)(4).		
11		purposes of	one or more pul	and operated exclusive blicly supported organited the scribes the type	nizations	describe	d in secti	on 509(a	)(1) or se	ction 509	(a)(2). See se	
		a 🗌 Type						integrate			Type III-O	
8		persons other	this box, I cert or than foundation section 509(a)(2)	tify that the organizat on managers and othe	tion is no r than on	e or more	lled direc publicly	tly or inc supporte	directly bed organia	y one or zations de	more disqu escribed in s	alified ection
f			zation received, check this box	a written determinati	ion from	the IRS	that it is	a Type	l, Type II	, or Type	III support	Ing
9		_	t 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	iny of the	3		
		(i) A persor	who directly or	r indirectly controls, onling body of the sup				th persor	s descri	bed in (ii)	11g(i)	No
		(ii) A family	member of a pe	erson described in (i) a of a person described	above?						11g(ii)	=
h				ation about the suppo								
(1)	Name	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the on col. (i) ii	organization stad in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S ?	(vii) Amour support	
					Yes	No	Yes	No	Yes	No	ļ <u>.</u>	
		, i		· · · · · · · · · · · · · · · · ·								
		=-		-								
	<u> </u>				ļ	ļ	<u> </u>	<b> </b>	<u> </u>	<b>_</b>		
					<del> </del>		<del> </del>		<b> </b> -	<del>                                     </del>		
								1				
	_				<del> </del>	1		<del>                                     </del>		<del>                                     </del>		<del></del>
			,		Ì					[		
		,	The state of the state		P. 55 7 3		1.0				T	

on a linear and to bright the wall of the teat to be the

	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						
Ca	dendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	237,400	252,400	255,000	282,000	273,000	1,299,800
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_	,		.e		* **** * ** * * * * * * * * * * * * *
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-			·		·
4	Total. Add lines 1 through 3	237,400	252,400	255,000	282,000	273,000	1,299,800
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)						4 200 000
6	Public support. Subtract line 5 from line 4. tion B. Total Support	<u> </u>				المفروس ماريوني	1,299,800
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	• • • • • • • • • • • • • • • • • • • •	237,400	252,400	255,000	282,000	273,000	1,299,800
7	Amounts from line 4	201,400	202,700	200,000	202,000	2.0,000	1,200,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	451	729	738	110	54	2,082
9	Net income from unrelated business activities, whether or not the business is regularly carried on						<del></del>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				!		
11	Total support. Add lines 7 through 10 .	Service of		PALL MELLON			1,301,882
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	<del></del>
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>		or fifth tax y	ear as a section	n 501(c)(3) 
14				column (fl)		14	99.8 %
	Public support percentage for 2009 (line to		•	r, column (i))		15	99.8 %
15 16a	Public support percentage from 2008 Sci 33% % support test—2009. If the organization		•				
100	and stop here. The organization qualifies				1110 14 15 55/3 7	o or more, onec	<b>.</b> ▶ 🗹
ь			• •		and line 15 is 1		
-	box and stop here. The organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstantian meets the meets the "facts-and-circumstantian meets the "facts-and-circumstantian meets the "facts-and-circumstantian meets the "facts-and-circu	<b>09.</b> If the organiacts-and-circum	ization did not onstances" test,	check a box on I check this box a	ine 13, 16a, or and <b>stop here.</b>	16b, and line 14 Explain in Part I	is 10% or V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	stances" test, corganization qua	heck this box a difies as a public	nd stop here. ly supported or	Explain in Part I ganization	V how the▶ □

	dule A (Form 990 or 990-EZ) 2009  **III Support Schedule for Orga				1)(2)		Page 3
	(Complete only if you checke	ed the box of	n line 9 of Pa	irt I.)	· <del></del>		
	tion A. Public Support	1 ( ) 0000	4 2 2000	4.) 0007	4-0.000	(=) 0000	(A Total
Ci	atendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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		]   		b	-\	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					<del></del>	<del></del>
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		1				
C	Add lines 7a and 7b				remark of a 4 Tells	the Property of the beautiful Pro-	
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourti			
Sec	tion C. Computation of Public Su		ntage	<u></u>			
15	Public support percentage for 2009 (lin					15	<u>%</u> %
16 Sec	Public support percentage from 2008 stion D. Computation of Investment			· · · · ·	• • - • - • - •	101	70
17	Investment income percentage for 200			d by line 13 c	olumn (fl)	17	%
18	Investment income percentage from 20	008 Schedule	A, Part III, line	17		18	%
19a	17 is not more than 33% %, check this b	ox and stop h	ere. The organ	ization qualifles	s as a publicly:	supported or	ganization 🕨 🚨
b	33½ % support tests 2008. If the organ line 18 is not more than 33½ %, check this	s box and <b>stop</b>	here. The orga	nization qualifie	s as a publicly	supported org	ganization 🕨 📙
20_	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see in	structions 🕨 📖

Part IV	orm 990 or 990-EZ) 2009  Supplemental Information Part II, line 17a or 17b; and	n. Complete this I Part III, line 12.	part to provide the Provide any other	ne explanations required and additional information.	Page 4  I by Part II, line 10; See instructions.
intoroot in		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
interest in	come.				
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				·	
	<b>-</b>				
					<del>-</del>

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Compensation Information

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

Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

99 : 0236405 Hawaii Business Roundtable Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence Travel for companions ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., mald, 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the Items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?... 4c 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) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: J 5b if "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation contingent on the net earnings of: ва a The organization?...... **6b b** Any related organization? . . . . . If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 If additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)()-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxabte	(E) Total of columns (B)(I)-(D)	(F) Compensation reported in prior
		(3) Base compensation	(ii) Borus & Incentive (iii) Other compensation compensation reportable compensation		other deferred compensation	benefits	(B)(Q-(D)	reported in prior Form 990 or Form 990-EZ
Kathryn Matayoshi	(A)						62,425	62,425
<b>,</b>	(D)							
	(A)							
	Ø)							
	(n)			*****				
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	(A)							
	(I) (II)							
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	g (D							
	(I)							
	(I) (IQ							
	(A) (B)							
	o co							

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art III Supplemental Information
emplete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part rany additional information.
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