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Depastment of the Treasury Internal Revenue Service

**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

<u>A</u>	For the	2011 cale	endar year, or tax ye	ear beginning			<u>, 2011, a</u>	ind ending			, 20		
B Check if applicable C Name of organization Hawaii Business Roundtable										D Employer identification number			
	Address	change	Doing Business As								99-0236405		
	Name ch	Name change Number and street (or P O box if mail is not delivered to street address) Room/suit								E Telephoi	ne number		
		Initial return 1003 Bishop Street Suite 2630									808-532-2244		
$\overline{\Box}$	Terminat		City or town, state of		ZIP + 4								
$\overline{\Box}$	Amende		Honolulu, HI 9681	3-3410						<b>G</b> Gross re	eceipts \$	294,040	
$\overline{\Box}$		on pending	F Name and address of	of principal offic	er			2	H(a) Is this a	aroup return	for affiliates?  Yes	√ No	
			Gary Kai, 1003 Bis	hop St., #263	30, Honoluli	u, HI 96813	-3410				ncluded? Yes	No I	
$\overline{}$	Tax-exer	npt status	501(c)(3)	√ 501(c) (	~		4947(a)(1) or	527			list (see instruction		
J	Website				<u> </u>				H(c) Group	exemption	number ►		
K			Corporation Tru	st Associa	ation Othe	er <b>&gt;</b>	L Yea	r of formation			of legal domicile		
_	art I	Summ								•			
	1		escribe the organiz	zation's miss	sion or mos	st significa	nt activities:						
		_	y publication of Pec			· · · · · · · · · · · · · · · · ·							
5			`										
Activities & Governance													
Š	2	Check th	ns box ▶ 🗌 if the o	organization	discontinu	ed its ope	rations or dis	sposed of	more than	25% of	its net assets.		
Ğ			of voting members	-						3			
ණ ග			of independent vo	_	-		· · · · · · · · · · · · · · · · · · ·	line 1b)		4	-		
iţie			mber of individuals	-	_	-		-		5			
휹			mber of volunteers			-				6			
¥			elated business re		_		line 12			7a			
	b		lated business tax							7b			
	<del>                                     </del>							<del></del>	Prior Ye		Current Y	ear	
Revenue	8	Contribu	tions and grants (F	Part VIII. line	1h)					282,000		294,000	
	9		service revenue (F					· ·		,			
	ł .	-	ent income (Part VI			4 and 7d)				37		40	
æ			venue (Part VIII, co			•		· ·					
			enue-add lines 8		282,037		294,040						
	13		nd sımılar amount										
	14		paid to or for men										
ø	145		other compensation				mn (A). lines s	5–10)		172,536		161,308	
Expenses	16a		onal fundraising fe		(i)			· · · · · ·		, , , , , ,			
Þe	b		draising expenses										
ă	17		penses (Part IX) co				e)		الارابلية للطبة الدياة للد	70,480		96,058	
	18	Total exp	penses. Add lines	13–17 (must	eoual Par	t IX colum	n (A), line 25	a : :		243,016		257,366	
	19		less expenses Si				\	′. ] <del> </del>		39,021		36,674	
- S			**************************************	121	بَدَ رَدَ مُن مِن	مسيراً الرا		Be	ginning of Cu		End of Ye		
ets or	20	Total ass	sets (Part X, line 16	النالق				_		103,983		140,657	
Ass	21		oilities (Part X, line					•	-	,			
Net Asse Fund Bala	22		ets or fund balance	19 /	ine 21 fror	m line 20				103,983		140.657	
_	art II		ture Block										
			ury, I declare that I have	e examined this	return, includ	ling accompa	nving schedules	and stateme	ents, and to the	ne best of r	nv knowledge and	d belief, it is	
tru	ie, correct	t, and comp	lete Declaration of prep	parer (other than	officer) is ba	ased on all info	ormation of which	ch preparer h	as any knowle	edge	,	,	
			Gan C	<del>\  \  \  \  \  \  \  \  \  \  \  \  \  </del>	Ya. 5			<del></del>					
Sig	gn	Sign	nature of officer		~ <del>~</del>		_	<u> </u>	Dat	te 🔟	/14/12		
He	-			GARY	K.	KAI	EXECUT	NUE I	SIRECTO	isk =	14112		
		Type	e or print name and title	)	• •	· · · · · ·	- / - 00. /		• • • • • • • • • • • • • • • • • •	-			
	sid.	Print/Type preparer's name Preparer's signature Da						Date	1	Chack	PTIN		
	aid	_								Check   self-emp			
	epare	1	name ▶	-	<del></del>	-			Firm	's ElN ▶	<del></del>		
US	se Oni	y —	address >		<del>-</del>					ne no			
Ma	y the IF		s this return with t	he preparer	shown abo	ove? (see i	nstructions)				·	s No	
_	•		ction Act Notice, se			<del></del>		Cat No	11282Y			990 (2011)	

Form 99	0 (2011) Pag
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To, provide members with current information.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	<u></u>
	•
<del></del>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	***************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

art -	Checklist of Required Schedules			
`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	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2	✓	<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> 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>	4	_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7 8	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> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		1
	complete Schedule D, Part III	8		✓_
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10 11	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	**************************************	1
	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		✓
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	3	14a		<b>✓</b>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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, Parts II and IV	15		<b>√</b> _
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, Parts III and IV	16		✓
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 (see instructions)	17		1
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		1
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		1
20 a	• • • • • • • • • • • • • • • • • • • •	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Part	Checklist of Required Schedules (continued)			
۸.	Deltha and a delth		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		1
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		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	_	<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions).			January Postary
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		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1
			000	

Part				
	Check if Schedule O contains a response to any question in this Part V	· ·		
10	Enterthe combination of Box 2 of Environment 1000 Enterthe and 100		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	-	-4.
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		ļ
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 2			
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 (see instructions)	34	, ž	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 00 22.1 Pened of Foreign Penk and Financial Accounts	•		
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>✓</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
	organization solicit any contributions that were not tax deductible?	6a		1
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).		1/4	
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
d	16 (1) / - 2 / - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	7c		<b>∀</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	2 1 1	ž.,	
	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		
9	Sponsoring organizations maintaining donor advised funds.		¥.	88
a	Did the organization make any taxable distributions under section 4966?	9a		<b>√</b>
_ b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	- C	<b>√</b>   ±^ · ·
10 a	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12	<b>深</b> 物		(*)
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:		y yill	
а	Gross income from members or shareholders	1.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	* '
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	2" "	<i>&gt;</i> -
	against amounts due or received from them.)		₹ 0	
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.		^	,` , ·
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ.,
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	1886	hag.	
b	the organization is licensed to issue qualified health plans			1 1 1 m
С	Enter the amount of reserves on hand			4
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

	90 (2011)				Page 6
Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				ions.
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u></u>		. 📙
Secti	on A. Governing Body and Management				
4.	Catantha mushan africker areach an afther a control of the control			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	'		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.		**	4	
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	-	35.35 J	· .
2	Did any officer, director, trustee, or key employee have a family relationship or a business		-	\$ \$40	3
_	any other officer, director, trustee, or key employee?	ciationship with	2		1
3	Did the organization delegate control over management duties customarily performed by or	under the direct			<b>  •</b>
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5		1
6	Did the organization have members or stockholders?		6		1
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		✓
b	Are any governance decisions of the organization reserved to (or subject to approva		1		1
•	stockholders, or persons other than the governing body?		7b		<b>,</b>
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	dertaken during			\$25° ×
_	•				لــــــــــــــــــــــــــــــــــــــ
a b	The governing body?		8a 8b	<b>V</b>	-
9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be sufficient to the section A.		GD		<b>-</b>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the		1 -	ode.)	) <u> </u>
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	1800	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	40-		
13	Did the organization have a written whistleblower policy?		12c		
14	Did the organization have a written document retention and destruction policy?		14		1
15	Did the process for determining compensation of the following persons include a review a	and approval by	. *	;	354.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				3
а	The organization's CEO, Executive Director, or top management official		15a	1	
b	Other officers or key employees of the organization		15b		
	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 sim	-	21		
	with a taxable entity during the year?		16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its	-	735.s	′
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		; , , , , , , , , , , , , , , , , , , ,		
Secti	organization's exempt status with respect to such arrangements?	· ·	16b		
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, a	nd 990-T (Section	n 501/	C)(3)e	onk/
	available for public inspection. Indicate how you made these available. Check all that apply.	000 1 (000110	551	حرب	, or my)
	☐ Own website ☐ Another's website ☐ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing doci	uments, conflict o	of inte	rest p	oolicy.
	and financial statements available to the public during the tax year.				•
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	•	
	organization:				

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Part VII	Compensation of Officers, Directors, Trus	tees, Key Employee	s, 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor	any relate	d org	anız	atıo	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	verage box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E)  Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Charles Stedd Chair		1						0	0	0
(2) Gary Kai Executive Director	<u> </u> 				1	1		110,625	0	0
(3)										
(4)										<u></u>
(5)					- <del>-</del>					
(6)										
(7)										
(8)										-
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (	continue	ed)	
					•	C)							
	(A)	(B)	(do n	ot of		ition	than e	200	(D)	(E)		(F)	
	Name and title Average box, unless person is both							one   _				Estimat	
		hours per					or/trust		compensation	compensation		amount	
		week (describe	익둜	Ins	ç	Κe	en Y	Fo	from the	related organizatio		other compens	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-N		from th	
		related	cto	§	ļ `	nplo	e c	٦	(W-2/1099-MISC)			organiza and rela	
		organizations in Schedule	` <u>ह</u>	<u>a</u> +		эуе	ğ					organizat	
		O)	stee	LS.		to	ens.			j		<b>J</b>	
				8			atec	ŀ					
(15)			<u> </u>	├	<u> </u>			┢					·-·
3		1					}						
(16)		-						$\vdash$	<del>                                     </del>		-		
(10)		-											
(17)			<del>                                     </del>	<u> </u>	$\vdash$			$\vdash$					
(17)													
(4.0)	<del></del>		<u> </u>		<u> </u>	_		<u> </u>					
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J		1									ĺ		
(24)		<del> </del>		<u> </u>	l			$t^-$	<del> </del>				
37.22		1	}										
(25)									<del>                                     </del>				
1201		1								Į.			
1b	Sub-total	l	1	L	<u> </u>		L	▶					
		 VII Contin	· .	•	•	•	• •					•	
	Total from continuation sheets to Part			•					<b> </b>	<del>                                     </del>			
	Total (add lines 1b and 1c)							<u>\</u>	<u> </u>	L			
2	Total number of individuals (including bu		d to th	nose	e lis	ted	abov	e) w	tho received m	ore than \$1	00,000	of	
	reportable compensation from the organ	ization >										ls.	
_													es No
3	Did the organization list any former of							emp	ployee, or high	nest compe	ensated	/	
	employee on line 1a? If "Yes," complete							•				3	- ✓
4	For any individual listed on line 1a, is the												
	organization and related organizations						f "Ye	s, "	complete Scl	nedule J fo	or such		
	ındividual											4	✓
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m any	y ur	related organi	zation or in	dividual		<b>(6)</b>
	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	hedi	ule J	for:	such person			5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	contr	ract	ors that receive	ed more tha	an \$100	.000 of	_
	compensation from the organization Rep												's tax
	year.			•	• •				,	•	5. 5		
-	<u> </u>							Т	(D)		Ι .	(C)	<del></del>
	(A) Name and business add	iress							(B) Description of s	services	,	(C) Compensati	on
								+		<u>:</u>		,	
			<u> </u>					$\vdash$			-		-
								1			<u> </u>		
								1					
											1		
									<del> </del>			10. to 4. 7	20.51
2	Total number of independent contractor							o ti	hose listed ab	ove) who			
	received, more than \$100,000 of compen	sation from	the c	rae	niza	tion					DODGE TO SEE		<b>MINT</b> (4.3)

Part	VIII	Statement of Reve	enue				<del></del>	
•	٠,.		A CASA S.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (con All other contributions, gi and similar amounts not inc Noncash contributions includ Total. Add lines 1a-1	1b 1c 1d tributions) 1e iffs, grants, cluded above 1f ded in lines 1a-1f \$	294,00	294.000			
				Business Code		8737		
Program Service Revenue	2a b c d e f	All other program sen	vice revenue					シ 電線 野中外でか
	<u>9</u> 3	Total. Add lines 2a–2 Investment income		ends. interest.	-		<u> </u>	
	4 5	and other similar amo	ounts)		40			4
	6a b c d	Gross rents Less. rental expenses Rental income or (loss) Net rental income or (			The state of the s	in the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(II) Other	****			
	c	and sales expenses Gain or (loss) Net gain or (loss)		, ▶		,		
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c).					
	b c 9a	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraising aming activities.	events . ►	3. 4 . 8		*	
	b c	Less. direct expenses Net income or (loss) f	s <b>b</b> rom gaming acti	vities ▶		5 Santanana (Andreas and Andreas Andre		
	10a b	Gross sales of in returns and allowance Less. cost of goods s	es a					
	c	Net income or (loss) f	rom sales of inve	entory . 🕨				
	11a b c	Miscellaneous R	Revenue	Business Code		14 16 1	No.	\$ A
	e 12	Total. Add lines 11a- Total revenue. See in		>	294.040	16 × 10		25/3/3/3

## 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).

Check if Schedule O contains a response to any question in this Part IX					
	t include amounts reported on lines 6b, 7b, , 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 United States See Part IV, line 21				* .
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				,
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				e e e e e e e e e e e e e e e e e e e
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	110,625			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	40,213			
9	Other employee benefits	10,470	.= .		
10	Payroll taxes	12,134			
11	Fees for services (non-employees)	·			
а	Management				
b	Legal				
С	Accounting	942			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		· 🕸 ·	1 · · · · · · · · · · · · · · · · · · ·	
f	Investment management fees				
g	Other	2,300	•		
12	Advertising and promotion				
13	Office expenses	9,263			
14	Information technology				
15	Royalties				
16	Occupancy	19,140			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	19,910			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,547			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Funded project	30,505	<u>.</u>	<u> </u>	\$ \$500 M. S
b	Gifts/donations	317			
c					<u> </u>
d					
e	All other expenses	30,822	<del>-</del>		·
25	Total functional expenses. Add lines 1 through 24e	257,366			
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)				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	103,983	2	140,657
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			0
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
Assets		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	-1
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		3	1
		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	Interpolate accept		14	
	15	Other and the O. D. L. N. J. and		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	103,983	16	140,657
	17	Accounts payable and accrued expenses	103,303	17	140,037
	18	Grants payable		18	
	19	- · ·		19	<del></del>
	20	_		20	<del></del>
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key		21	
ţį	22	employees, highest compensated employees, and disqualified persons.			
Liabilities		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 (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities, Add lines 17 through 05		26	
_		Organizations that follow SFAS 117, check here ▶ □ and complete		20	. 1
es		lines 27 through 29, and lines 33 and 34.	•		٠ ,
Net Assets or Fund Balances	27	Unrestricted net assets		27	
	28	Toron quantity washingtond unit and all		28	· · · · · · · · · · · · · · · · · · ·
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ □ and		29	
		complete lines 30 through 34.			
	30			30	
	31	Capital stock or trust principal, or current funds		31	<del>-</del> -
	32	Retained earnings, endowment, accumulated income, or other funds.		32	
	33	Total net assets or fund balances	103,983	-	140,657
Z	34	Total liabilities and net assets/fund balances	103,983		<del></del>
		Total ligolitado and fiet assets/fulla balalices	103,983	J4	140,657

orm 99	90 (2011)			Fa	ige 12
Pari	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
•	· · · · · · · · · · · · · · · · · · ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		294	4,040
2	Total expenses (must equal Part IX, column (A), line 25)	2		25	7,366
3	Revenue less expenses. Subtract line 2 from line 1	3		30	6,674
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		103	3,983
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		14	0,657
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990	plain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
b	Were the organization's financial statements audited by an independent accountant?		2b		1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		20		<b>*</b>
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in	6.4		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yellow on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				

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Form **990** (2011)

**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

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Department of the Treasury

Hawaii Business Roundtable

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

Open to Public Inspection

Employer identification number

99-0236405

► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization

Part VI Section B 15a
Compensation for organization's Executive Director is determined by the board members.
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· <del></del>
·
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